173-2

Department of Health & Mental Hygiene, Vital Records

Birth Certificates

Baltimore City

STATE OF MARYLAND

HR-RM 26
(5-1-54)
Hall of Records Commission

FILE ARRANGEMENT

Numerical Order

Some Birth Certificates are missing at time of filming and have been Lost

8900004255

STATE OF MARYLAND

HR-RM 28
(2-1-54)
Hall of Records Commission

CERTIFICATION

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Birth Certificates Baltimore City
(Name of file)

of DHMH Vital Records
(Agency).

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Sunhild D Bolander

Date July 27, 1978

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STATE OF MARYLAND

HR-RM 36
(4-1-54)
Hall of Records Commission

1891 RETURN OF A BIRTH A 27573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child.

1. Sex, (state whether male or female) Male.
2. Color or Color, (if not of the white race) Colored.
3. Date of Birth, Saturday January 10th 1891.
4. Place of Birth, (Street and Number) Baltimore 805 Whatcoat st
5. Full Name of Mother, Josephine Gaskins.
6. Mother's Maiden Name, Josephine Kelly.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Walter Gaskins.
9. Father's Occupation, Drayman.
10. Father's Birthplace, Virginia.

Name of Medical Attendant, or other person who makes this Return. Mary Catherine Jones.

Address 1121 Saratoga st. Baltimore Md.

Remarks,

1891000001

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS

Only births occurring within the City of Baltimore are required to be registered. Any person who shall neglect to make the return of a birth, as required by the Commissioners of Health, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five (5) dollars nor more than twenty (20) dollars for each offense. Any physician or midwife who shall neglect to make the return of a birth, as required by the Commissioners of Health, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five (5) dollars nor more than twenty (20) dollars for each offense. In the case the birth is not attended by a physician or midwife, it shall be the duty of the householder or owner of the premises where such birth shall occur to make the return required by this section within the period above required, and any householder or owner of premises who shall neglect to make such return shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five (5) dollars nor more than twenty (20) dollars for each offense. In the case the birth is not attended by a physician or midwife, and occurs without the attendance of a physician or midwife, it shall be the duty of the householder or owner of the premises where such birth shall occur to make the return required by this section within the period above required, and any householder or owner of premises who shall neglect to make such return shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five (5) dollars nor more than twenty (20) dollars for each offense. In the case the birth is not attended by a physician or midwife, and occurs without the attendance of a physician or midwife, it shall be the duty of the householder or owner of the premises where such birth shall occur to make the return required by this section within the period above required, and any householder or owner of premises who shall neglect to make such return shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five (5) dollars nor more than twenty (20) dollars for each offense. In the case the birth is not attended by a physician or midwife, and occurs without the attendance of a physician or midwife, it shall be the duty of the householder or owner of the premises where such birth shall occur to make the return required by this section within the period above required, and any householder or owner of premises who shall neglect to make such return shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five (5) dollars nor more than twenty (20) dollars for each offense. In the case the birth is not attended by a physician or midwife, and occurs without the attendance of a physician or midwife, it shall be the duty of the householder or owner of the premises where such birth shall occur to make the return required by this section within the period above required, and any householder or owner of premises who shall neglect to make such return shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five (5) dollars nor more than twenty (20) dollars for each offense. In the case the birth is not attended by a physician or midwife, and occurs without the attendance of a physician or midwife, it shall be the duty of the householder or owner of the premises where such birth shall occur to make the return required by this section within the period above required, and any householder or owner of premises who shall neglect to make such return shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five (5) dollars nor more than twenty (20) dollars for each offense. In the case the birth is not attended by a physician or midwife, and occurs without the attendance of a physician or midwife, it shall be the duty of the householder or owner of the premises where such birth shall occur to make the return required by this section within the period above required, and any householder or owner of premises who shall neglect to make such return shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five (5) dollars nor more than twenty (20) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 27574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 10th 1891
4. Place of Birth, (Street and Number) 1010 Russell Terrace
5. Full Name of Mother, Mary Wilson
6. Mother's Maiden Name, Davis
7. Mother's Birthplace, Vienna Dorchester Co Md
8. Full Name of Father, Harry Harrison Wilson
9. Father's Occupation. Laborer
10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other person who makes this Return. Geo M Watson

Address, 1104 Appleton Ave

Remarks, Male born Child Still about 4 6 hours.

Cruelty enquired into Coroner's inquisition not

6 1 10 0 6 0 0 0 2

HEALTH DEPARTMENT JAN 14 1891 BALTIMORE MD

...month, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been conferred; failure, refusal or neglect of any midwife or other person to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, and as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 27975

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, BALTIMORE CITY

1. *Child of Mother,* (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5th Child
2. *Sex* (*state whether male or female*) Female
3. *Race or Color* (*if not of the white race*) Color
4. *Date of Birth* June 10 1911
5. *Place of Birth* (*Street and Number*) Maryland Ave
6. *Full Name of Mother* Mary E Cooper
7. *Mother's Maiden Name* Mitchell
8. *Mother's Birthplace* Penn
9. *Full Name of Father* Edward Cooper
10. *Father's Occupation* Laborer
11. *Father's Birthplace* Baltimore
12. *Name of Medical Attendant,* or other Person who makes this Return. Celia Howard
13. *Address* 1038 E Chase St
14. *Remarks* Ic

8 9 1 0 0 0 0 0 0 3

That any physician, midwife, or other person who shall neglect or refuse to report to the registrar aforesaid, within six days at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

A. 27576

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 10th 1891
4. Place of Birth (Street and Number)	308 E. Second St
5. Full Name of Mother	Jennie K. Heaphy
6. Mother's Maiden Name	Kershner
7. Mother's Birthplace	" Baltimore City
8. Full Name of Father	Wm V. Heaphy
9. Father's Occupation	Clerk
10. Father's Birthplace	Balt City
Name of Medical Attendant, or other Person who makes this Return.	Thos P. McConnell M.D.
Address	1421 Eutaw Place
Remarks	Normal Labor

6 9 1 0 0 0 0 0 0 4

If any person shall wilfully neglect or refuse to make the return required by this section, or shall wilfully advise or procure the same to be omitted, he shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars, or by imprisonment not exceeding thirty days, or both, in the discretion of the court. The physician, midwife, or other person who shall attend upon any birth, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

month, and shall set forth as far as the same can be ascertained [illegible] been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD. JAN 12 1891

RETURN OF A BIRTH 27577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
2. Sex, (State whether male or female) Female
3. Race or color, (if not of the white race) White
4. Date of Birth, January 10th 1891
5. Place of Birth, (Street and Number) 1430. Patapsco . St
6. Full Name of Mother, Matty . Jane . hanley
7. Mother's Maiden Name, Matty . Jane Wakelen
8. Mother's Birthplace, Harford county m d
9. Full Name of Father, Thomas henry hanlen
10. Father's Occupation, Machinice
11. Father's Birthplace, Baltimore m.d

Name of Medical Attendant, or other person who makes this Return Ellennora . a. anderson

Address, 1434 Patapsco . St

Remarks,

1 8 9 1 0 0 0 0 0 0 0 5

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 27578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* Jan 10. 1891

4. *Place of Birth, (Street and Number)* 2000 E. Balt. St.

5. *Full Name of Mother,* Mrs. Mary Elizabeth Yeisley Rusk

6. *Mother's Maiden Name,* Wife " " Yeisley

7. *Mother's Birthplace,* Balt. Md.

8. *Full Name of Father,* Geo. Glanville, Rusk

9. *Father's Occupation,* Physician

10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return. G. G. Rusk M. D.

Address, 2000 E. Balt St.

Remarks, Natural delivery

89 10000006

Health. This schedule shall contain a list of the names of each child of any child born within the city of Baltimore, and of the same child if born dead, the date and place of birth, the sex, color and occupation of its parents, the date of marriage of the parents, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons in whose house or premises such birth occurs, or the parent or parents of such child, to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, for each and every offence, which fine and other fines and forfeitures are recoverable.

JAN 17 1891

WM. A. G. BRANDT & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 2079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), First child
2. Sex (state whether male or female), Female
3. Race or Color (if not of the white race), white
4. Date of Birth, June 10/91
5. Place of Birth (Street and Number), 119 S. Chester St.
6. Full Name of Mother, Mary E. Solomon
7. Mother's Maiden Name, " " Malone
8. Mother's Birthplace, Somerset Co. Md.
9. Full Name of Father, Jas. Henry Solomon
10. Father's Occupation, Bricklayer
11. Father's Birthplace, Washington D.C.
12. Name of Medical Attendant, or other person who makes this Return. Edw. Mansfield M.D
13. Address, 179 S. Broadway
14. Remarks,

8 9 1 0 0 0 0 0 7

BOARD OF HEALTH JUL 12 1891 BALTIMORE MD.

This schedule shall contain as far as the same can be ascertained the full name of each child, its sex and color, the date and place of birth, the full name and occupation of the parents, the date and place of their marriage, the number of children born to each mother, and the number now living, and shall be filled out and signed by the person in the form of a certificate, in the presence of the parents, if living, and delivered, daily signed by the Commissioner of Health. In case of the birth of any child shall occur with no person in attendance, or if the attendance shall refuse or neglect to report the birth to the Commissioner of Health, it shall be the duty of the father, mother, householder, or owner of the premises where the birth occurred, each and every person being hereby required to report the same within ten days after the occurrence thereof, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offence. To be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

G. Lyle Hughes

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2

1. Sex, (*state whether male or female*) Male
2. Race or Color, (*if not of the white race*) White
3. Date of Birth, Jan 11th 1891
4. Place of Birth, (*Street and Number*) Rogers Hill
5. Full Name of Mother, Rosie L. Hughes
6. Mother's Maiden Name, " " Curtis
7. Mother's Birthplace, Virginia
8. Full Name of Father, William J. Hughes
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. R. L. Rankin M.D.

Address, Waverly Station Baltimore Md.

Remarks, GIVEN NAME ADDED. 12-23-52

6 m.

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FEB 14 1891 REGISTERED

Act so as the birth may be registered within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH A 27581.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Mädchen
2. Race or Color, (if not of the white race) white
3. Date of Birth, den 11 Januar 1891
4. Place of Birth, (Street and Number) Bible Str. No 1933
5. Full Name of Mother, Bertha Reinsfels Kühlmeier
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Reinsfels
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Maria Anna Mayer Bible Str. No 1933

Remarks,

1 8 9 1 0 0 0 0 0 0 9

This sched shall contain a true statement of the facts required to be set forth as far as the same can be ascertained by the person required to report the birth, and shall be signed by such person. Every physician, midwife or other person having charge of or rendering assistance at any birth, shall report the same to the Commissioner of Health, in the form of a certificate of birth, as prescribed by the Board of Health, and shall deliver such certificate to the parent or person having charge of the child, within ten days after the birth, and if any such physician, midwife or other person shall neglect or refuse to deliver such certificate, he shall forfeit and pay for each offense the sum of ten dollars, to be recovered as debts of like amount are recoverable. The certificate required to be delivered by a physician or midwife shall be signed by the parent or person having charge of the child, if such parent or person can write, and if not, the fact shall be stated. Every certificate shall be delivered, duly signed, to the office of the Commissioner of Health, within ten days after the birth, and if any such certificate should not be so delivered, the Commissioner of Health shall cause the same to be delivered to the office of the Commissioner of Health, and shall become the duty of the person required, and shall occur within the limits of Baltimore City, and shall be delivered in the manner and within the time required, and shall be subject to the penalty for neglect or refusal to report its birth to the Commissioner of Health, as prescribed by the Board of Health, and shall be subject to the fine of ten dollars for each offense, to be recovered as debts of like amount are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 11, 1891

4. Place of Birth, (Street and Number) No. 1409 Eager street

5. Full Name of Mother, Jennie Gilbert

6. Mother's Maiden Name, Jennie Keating

7. Mother's Birthplace, Maryland

8. Full Name of Father, John Gilbert

9. Father's Occupation. Clerk

10. Father's Birthplace, Maryland

Name of Medical Attendent, or other person who makes this Return. A. A. Elwell, M.D.

Address. 1741 Hanford ave

Remarks,

1 8 9 1 0 0 0 0 0 1 0

BALTIMORE CITY HEALTH DEPT. MAY 13 1891

Section 13. Be it further enacted, That as the same can be ascertained the said mayor and council may cause to be registered the date and place of birth; and the month, and shall set forth as near as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the full name and occupation of its parents, the date and place of the marriage, if the same shall have been contracted in this city, and if not, the date and place between the first and last cohabitation of the parents in this city; and the said mayor and council may cause to be registered the death of every person who shall die in this city, and the cause of death, as near as can be ascertained, and the time and place of burial. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the mother immediately after the birth of the child shall make the return required, and attend three days in succession at the office of the Commissioner of Health, in the city, for the purpose of making the return required by this section. The Commissioner of Health, in the city, shall enforce the duties of this section, and any such person or persons who shall hereafter fail, neglect or refuse to perform the duties required by this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other penalties and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 27583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 11/97
4. *Place of Birth, (Street and Number)*	1410 Mc Culloh St
5. *Full Name of Mother,*	Esther Reinhard Rohr
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Samuel E Reinhard
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	A Friedenwald M.D.
Address,	316 N Eutaw St
Remarks,	

1 8 9 1 0 0 0 0 0 1 1

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bessie Saffell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 11th 1891.
4. Place of Birth, (Street and Number)	1436 N. Fulton Av
5. Full Name of Mother,	Virginia Catherine Saffell
6. Mother's Maiden Name,	Virginia Catherine Cotton
7. Mother's Birthplace,	Norfolk Va
8. Full Name of Father,	Charles Leicous Saffell
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Edward Eichacupie M.D.
Address,	324 N Biddle St.
Remarks,	Mahany

HEALTH DEPARTMENT. JAN 19 1891 BALTIMORE, MD.

1 8 9 1 0 0 0 0 1 2

Every midwife, and every person who shall assist at the birth of a child, shall, within the first ten days of the month, and shall set forth, as far as the same can be ascertained, the name, the day and place of birth, the sex, color, (if not white), and parentage of each child born since the last return, and the name and residence of the midwife, physician or other person who shall have been present at the birth; and every midwife, physician or other person who shall attend the birth of each and every month to the Board of Health, midwifery, or certificate, before the end of the month next after the birth, to the Board of Health, in the manner, and in the form, to be prescribed by the Board of Health; and if any midwife, physician or other person who shall attend the birth of any child shall omit, or neglect, or refuse to make such return or certificate, or shall make any false return or certificate, he shall, for every such offence, forfeit and pay a sum not exceeding twenty dollars, to be recovered before any justice of the peace of the city of Baltimore, in the name of the Mayor and City Council of Baltimore, for the use of the city, except in the cases of those persons who shall hereafter fail to report within the time prescribed by this section, in which cases they are severally subject to a fine of ten dollars for each offence, to be recovered before any justice of the peace as aforesaid.

PRINT & ENG. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) 1st

1. Sex, (state whether male ~~or female~~) Col'd

2. Race or Color, (if not of the white race) January 11th 1891

3. Date of Birth, 816, McDonough St

4. Place of Birth, (Street and Number) Josephine Howe

5. Full Name of Mother, " Cephas

6. Mother's Maiden Name, Baltimore City

7. Mother's Birthplace, Georgie Howe

8. Full Name of Father, Laborer

9. Father's Occupation, Baltimore City

10. Father's Birthplace, Wm. L. Russ

Name of Medical Attendant, or other Person who makes this Return

Address. 500 N Broadway

Remarks.

1891 000013

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible]ealth, and shall set forth as far as the same can be ascertained the full name [illegible] and place of birth; and the month, and shall set forth the full name and occupation of its parents, the date and place of birth; between the first and been conferred its sex, color, the full name [illegible] in the form of a certificate [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 27586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 17 1891 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jany 11th

4. Place of Birth, (Street and Number) 305 Warren Ave

5. Full Name of Mother, Mamie Selway

6. Mother's Maiden Name, Fisher

7. Mother's Birthplace, Balto

8. Full Name of Father, James Selway

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. J F M Webster

Address, 403 Hanover St

Remarks, 891000014

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child, if born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 12th 1891
4. *Place of Birth, (Street and Number)* Sixth Street West.
5. *Full Name of Mother,* Sarah G. McCubbin
6. *Mother's Maiden Name,* " " Reese
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* William McCubbin
9. *Father's Occupation,* Cab Driver
10. *Father's Birthplace,* Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return. R. G. Rankin M.D.

Address, "Waverly Station Balto Md.

Remarks,

8910000015

...STATIONER, BALT.

RETURN OF A BIRTH

A 7758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	14
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	W
3. *Date of Birth,*	Jan 12
4. *Place of Birth, (Street and Number)*	213 Parkin St
5. *Full Name of Mother,*	Jessie Bell Morse
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	William Bell
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Mc. [illegible]
Address,	412 Dev[illegible] St
Remarks,	

8 9 1 0 0 0 0 0 1 6

HEALTH DEPARTMENT BALTIMORE CITY

Sec. 4. And be it further enacted, That it shall be the duty of the father of any child born alive in the city of Baltimore, or in case the father is dead, or absent from the city, or unable from sickness or other cause to perform the duty, then the mother of such child, or in case the mother is dead, or unable from sickness or other cause to perform the duty, then the person having charge of such child, or the occupant of the house in which the birth occurs, or the physician, midwife or other person in attendance upon the mother, to report the birth of such child to the Commissioner of Health, within ten days after the birth, and to state therein, so far as the same can be ascertained, the full name of each parent, the color, the age, the occupation of each parent, the date and place of birth, and the number of children born to the mother, and such other information as may be required by the Commissioner of Health, and to sign his or her name to such report. Such report shall be made in the form of a certificate, to be furnished by the Commissioner of Health, and shall be delivered, duly signed and verified, at the office of the Commissioner of Health, or should no other person be in said city authorized to make such report, then it shall be the duty of the person or persons residing in the house where such birth occurs to report the same to the Commissioner of Health, as herein provided. Any physician, midwife or other person who shall neglect or refuse to report such birth, as herein required, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offence.

Sec. 5. And be it further enacted, That it shall be the duty of the Commissioner of Health to prepare and furnish to the proper persons, as aforesaid, blank forms of certificates of births, and to receive and file the same when duly executed and returned to his office, and to make such rules and regulations as may be necessary to secure a full and complete registration of all births occurring in the city of Baltimore, and to report to the Mayor and City Council, annually, the number of births registered during the year, and such other information as he may deem proper.

Sec. 6. And be it further enacted, That it shall be the duty of the Commissioner of Health to report to the State's Attorney for the city of Baltimore any person who shall neglect or refuse to report any birth as required by this ordinance, and any such person shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

THOS. A. S. DELANY & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A2789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (State whether male or female) M

2. Race or Color (if not of the white race) W

3. Date of Birth Jan 1 - 91

4. Place of Birth (Street and Number) 733 Forest St

5. Full Name of Mother, Lillie Holden

6. Mother's Maiden Name, Richard

7. Mother's Birthplace, Balto Co

8. Full Name of Father, Edward Holden

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Irving Miller

Address, 1207 E. Monument St

Remarks,

691000017

list of the births which have occurred under his or her care [illegible] the full name and residence of each child, its sex, color, the full name and residence of its parents, the date of birth, and such other facts as may be required by the Commissioner of Health. And he or she shall ascertain the full name of each child (if any shall have been suffered), its sex, color, the full name and residence of its parents, the date of birth, and such other facts as may be required by the Commissioner of Health, and shall report the same to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, and such person shall furnish all the information required as to such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 27590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	January 1891
4. *Place of Birth, (Street and Number)*	739 Dolphin st
5. *Full Name of Mother,*	Ida A. Masterman
6. *Mother's Maiden Name,*	Ida Amos
7. *Mother's Birthplace,*	B. City
8. *Full Name of Father,*	Theodore Masterman
9. *Father's Occupation,*	Bookkeeper
10. *Father's Birthplace,*	B. City
Name of Medical Attendant, or other person who makes this Return.	J. Harvey Hill M.D.
Address,	807 N Calvert
Remarks,	

1891000018

month, and shall set forth as far as [illegible] the date and place of birth of the child, and the name, residence, color, and occupation of the parents. If the birth shall have been certified to the Commissioner of Health, the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or midwife, the father or the mother of such child, or the owner or occupier of the house in which the birth occurs, or the attendant upon the mother at the birth, shall, within the period above required, and in like manner, report the birth to the Commissioner of Health, with the particulars of this section; and any such person or persons who shall hereafter neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 8-27-57

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Alma Maris Bell

1. No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)
2. Sex, (state whether ~~male or~~ female)
3. Race or Color, (if not of the white race) White
4. Date of Birth January 4th 1891
5. Place of Birth, (Street and Number) 25 Patterson Park avenue
6. Full Name of Mother Alice Estell Bell
7. Mother's Maiden Name Alice E. Langrall
8. Mother's Birthplace Dorchester County Md.
9. Full Name of Father Henry Insley Bell
10. Father's Occupation Clerk
11. Father's Birthplace Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 700 S. Broadway

Remarks

BALTIMORE MD. JAN 20 1891 HEALTH DEPARTMENT

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of such child or children born, its or their physical condition, whether still born or not, the full name, residence, and occupation of the parents, and the maiden name of the mother of such child or children.

8 9 1 0 0 0 0 0 1 9

RETURN OF A BIRTH A 27592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 6 " 91
4. Place of Birth, (Street and Number)	421 Gwynns Ave
5. Full Name of Mother,	Mrs Eliza Roland Kirby
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Kirby
9. Father's Occupation,	Steam Fitter
10. Father's Birthplace,	Md Ellicott MD
Name of Medical Attendant, or other person who makes this Return.	Hellen V Stuber
Address,	
Remarks,	

8910 00020

BALTIMORE, MD.

month, and shall set forth as far as the same can be ascertained the date and place of birth, and the sex and color of the child, and the name, residence and occupation of the parents, and the date of their marriage, if the same has been conferred) its sex, color, the full name of the parents, and their residence and occupation. Any midwife or other person who shall undertake to certify the birth of any child said schedule shall be delivered during the first week of each month to the Registrar of Vital Statistics, and no other person be in third day of each month, a certificate of the birth of any child attendance upon the mother, (unless the person or parents of such child shall report its birth to the Registrar of Vital Statistics within the time above specified,) shall make such report within the time above specified, and any such person who shall neglect or refuse to make such report shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 6th 1891
4. Place of Birth, (Street and Number) 116 ~~Bethel Street~~ Dallas St
5. Full Name of Mother, Lucy Bradford
6. Mother's Maiden Name, Lucy Hughes
7. Mother's Birthplace, Balto.
8. Full Name of Father, George Bradford
9. Father's Occupation, Driver
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs A Saunders

Address, 216 N Patterson Pk Ave Balto

Remarks,

8 9 1 0 0 0 0 0 2 1

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

GIVEN NAME ABDER 10-4-56

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Hellie Marguerite Alexander

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (State whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

HEALTH DEPARTMENT, JAN 22 1895 BALTIMORE, MD.

1 8 9 1 0 0 0 0 0 2 2

...advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

GIVEN NAME ADDED, 1/27/1956

3 27590

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Philip Thalheimer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 8. 91
4. Place of Birth, (Street and Number) 930 N. Eden St
5. Full Name of Mother, Augusta Josephine Thalheimer
6. Mother's Maiden Name, Kuhlman
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Jno. A. Thalheimer
9. Father's Occupation, Tailor
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Jno. H. Pickel M.D.

Address, 1312 Ashland Ave.

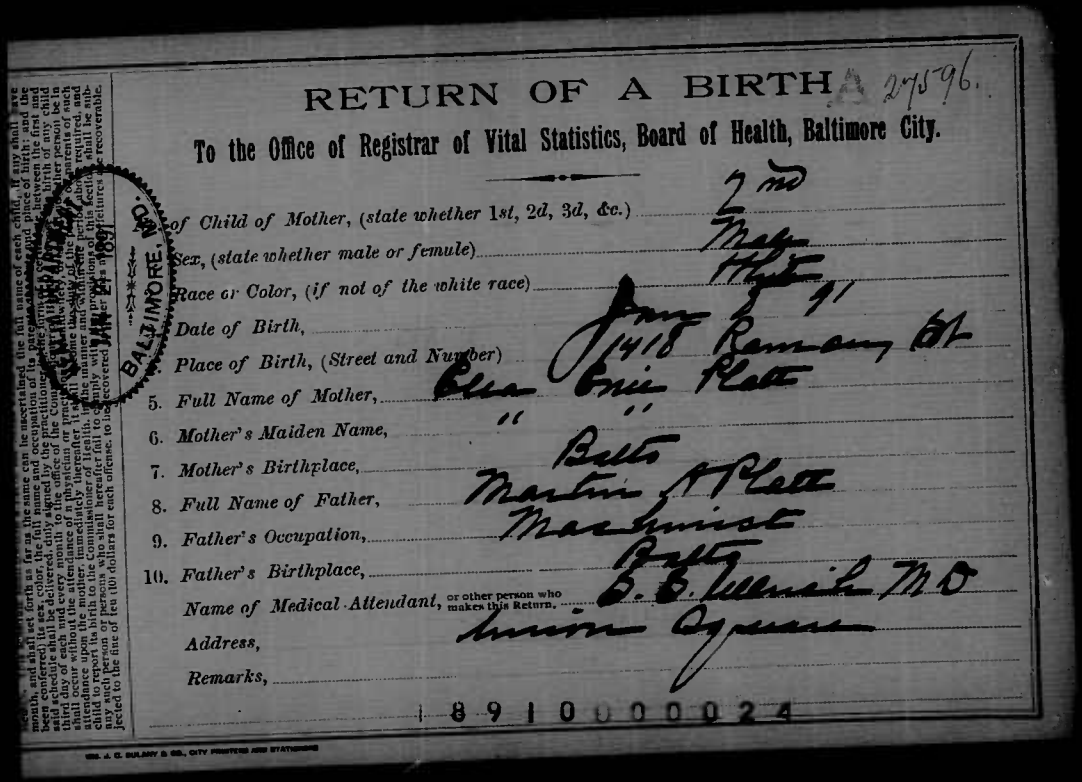
Remarks, none

1891000023

HEALTH DEPARTMENT, BALTIMORE, MD. JAN 21 1891

List of the births which have occurred, under ... and occupation of its ... ascertained the full name of each child ... in the form of a ... parents, the date and place of birth ... the practitioner in the ... certificate between the first and third day of ... the Commissioner of Health ... birth of any child shall occur without the attendance of a physician or midwife ... be in attendance upon the mother ... report its birth to the Commissioner of Health ... or persons who shall hereafter fail to comply with ... for each offence to be recovered as other fines and forfeitures are recoverable ... ten (10) dollars

... Murphy & Co., City Printers and Stationers.



RETURN OF A BIRTH A 27596.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD. JAN 21 1897

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, Jan 1 97
5. Place of Birth, (Street and Number) 1418 Ramsay St
6. Full Name of Mother, Rosa Ernestine Klett
7. Mother's Maiden Name, " "
8. Mother's Birthplace, Baltimore
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, E. E. Ellenich MD
Address, [illegible]
Remarks,

1 8 9 1 0 0 0 0 2 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

GIVEN NAME ADDED 10/13/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Emma Marie Knowles

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 10th 1891
4. Place of Birth, (Street and Number) 1416 Lancaster St
5. Full Name of Mother, Louise P. ~~Meister~~ Knowles
6. Mother's Maiden Name, Louise P. Meister
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John B. Knowles
9. Father's Occupation, Lawyer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Hannah E. Knowles

Address, 216 N. Patterson Park Ave

Remarks,

1891 0000025

...month, and shall set forth as to the same child the several matters required by this section to be registered as to births; and the ...been collected, and the full name and ... signed by the ... If any ... shall occur without the attendance ... duly authorized ... attendance upon ... duly authorized ... shall be delivered, ... shall be subject ... fee of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ORE. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 37598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 17 1891 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex, (State whether male or female)	Male
Race or color, (if not of the white race)	White
3. Date of Birth,	January 15
4. Place of Birth, (Street and Number)	760 Lombard
5. Full Name of Mother,	Julia Mc Cool
6. Mother's Maiden Name,	Healey
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Denis Mc Cool
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Corrigan
Address,	412 Dent St
Remarks,	8910000026

Register of such birth, and shall enter the same on a blank so ruled, to be kept under his or her care during the month, and shall set forth, as far as the same can be ascertained, the date and place of birth, full name, sex, and color of each child, if any, born alive within the district during the month, the full name and occupation of the parents, the date and place of birth, and residence of each parent, the number of children born to the mother, and the number now living. This schedule shall be delivered, duly signed, to the Commissioner of Health, or should no other person be in such district, the undersigned shall report the birth to the Commissioner of Health, in the manner and within the period above specified, and shall continue to report all births which shall occur without his knowledge, immediately thereafter. In the event of the undersigned failing to comply with the provisions of this section, he shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are by law recoverable.

THE A. C. GALEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 2/5/99

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 10 1891
4. Place of Birth, (Street and Number) 8 Moder Lab 410
5. Full Name of Mother, Emma F Darey
6. Mother's Maiden Name, Emma L Saffields
7. Mother's Birthplace, A A Co Md
8. Full Name of Father, Charles H Darey
9. Father's Occupation, Labor
10. Father's Birthplace, A A Co Md

Name of Medical Attendant, or other person who makes this Return. Mrs Knoels

Address, 216 North Patterson Ave

Remarks, She is a successful doctor

1891 0 0 0 0 0 2 7

...all set forth in the ... the same ... and the ... month, and shall set forth ... the ... full name ... of ... been entered, ... shall occur without the ... shall be delivered, ... third day of each and every month ... shall occur without the attendance ... attendance upon the ... shall be ... duly such person or persons who shall ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 27600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	January 19
4. Place of Birth, (Street and Number)	1142 Cleveland St
5. Full Name of Mother,	Henrietta Buhl
6. Mother's Maiden Name,	" Winker
7. Mother's Birthplace,	New York
8. Full Name of Father,	Louis Buhl
9. Father's Occupation,	Piano Maker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Wm M. Manns
Address,	412 Scott St
Remarks,	1 8 9 1 0 0 0 0 0 2 8

Health. This schedule shall contain a list of the [illegible] such child [illegible] months, and shall state sex, color, the full name and occupation of the parents, and the [illegible] and every such physician or practitioner in the form of a certificate [illegible] said schedule shall be delivered, duly signed, to the Commissioner of Health, or to such person [illegible] office of the Commissioner of Health, within ten days after the birth [illegible] third day of each and every month, a certificate in the form [illegible] shall occur within the city of Baltimore during the month [illegible] mother, immediately thereafter, in the manner and [illegible] child to report its birth to the Commissioner [illegible] say such person or persons shall, for each offence, [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other [illegible]

RETURN OF A BIRTH A 27601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	January 14th 1890
4. *Place of Birth, (Street and Number)*	222 Durham St
5. *Full Name of Mother,*	Mollie Tides
6. *Mother's Maiden Name,*	Hattie Mutz
7. *Mother's Birthplace,*	Virginia County
8. *Full Name of Futher,*	Holiday Tides
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Virginia County
Name of Medical Attendant, or other person who makes this Return.	Lucinda Medford
Address,	428 North Keyser
Remarks,	No Remarks.

1 8 9 1 0 0 0 0 0 2 9

month, and shall set forth as far as the same can be ascertained by diligent inquiry, the name, sex, color, the full name, by the [illegible] of each child born alive, the date and place of birth, and the name, age, residence and occupation of the parents of such child. In case the birth of any child shall occur without the attendance of a physician or [illegible] the person or persons in attendance upon the mother immediately after the birth of such child shall report all the particulars required, and such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 12th 1891
4. Place of Birth, (Street and Number) Dover st. 730
5. Full Name of Mother, Annie McLaughlin
6. Mother's Maiden Name, Annie Dwyer
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Peter McLaughlin
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Hunter

Address, Appleton st 1st

Remarks,

18910000030

month, and shall set forth as far as may be in the discretion of the person making the return, the date and place of birth, and the full name and occupation of the parents of the child, in the form of a certificate between the sheets of which shall be delivered by the Commissioner of Health, or some other person be in said city, to the person or practitioner of midwifery, or the person or parents of such child, as the case may be, at the time of the birth of such child, or within the period above required; and every such return shall occur without the attendance upon the birth of a physician or midwife, the said return shall be made by the person in attendance upon the birth to the Commissioner of Health, who shall comply with the provisions of this section with respect to the return of births by physicians or midwives; and any person who shall neglect or refuse to make such return of the birth of any child as herein required, or who shall make any false return, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 17603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 9 1894 BALTIMORE MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, Monday the 12
5. Place of Birth, (Street and Number) 445 S. Stricker st
6. Full Name of Mother, Annie Mc Strube
7. Mother's Maiden Name, Annie Mc Doherty
8. Mother's Birthplace, Richmond Va
9. Full Name of Father, Daniel F Strube
10. Father's Occupation, Lunch Dealer
11. Father's Birthplace, Baltimore Md
12. Name of Medical Attendant, or other person who makes this Return. Mary Kramer
13. Address, 414 S Stricker St Baltimore Md Dist
14. Remarks, Mother and child are well.

1 8 9 1 0 0 0 0 3 1

Health, all shall set forth as far as the same can be ascertained, the full name of each child, sex, color, if any, occupation of its parents, the date and place of birth, and the number of children born to the mother, and the number now living; and a certificate between the first and second day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or other person, as is above required, such certificate shall be delivered within the period above required, and the same shall be signed by the parent or parents with whom such child resides. It shall become the duty of any person in attendance upon the mother, immediately after the birth of each child, to report its birth to the Commissioner of Health, in the manner and within the time above specified. Any such person or midwife who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as [illegible] of its parents, the date and place of birth; an[illegible]
been conferred) its sex, color, the full name and occupation [illegible] the practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the practitioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or [illegible] duty of the person or parents of such
attendance upon the mother, immediately thereafter it shall become the [illegible] within the period above required, and
child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with the [illegible] as other fines and forfeitures are recoverable.
jected to the fine of ten (10) dollars for each offense, to be recovered [illegible]

RETURN OF A BIRTH.

27604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 7 1891 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 12th 1891

4. Place of Birth, (Street and Number) No: 9 [illegible] St

5. Full Name of Mother, Caroline [illegible]

6. Mother's Maiden Name, Caroline [illegible]

7. Mother's Birthplace, York Pa.

8. Full Name of Father, Louis [illegible]

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 1 0 0 0 0 0 3 2

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 24605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), Col'd

3. Date of Birth, Jany 12 "91

4. Place of Birth (Street and Number), 208 Jasper St

5. Full Name of Mother, Estelle Virginia Davage

6. Mother's Maiden Name, " " Askins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Davage

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Fannie Myers

Address, 223 Clay St.

Remarks,

1891L00000033

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 2760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jany 12 - 91
4. Place of Birth, (Street and Number)	829 N C ave
5. Full Name of Mother,	Sadie Clark
6. Mother's Maiden Name,	Sadie Stiepleman
7. Mother's Birthplace,	Balt
8. Full Name of Father,	Wm Clark
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balt
Name of Medical Attendant, or other person who makes this Return.	Dannie V Moyer M.D.
Address,	1200 N Edmondson Av
Remarks,	

6 9 1 0 0 0 0 0 3 4

HEALTH DEPT. BALTIMORE MD. JAN 13 1891

month, and shall set forth as far as the same can be ascertained, the full name and occupation of the parents, the exact place of birth; and the said return shall be delivered, duly signed by the practitioner or person in charge, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or person in charge, the said return shall be made by the parents or parent of such child, or in default of such return, by the householder in whose house such birth shall occur, within ten days after the occurrence of such birth, and every month to the office or residence of the Commissioner of Health, in the city of Baltimore, of the births which shall occur without the attendance of a practitioner or person in charge, and immediately thereafter. It shall be the duty of the Commissioner of Health, in the case of any child born without the attendance of a practitioner or person in charge, to investigate the circumstances of the birth, and to report the same to the Grand Jury, with such other facts as may be necessary to enable the Grand Jury to find a true bill against the parent or parents of such child, or other person or persons who shall heretofore have had the charge of such child, for the neglect to make the return required by this section, and for the offence of neglecting to provide for such child as other persons are required to provide for their children; and every person who shall neglect to make the return required by this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 27607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Jan. 2nd 1911
5. Place of Birth, (Street and Number) 1035 Wilcox St.
6. Full Name of Mother, Mary Quinn
7. Mother's Maiden Name, Mary McCreary
8. Mother's Birthplace, Balto
9. Full Name of Father, John Quinn
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. F. J. Saunders

Address, 719 E. Chas St

Remarks, This Child was about 1½ days of ordinary size
& Want of Development. Jaundice is in Usual Stage of Duration

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HEALTH DEPARTMENT JAN 13 1911 BALTIMORE MD.

and shall enter the same on a blank form to be furnished during the month, and shall set forth as far as the same can be ascertained the name, sex, color, date and place of birth, and the full name and occupation of the parents of each child born within the city of Baltimore during the month, and shall deliver, duly signed, by mail or otherwise, to the Registrar of Vital Statistics, at the office of the Board of Health, in the City of Baltimore, a return of each and every such birth, and of each and every death of which he shall become the duty of the person or persons required by law to report the same to the Coroner of the City of Baltimore, or to the Health Officer of said City, within thirty-six hours after the occurrence of such birth or death, and shall make and subscribe to a certificate before a Justice of the Peace, or other officer authorized to administer oaths, that the return of each and every birth and death by him rendered is correct and true to the best of his knowledge and belief, and that he has complied with the provisions of this section in the manner and within the time prescribed. Any person who shall neglect or refuse to report any birth or death as required by this section, or who shall report the same in a manner not in accordance with the provisions of this section, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than ten (10) dollars nor more than fifty (50) dollars for each offence to be recovered as other fines and forfeitures are recovered.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A. 27608.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE MD. JAN 2 1901

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 Jan

4. Place of Birth, (Street and Number) 1115 Lombert street

5. Full Name of Mother, Mary Miller

6. Mother's Maiden Name, Mary Hilka

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Hilka

9. Father's Occupation, Can Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Schumann

Address, 409 South Bond street

Remarks,

6 9 1 0 0 0 0 0 3 6

...nonth, and shall set forth as far as the same can be ascertained, the full name, the sex, color, the full name and occupation of the father, the date and place of birth; and the said certificate shall be delivered, duly signed by the physician or midwife in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth or stillbirth shall occur without the presence of a physician or midwife, or should the person or parents of such child refuse to report its birth to the Commissioner of Health, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in like manner and within the period above required, and any such person or persons who shall wilfully neglect or fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 2716 09

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* ____
2. *Sex (state whether male or female)* ____
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth* January 12th 1891.
5. *Place of Birth. (Street and Number)* 718 S. Broadway
6. *Full Name of Mother* Charlotte Cyples
7. *Mother's Maiden Name* Charlotte Walshe
8. *Mother's Birthplace* Ireland
9. *Full Name of Father* Richard Cyples
10. *Father's Occupation* Teller
11. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Nicholas Lathrille,

Address 700 S. Broadway

Remarks ____

8910000037

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child born, its or their physical condition, whether still born or not, the full name, nativity and residence of parents, and the maiden name of the mother of such child or children.

BALTIMORE, MD. JAN 20 1891

RETURN OF A BIRTH A 27610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether male or female) Female Child

2. Race or Color, (if not of the white race) White Child

3. Date of Birth, Jan 13th 1891

4. Place of Birth, (Street and Number) Fillmore st nr quaker Lane Alty

5. Full Name of Mother, Sarah Catherine Weaver

6. Mother's Maiden Name, Sarah Catherine Daughter

7. Mother's Birthplace, Sunbury Pa

8. Full Name of Father, George H Weaver

9. Father's Occupation, Black Smith

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Margret Hinkel

Address, No 28 Mount st nr Valley Balto City

Remarks,

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BALTIMORE MD. JAN 17 1891

Sec. 4. That full name of each child born alive must be ascertained and reported within the time prescribed by section 3 of this act, and if any child born alive shall die before a return of its birth has been made, a return of such birth and death shall be made as required by this act. The return of the birth of any child not reported within one year after the date of birth shall be made only upon the order of the Board of Health, and for every such return ordered by the Board a fee of fifty cents shall be paid to the person entitled thereto by the Board. Sec. 5. That the Board of Health shall cause the blanks required by this act to be prepared and furnished to the proper persons, and shall cause the provisions of this act to be printed and circulated for the information of the public; and the Board of Health shall appoint a registrar of vital statistics, who shall receive a salary of twelve hundred dollars per annum, payable monthly, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) his sex, color, date and place of birth, the full name, maiden name, birthplace, age and occupation of its parents, the date of their marriage, the number of children born to the mother, and the number now living, the name and occupation of the physician, midwife or other person in attendance upon the mother at the birth of each child, and the street and number of the house where such birth occurs; and it shall be the duty of the person required to report the birth of any child to make return thereof within the period above required, and said schedule shall be filled out in accordance with the provisions of this section and be subscribed and sworn to by the person making the return before the Registrar of Vital Statistics or his deputy, and every month to the Board of Health, in such form as the Board may prescribe. Sec. 6. That no interment of the dead shall occur without the attendance of a physician, midwife or undertaker, who shall first ascertain that a certificate of birth has been made and returned as required by this act, and shall report the same to the Registrar of Vital Statistics, and no burial permit shall be issued by the Health Officer of Baltimore City, or by any other person, until the certificate of birth has been returned as required by this act, or the Registrar of Vital Statistics has been notified as to the reason why such certificate has not been returned, and has issued a burial permit; and it shall be the duty of the Registrar of Vital Statistics to report to the Board of Health all cases in which certificates of birth have not been returned, and the Board of Health shall cause the parent or parents, guardian or other person having charge of such child to report the facts to the Board of Health, and if such parent or guardian shall refuse or neglect to report such facts, he or she shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to the fine of ten (10) dollars for each offense. Sec. 7. That all fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 2761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Jan 13 1891
4. Place of Birth, (Street and Number)	208 Hamburg st.
5. Full Name of Mother,	Anna Gehrhardt
6. Mother's Maiden Name,	Imhoff.
7. Mother's Birthplace,	America.
8. Full Name of Father,	Joe. Gehrhardt.
9. Father's Occupation,	Shoe maker.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return,	J. Schwasser. Midwife
Address,	1032 Hanover st.
Remarks,	

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HEALTH DEPARTMENT JUN 2 1891 REGISTRAR

month, and shall set forth as far as the same can be ascertained the name of its parents, the date and place of birth, and the sex and color, the full name and occupation of the petitioner in the form of a certificate to be issued by the first and been completed shall be delivered, duly signed by or at the direction of the Commissioner of Health, to the person or persons who shall be entitled to receive the same, and shall be by him or her presented to the person or persons who shall have charge of the registration of births in the district in which the child was born, within thirty days after the birth of any child born after the first day of each and every month of a physician or practitioner the duty of the person or persons entitled to receive the certificate of birth to present the same to the Registrar of the district in which the child was born within thirty days after the birth of any child born after the first day of each and every month, and in the manner and within the period of time prescribed by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. V. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 27 617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child,

1. Sex, (state whether male or female), male.

2. Race or Color (if not of the white race), white race

3. Date of Birth, January 13th 1891

4. Place of Birth (Street and Number), 1709 Hanover St

5. Full Name of Mother, Lina Kaiser,

6. Mother's Maiden Name, Lina Hofman,

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Henry Kaiser

9. Father's Occupation, Painter,

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Anamaria Keller

Address, 1703 Hanover St

Remarks, Baltimore City

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The Baltimore Publishing Co., City Printers and Stationers.

This is to be filled out in the same ora to ascertain the full name of each child born in this city. And this mid schedule and shall set forth as far as practicable the full name and occupation of its parents, the date and hour of birth, the sex and color of the child, and whether it is the first, second or other child born to the parents, and the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance at a physician or midwife, it shall become the duty of the parent or parents, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 27613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	3 Child
1. *Sex, (state whether male or female)*	Girl
Race or Color, (if not of the white race)	White Race
Date of Birth,	Born Jan 13th 1901
Place of Birth, (Street and Number)	# 30 Carrollton Ave
5. *Full Name of Mother,*	Mrs Mary Webbert
Mother's Maiden Name,	Miss Smucks
Mother's Birthplace,	Baltimore
8. *Full Name of Father,*	Mr John Webbert
9. *Father's Occupation,*	Huckster
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 W Pratt St
Remarks,	

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HEALTH DEPARTMENT MAR 15 1901 BALTIMORE MD.

month and shall set forth as far as the same can be ascertained, the full name, sex, color, date and place of birth, and the name of the father and mother of each child born alive in the said district, and the first and last name (if any given) of each child born dead in the said district, and the number (if any) which the child is of the mother's children born alive, and the number (if any) which the child is of the mother's children born dead; and the said certificate shall be delivered by the practitioner in the form of a certificate to the father or mother of any child born alive, and by the undertaker in the form of a certificate to the person who shall have charge of the burial of any child born dead, and shall be verified by the oath or affirmation of the person giving the same, and shall be delivered within thirty days after the birth to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the physician or practitioner in attendance upon the mother, immediately after the birth, to make out and deliver the certificate required by this section, and if any such physician or practitioner shall become the duty of the person or persons residing nearest to the house where any child is born, or where any dead child is found, to report the same to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 27616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c)* 6 Child
2. *Sex, (state whether male or female)* Girl
3. *Race or Color, (if not of the white race)* White Race
4. *Date of Birth,* Born Jan 13th 1891
   Place of Birth, (Street and Number) 2118 Frederick Ave
5. *Full Name of Mother,* Mrs Maria Schlaich
6. *Mother's Maiden Name,* Miss " Reichert
7. *Mother's Birthplace,* Wurtemburg Germany
8. *Full Name of Father,* Mr Henry Schlaich
9. *Father's Occupation.* Schoe Maker
10. *Father's Birthplace,* Wurtemburg Germany

Name of Medical Attendant, or other person who makes this Return. Dr Hiller

Address, 2127 W Baltimore St

Remarks,

8 9 1 0 0 0 0 0 4 2

BALTIMORE, MD. JAN 15 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 27615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 12th 91.

4. Place of Birth, (Street and Number) 1219 Washington Ave.

5. Full Name of Mother, Sarah Adams

6. Mother's Maiden Name, Sarah Blucher

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Geo. W. Adams

9. Father's Occupation, R. R. Engineer

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Obele. M. D.

Address, 1203 W. Fayette St

Remarks,

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JAN 15 1891 BALTIMORE CITY

month, and shall set forth as far as the same can be ascertained, the full name and place of birth, and the name, residence and occupation of its parents, the date and place of birth, and the name, residence and occupation of the physician or midwife in attendance at the birth of any child born alive within the limits of Baltimore City, and the physician or midwife in attendance at the birth of any child shall cause such child to be registered at the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth, or in case of the absence or inability of the physician or midwife in attendance at the birth of any child born alive within the limits of Baltimore City, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and shall be subject to the fine of ten dollars for each offense. And the person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense. All penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 17615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 14 1891 BALTIMORE MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Secund (2d)
2. Sex, (state whether male or female) Female
3. Race or color, (if not of the white race) White
4. Date of Birth, January 13, 1891
5. Place of Birth, (Street and Number) No. 1813 Jefferson St.
6. Full Name of Mother, Mrs. Caroline Knight
7. Mother's Maiden Name, Miss Caroline Lehe
8. Mother's Birthplace, Baltimore Md.
9. Full Name of Father, Mr. William C. Knight
10. Father's Occupation, Clerk
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wm H. Clendinen, M.D.

Address, No 201 North Broadway

Remarks,

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month, and shall set forth, as far as the same can be ascertained, the full name, sex, color, date and place of birth, and the name, residence and occupation of the parents of each child born alive within the district during the preceding month, and the number of children born to the mother, and the number now living. The information required by this section shall be given to the Registrar of Vital Statistics by the person in charge of the lying-in institution, or by the physician, midwife or other person in attendance upon the mother at the birth of the child, or by the father of the child, or by the mother herself, if able to do so, within ten days after the birth of the child. Any person required by this section to report a birth who shall refuse or neglect to do so within the time specified shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offense. Certificates are receivable.

USE J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 27617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained [illegible] of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or practitioner of midwifery, or should no other parents of such
attendance upon the mother, immediately thereafter it shall become the duty of the person or period above required, and
child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan 13 1891
4. *Place of Birth (Street and Number)* 2112 E Lombard
5. *Full Name of Mother,* Florence Thompson
6. *Mother's Maiden Name,* Florence Glass
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Caleb Thompson
9. *Father's Occupation.* Telegraph Operator
10. *Father's Birthplace,* Cecil County Md

Name of Medical Attendant, or other person who makes this Return. J T Spicknall MD

Address, 14 N Patterson Pk Ave

Remarks,

HEALTH DEPARTMENT JAN 14 1891 BALTIMORE MD.

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Wm. J. C. Dulany & Co., City Printers and Stationers.

RETURN OF A BIRTH A 27618.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 14 1891
4. Place of Birth, (Street and Number) 1203 W. Lombard st
5. Full Name of Mother, Addie Forrest
6. Mother's Maiden Name, Addie Carey
7. Mother's Birthplace, Frederick, Md.
8. Full Name of Father, Thos. M. Forrest
9. Father's Occupation, Moulder
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Henry C. Olde M.D.

Address, 1203 W. Fayette st

Remarks,

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JAN 15 1891 BALTIMORE

been conferred, in no case enter the full name and occupation of its parents. The certificate of birth and [illegible] child shall be delivered, duly signed by the practitioner in the form of a certificate of the birth of any child born a day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the midwife or nurse shall within the period above specified in this section shall occur without the attendance of a physician or midwife. It shall become the duty of the person or parents of such child to report the same to the Commissioner of Health. In the manner and within the period above specified in this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. S. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 27619.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 14th 1891
4. *Place of Birth, (Street and Number)* 546 W Lee
5. *Full Name of Mother,* Susan Warrenburger
6. *Mother's Maiden Name,* Susan Trimbord
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* G W Werrenburger
9. *Father's Occupation,* Harness Maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Thy. Clark

Address, 914 N Charles St

Remarks,

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth ... shall schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

8910000047

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 14 1891

4. Place of Birth, (Street and Number) 411 Mansby Ave avenue

5. Full Name of Mother, Carrie M Fahey

6. Mother's Maiden Name, Carrie M Hartford

7. Mother's Birthplace, Phila. Penna.

8. Full Name of Father, Wm J Fahey

9. Father's Occupation, Painter

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return E. Henry Chabot M.D.

Address, 1111 E Preston St.

Remarks,

A 1 9 1 0 0 0 0 0 4 8

during the hours, and shall be, as far as the full name and occupation of its parents, the day and any name shall have been conferred, its sex, color, &c., which shall be signed by the practitioner, in the form of a place of its birth, and the said third day of each and every month thereafter. Board of Health, midwifery, or certificate issued by the attendant of a midwifery case, it shall then become the duty of any child shall occur without the attendance of a physician, midwife, or other person, he or she should no other person be in attendance upon such birth, it shall be the duty of the parent or parents, except in the case of the births and deaths of stillborn children, to report the same to the Board of Health, within the time and in the manner aforesaid, and any person who shall knowingly fail to report such birth or death shall be subject to a fine of ten dollars for each offence, to be recovered as other penalties are recoverable.

...BAT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 276.21.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 14 1891.
4. *Place of Birth, (Street and Number)*	918 Charles st.
5. *Full Name of Mother,*	Louise Strupp.
6. *Mother's Maiden Name,*	Weber.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Henry Strupp.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser Midwife
Address,	1032 Hanover st.
Remarks,	

HEALTH DEPARTMENT JAN 19 1891 BALTIMORE MD.

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month, and shall set forth as far as the same can be ascertained, the full name, the date and place of birth; and the name conferred, its sex, color, the full name and occupation of its parents, the date and place of their marriage, and the number of children born to them, and a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month, or a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A-2-172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Jan 16th
4. *Place of Birth (Street and Number),* # 1336 Barclay St
5. *Full Name of Mother,* Ella C. Collier
6. *Mother's Maiden Name,* " " Bradburn
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* James F. Collier
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. H. L. Valentine, M.D.

Address, 402 Lanvale Ave. "Owner"

Remarks,

1 8 9 1 0 0 0 0 0 5 0

and shall not be, or be recorded in the Register of Births. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

A 27623

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, BALTIMORE, MD. JAN 22 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Jan 14 — 1891
4. Place of Birth, (Street and Number)	1026 James Alley.
5. Full Name of Mother,	Minnie Noll
6. Mother's Maiden Name,	Pletz.
7. Mother's Birthplace,	America
8. Full Name of Father,	Jake Noll
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser Midwife.
Address,	1031 Hanover st.
Remarks,	

1 8 9 1 0 0 0 0 0 5 1

...act, and shall set forth as far as the same can be ascertained, the full name, color, the date and place of birth; and the name, and shall be delivered, duly signed by the attendant, to the Commissioner of Health, or such other person as may be appointed by the Commissioner to receive the same, within the first and third day of each and every month, and shall become the duty of the person so required, and shall occur without the presence of a physician or midwife, in the manner and within the time above specified, it shall be the duty of the attendant in each case to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall hereafter fail to comply with any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

BRO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 27672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* 12th January
4. *Place of Birth, (Street and Number)* 533 North Fulton Ave
5. *Full Name of Mother,* Mary E. Miller
6. *Mother's Maiden Name,* Mary E. Shaffer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred Miller
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Canada

Name of Medical Attendant, or other person who makes this Return. Wm L Green

Address, 1907 E Monument St

Remarks,

1 8 9 1 0 0 0 0 0 5 2

BALTIMORE

...month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the ...been conferred) its sex, color, the full name of the mother (the ... the date and place of birth of the first and ... said schedule shall be delivered, by the ... to the Commissioner of ... certificate of the birth of any child ... third day of each month, to the office of the Commissioner of Health, or shall be delivered to ... fery, or should no other person be in ... attendance upon the mother, immediately after the birth, in the manner ... duty of the person or persons required, and ... child to report its birth to the Commissioner of Health, in the manner ... within the period above specified, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to a fine of ten (10) dollars for each offense, to be recovered ... penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 27625.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Jan 15 — 1891.
4. Place of Birth, (Street and Number)	116 Hamburg st.
5. Full Name of Mother,	Katie Bater.
6. Mother's Maiden Name,	Haspel.
7. Mother's Birthplace,	America.
8. Full Name of Father,	John Bater.
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	England.
Name of Medical Attendant, or other person who makes this Return.	J. Schubaser. Midwife.
Address,	1032 Hanover st.
Remarks,	

6 9 1 0 0 0 0 0 5 3

...shall set forth as far as the same can be ascertained the name, sex, race, date and place of birth; and the full name and occupation of the parents of the child, the date and place of their marriage, and the number of children born to the mother, and the number of such children living; the full name and occupation of the physician or midwife in attendance upon the birth, and the street and number where the birth occurred, and shall be delivered, duly signed by the Commissioner of Health, or some person authorized by him, to the parent or person having charge of the child, or in attendance upon the birth, within ten days after the birth occurs; and every physician or midwife in attendance upon any birth shall become the duty of the person on whom the duty of registering the birth is by this section required, and shall occur without the attendance of a physician or midwife, it shall be the duty of the parent or person having charge of the child to report the birth to the Commissioner of Health in the manner and within the time in this section required. Any person who shall neglect or fail to comply with the provisions of this section shall be subject to a penalty of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

27626.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White Race.
3. Date of Birth, Jan 15/91
4. Place of Birth, (Street and Number) No 1804 Charles St.
5. Full Name of Mother, Dora ~~Wagner~~ Calmon
6. Mother's Maiden Name, " Wagner
7. Mother's Birthplace, Europe
8. Full Name of Father, William Calmon
9. Father's Occupation, Glass Flatner
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return. Romaine Jester

Address, No 1608 S. Charles St.

Remarks, Yours Respectfully

1 89 1 0 0 0 0 0 5 4

HEALTH DEPARTMENT BALTIMORE MD.

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the name and residence of the physician, midwife or other person who shall have been present at the birth; and the name, residence, and occupation of its parents, the date and place of birth; and the name and residence of the physician or practitioner in the form of a certificate between the first and said schedule to be delivered by the physician or practitioner in charge, or midwife present at the birth, or the father or mother of such child, within ten days after the occurrence of such birth, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report the particulars required to be stated in the said schedule to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 27627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, January 15th

4. Place of Birth (Street and Number), 947 Preston St

5. Full Name of Mother, Ella McVey

6. Mother's Maiden Name, Ella Gravenstines

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James M McVey

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return. Mary E Parker

Address, 1630 Chase St

Remarks,

8 9 1 0 0 0 8 0 5 5

and shall not be used as evidence in any court in this State, except in prosecutions for violations of this act. It shall be the duty of the parent, the physician, midwife or other person having charge of the case, to report the birth to the Commissioner of Health, as required by this act, within the time specified, and any person who shall refuse or neglect to report as herein required, shall be subject to a fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

CERTIFICATE CORRECTED 11-1-49

RETURN OF A BIRTH.

B 7178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Martha Josephine Snyder

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15th of January 1891
4. Place of Birth, (Street and Number) 625 Bourke Street
5. Full Name of Mother, Sadie (Sadie) Johnnida Snyder
6. Mother's Maiden Name, " (Sadie) Henry Murray
7. Mother's Birthplace, Norfolk
8. Full Name of Father, Henry (Johnnida) Snyder
9. Father's Occupation, Laborman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Crescintia Kunkel

Address, 213 North Chapel Street per Justina Kunkel

Remarks, Healthy.

8910000056

GEO. J. C. ULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 27679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 15th 1891

4. Place of Birth, (Street and Number) 243 N. Eutaw St.

5. Full Name of Mother. Mary Charlton Merrick

6. Mother's Maiden Name, Gist

7. Mother's Birthplace. Baltimore Md.

8. Full Name of Father. Jas. K. Merrick

9. Father's Occupation, Physician

10. Father's Birthplace, Balto Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Caleb Kenstlock

Address, 924 McCulloh St

Remarks,

8 9 1 0 0 0 0 0 5 7

EARL TYPEWRITER EXCHANGE JAN 30 1891

...ne of the ... of each child (if any shall have been conferred), it shall be ... by the practitioner in the form of a ... certificate, the ... and ... of birth, and the said schedule shall be ... to the Commissioner of Health. In case the parents, between the first and third day of each month, a ... of such births as may have occurred during the ... next preceding. Any ... who shall neglect to report ... to the Commissioner of Health, in the manner ... required, and any such person ... for each offense to be recovered as other ... are recoverable.

... Printers and Stationers.

RETURN OF A BIRTH

201630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 th
2. Sex, (state whether male or female), Male
3. Race or Color (if not of the white race), White
4. Date of Birth, Jan 15 th 1891
5. Place of Birth (Street and Number), 2333. Mittimore pt. Baltimore Md
6. Full Name of Mother, Tillie Engelbrecht Kosman
7. Mother's Maiden Name, " " Kosman Englebach.
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Frederick T. Kosman
10. Father's Occupation, Can-maker.
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Anna Kosman

Address, 13 th St Eden st

Remarks,

89100000058

HEALTH DEPARTMENT, BALTIMORE, MD.

Act shall set forth as far as the same can be ascertained therefrom, the date and place of birth, and the full name, sex and color of each child born alive, the full name and occupation of the father, and the full maiden name of the mother of such child, in the form of a certificate hereinafter prescribed, and within the period above required, and any willful neglect or refusal to make such report, or any willful misstatement of the facts required to be reported, shall be punished as a misdemeanor, and upon conviction thereof the offender shall be fined not less than ten dollars nor more than fifty dollars for each offense. In case the birth occurs in an institution upon the admission of a pregnant woman, the person in charge of such institution shall cause a report of such birth to be made in the manner and within the period above required, and any willful neglect or refusal to make such report shall be punished as a misdemeanor, and upon conviction thereof the offender shall be fined not less than ten dollars nor more than fifty dollars for each offense. In the event of the death of the mother before the certificate is filed, the father shall make the report, if living and competent to do so, and if he be dead or incompetent, the duty shall devolve upon the person who shall have charge of the newly born child. Any person who shall neglect or refuse to perform the duties imposed upon him by this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 27631.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child.
2. Sex, (state whether male or female) Female.
3. Race or Color, (if not of the white race)
4. Date of Birth, Jan 16 — 1891
5. Place of Birth, (Street and Number) 716 Hanover st.
6. Full Name of Mother, Lizzie Sengebusch.
7. Mother's Maiden Name, Moennig.
8. Mother's Birthplace, Germany.
9. Full Name of Father, Henry Sengebusch.
10. Father's Occupation, Dentist.
    Father's Birthplace, Germany.
    Name of Medical Attendant, or other person who makes this Return. J. Lahwasser Midwife.
    Address, 1032 Hanover st.
    Remarks,

18910000059

BALTIMORE MD. JAN 27 11 M

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 27637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Poland
3. Date of Birth, January the 16 1891
4. Place of Birth, (Street and Number) 16 little William street
5. Full Name of Mother, sarrat fisher
6. Mother's Maiden Name, sarrat aggers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, early grass
9. Father's Occupation, labour
10. Father's Birthplace, tolbert County

Name of Medical Attendant, or other person who makes this Return, sarrat Jane Withren

Address, at 115 west Fluey street

Remarks, death un Known

1 8 9 1 0 0 0 0 0 6 0

HEALTH DEPARTMENT JAN 19 1891 BALTIMORE MD

month, at the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, the full name and occupation of its parents, the date and place of birth, and the name of each and every person present at the birth, or in attendance upon the mother during her confinement. In case the birth occurs without the attendance of a physician or midwife, the mother of the child shall herself make the return required, and in case of her inability to do so, the duty shall devolve upon the father, grandparent, brother, sister, uncle, aunt, or other relative of such child over the age of fifteen years residing in the house where the birth occurs, or in the house next adjoining thereto, or upon the owner or agent of the premises where the birth occurs, if the mother or father of such child shall not reside in the house. Any person who shall neglect or refuse to make the return required by this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. S. BRADY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 27633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 16th 1891
4. Place of Birth, (Street and Number) 1125 Druid Hill Ave
5. Full Name of Mother, Emma Gelbach
6. Mother's Maiden Name, Emma Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Gelbach
9. Father's Occupation, Grocer
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

6 9 1 0 0 0 0 0 6 1

BALTIMORE MD JAN 1891

month, and shall set forth as far as the same can be ascertained the name and occupation of its parents, the date and place of birth; and the name, if any, given to such child; and the full name and occupation of the person who shall have been in attendance upon the mother at the birth of such child, or who shall have been present at the time of the birth of any child born elsewhere than at the usual residence of the mother, or who shall have been informed of the birth of any child as hereinafter provided; and the certificate between the first and second parts of the said schedule shall be signed by the person who shall have been in attendance upon the mother at the birth of such child, or who shall have been present at the time of the birth of any child born elsewhere than at the usual residence of the mother, or who shall have been informed of the birth of any child as hereinafter provided; and the certificate shall state the cause of the death of each child which shall have died before the expiration of the period above required, and the date of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the birth of such child, then the mother of such child shall make such return; and the Commissioner of Health shall cause the said schedules to be printed in such form as he may deem proper, and shall cause the same to be distributed to the several physicians, midwives or other persons who may be required to make returns of births under the provisions of this section, and shall cause the said schedules to be collected at such times as he may deem proper; and all penalties for violation of this section shall be subject to the fine of ten (10) dollars for each offence, and may be sued for and recovered as debts of like amount are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 27634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) Colard
4. Date of Birth, 16 Jan
5. Place of Birth, (Street and Number) 908 Warner st
6. Full Name of Mother, Emma E Smothers
   Mother's Maiden Name, Emma E Ward
7. Mother's Birthplace, Baltomor Md
8. Full Name of Father, Wesley A Smothers
9. Father's Occupation, Porter
10. Father's Birthplace, Colbert County

Name of Medical Attendant, or other person who makes this Return. Millie Gross

Address, 229 York st

Remarks,

1 8 9 1 0 0 0 0 6 2

BALTIMORE MD. JAN 27 1891 HEALTH DEPARTMENT

Sec. 3. This section shall not be construed to require the same can be ascertained) the full name of each child of any and every female who shall be delivered of a child, and the day of the month, and shall set forth in the full name and occupation of its father, the date and place of birth, and the full name and occupation of the physician or person or patients of such female, if such child shall be delivered duly signed by the physician or person in attendance, or if there be no such physician or person in attendance, then by the mother of such child, within the period above required, and shall occur without the attendance of any physician or person in attendance, then by the mother of such child, within the period above required, and attendance may be in the city of Baltimore, shall immediately thereafter report to the Commissioner of Health, in writing, all the particulars required to be reported by this section about the birth of such child, and every person who shall have charge of any such child, or the parents of such child, who shall neglect or refuse to make such report, as aforesaid, shall be liable to a penalty of not less than five dollars nor more than fifty dollars for each offense, to be recovered as other fines and penalties are recoverable.

Sec. 4. This section shall not be construed to require the same can be ascertained) the full name of each child of any and every female who shall be delivered of a child, and the day of the month, and shall set forth in the full name and occupation of its father, the date and place of birth, and the full name and occupation of the physician or person or patients of such female, if such child shall be delivered duly signed by the physician or person in attendance, or if there be no such physician or person in attendance, then by the mother of such child, within the period above required, and shall occur without the attendance of any physician or person in attendance, then by the mother of such child, within the period above required, and attendance may be in the city of Baltimore, shall immediately thereafter report to the Commissioner of Health, in writing, all the particulars required to be reported by this section about the birth of such child, and every person who shall have charge of any such child, or the parents of such child, who shall neglect or refuse to make such report, as aforesaid, shall be liable to a penalty of not less than five dollars nor more than fifty dollars for each offense, to be recovered as other fines and penalties are recoverable.

GEO. A. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 27631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 22 1891 BALTIMORE, MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) Color
4. Date of Birth, January 16 1891
5. Place of Birth, (Street and Number) 9 1/3 Chestnut alley
6. Full Name of Mother, Louise Rie Colon
7. Mother's Maiden Name, Louise Lapper
8. Mother's Birthplace, Baltimore County
9. Full Name of Father, John Lapper
10. Father's Occupation, Labor
11. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return. Marzan Monroe

Address, 37 Walnut alley

Remarks,

1 8 9 1 0 0 0 0 0 6 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 27[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 23 1891, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, Jan 16/91

4. Place of Birth, (Street and Number) No 1451 Patapsco St

5. Full Name of Mother, Saha Sneider

6. Mother's Maiden Name, Sarah Bachman

7. Mother's Birthplace, Balto Md

8. Full Name of Father, John Sneider

9. Father's Occupation, Labor

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return. Annie Jeans

Address, No 1608 S. Charles St.

Remarks,

1891000064

GIVEN NAME ADDED 1-16-56

RETURN OF A BIRTH

27637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Eunice Harrison Ely 1st
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* Jan 16. 1891
5. *Place of Birth, (Street and Number)* 261 S. Ann St.
6. *Full Name of Mother* Mrs. Blanche Webb Harrison Ely
7. *Mother's Maiden Name,* Miss " " Harrison
8. *Mother's Birthplace,* St. Nicholas Talbot Co. Md.
9. *Full Name of Father,* Edwin Noyes Ely
10. *Father's Occupation,* Confectioner
11. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return. G. G. Rusk M.D.

Address, 1000 E. Balt. St.

Remarks, Natural delivery

18910000065

BALTIMORE MD. JAN 17 1891

month, and shall set forth as far as the same can be ascertained the full name, sex, color, the date and place of birth, and the name (if considered) his sex, color, the full name and residence of its parents, the date and place of birth, and the said schedule shall be delivered with the office of the Registrar of Vital Statistics, Baltimore City, within the first twenty-four hours after the birth of any child born in said city, and within the first twenty-four hours after the birth of any child born elsewhere than in said city, but whose parents reside in said city, or should no other person be in attendance, then the mother, immediately after the birth of any child, shall report its birth to the Registrar of Vital Statistics, Baltimore City, in the manner above provided, and any such person who shall neglect or refuse to make such report as aforesaid, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. C. SALADY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 21638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2nd

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth*, Jan 16 1891
4. *Place of Birth*, (*Street and Number*) 2223 E Baltimore
5. *Full Name of Mother*, Katie A Lawder
6. *Mother's Maiden Name*, Katie A Bean
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Barrett P Lawder
9. *Father's Occupation*, Clerk
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return. J P Buckmaster M D

Address, 1421 Patterson Ave

Remarks,

8 9 1 0 0 0 0 0 6 6

month, and shall set down all the names, occupation of the parents, the date and place of [illegible] ... shall be delivered to the [illegible] ... child to report its birth to the said [illegible] ... any such person or persons [illegible] ... jected to the fine of ten dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 77639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)	4th child
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	17th of January 1891
4. Place of Birth, (Street and Number)	824 Fremont Street
5. Full Name of Mother,	Sarah Bates Steiff
6. Mother's Maiden Name,	Sarah Upshur Bates
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frederick Philip Steiff
9. Father's Occupation,	Piano Manufacturer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	W. B. Wilson M.D.
Address,	814 Park Avenue
Remarks,	

1 8 9 1 0 0 0 0 6 7

JAN 27 1891 VITAL STATISTICS BALTIMORE MD

been conferred in sex, color, the full name or names, as the case may be, of the child. Every such certificate shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person occupying such dwelling where the birth occurred, within the period above required, to report the birth as herein directed, and any such person, or persons who shall hereunder fail to comply with the provisions of this section shall be subjected to the fine of ten (ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 71640.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Thursday 17th January 1891
4. Place of Birth, (Street and Number) Baltimore 927 Myrtle ave
5. Full Name of Mother, Annie Amelia Allen
6. Mother's Maiden Name, Annie Amelia Hedler
7. Mother's Birthplace, York Pa
8. Full Name of Father, John Henry Allen
9. Father's Occupation, Carpenter
10. Father's Birthplace, George Town D.C.

Name of Medical Attendant, or other person who makes this Return. Susan Hunton

Address, 23 N Payson st

Remarks,

8 9 1 0 0 0 0 0 6 8

BALTIMORE CITY

GEO. W. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 27641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) Child
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, January 17th 1894
   Place of Birth, (Street and Number) 1480 Bate av
5. Full Name of Mother, Elizabeth Norris
6. Mother's Maiden Name, Elizabeth Hughes
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Norris
9. Father's Occupation, Engineer
10. Father's Birthplace, Wrexham
    Name of Medical Attendant, or other person who makes this Return, Thos. Lambert Emil
    Address, 914 N. Charles
    Remarks,

1894 BALTIMORE MD.

1 8 9 1 0 0 0 0 0 6 9

GEO. J. O. DULANY & CO.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

27647

JAN 21 1891
HEALTH DEPARTMENT
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 17th 1891

4. Place of Birth, (Street and Number) No 1125 Light street

5. Full Name of Mother, Cora Pritchett

6. Mother's Maiden Name, Cora Marlett

7. Mother's Birthplace, Harpers Ferry West Va

8. Full Name of Father, Thomas A Pritchett

9. Father's Occupation, Cooper Store

10. Father's Birthplace, Baltimore city, md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hinton

Address, No 1612 South Charles St

Remarks,

1891000070

month, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth, and the name, residence, color, the full name and occupation in the form of a certificate to be known as the birth of any child born within the city of Baltimore after the first day of January, eighteen hundred and ninety-one, which certificate shall be delivered, duly signed, at the office of the Commissioner of Health, or should no other person be in attendance at such birth, the occupier of the house in which such birth occurs shall within the period aforesaid, and third day of each and every month thereafter, in the manner and within the period aforesaid, and shall occur within the city of Baltimore, immediately thereafter fail to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and if the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 77643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jany 17, 1891

4. Place of Birth, (Street and Number), 721 N Fremont Ave

5. Full Name of Mother, Lillian Cassell

6. Mother's Maiden Name, Lillian Winn

7. Mother's Birthplace, Baltimore

8. Full Name of Father, W. B. Cassell

9. Father's Occupation, ~~Clerk~~

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. George H. Rohé M.D.

Address, 10 N. Franklin

Remarks,

Stamp: HEALTH DEPARTMENT, JAN 30 1891, BALTIMORE, MD.

6910000071

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 7764

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the sex, color, name, nativity, and residence of the parents, and the maiden name of the mother.

HEALTH DEPARTMENT BALTIMORE MD. JAN 19 1891

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	7th
1. Sex. (State whether male or female)	Female
2. Race or Color. (if not of the white race)	White
3. Date of Birth,	January 17th 1891
4. Place of Birth, (Street and Number)	209 East Baltimore Street
5. Full Name of Mother,	Elizabeth M. Wagner
6. Mother's Maiden Name,	" " Trautwettee
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Martin Wagner
9. Father's Occupation,	Oyster & Fruit Packer
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	James E. McShane, M.D.
Address,	2 South Patterson Park Ave
Remarks,	

891000072

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 27144.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-L.

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, January 17 L 1891.

Place of Birth, (Street and Number) 2100 Prince st

Full Name of Mother, Elizabeth Beahler

Mother's Maiden Name, Elizabeth Miller

Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Charles Beahler

9. Father's Occupation, Stone mason

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Henry C. Chle, M.D.

Address, 1203 West Fayette st

Remarks,

1 8 9 1 0 0 0 0 0 7 3

BALTIMORE MD.

month, and shall set forth as far as the same can be ascertained the date and place of birth, and the name, sex, race or color, the full name and occupation of the parents of such child, and such other facts as may be required by the Commissioner of Health for the registration of such birth; and the certificate herein required shall be delivered, duly signed by the person or persons required to make the same, to the Commissioner of Health within the time herein specified. And it shall be the duty of the physician, midwife or other person who shall attend upon the birth of any child which shall occur without the attendance of a physician, midwife or other person who could or would make the certificate herein required, to make and deliver the same in the manner and within the time herein specified. And it shall be the duty of the person or persons in whose house or premises any child shall be born, and in case the same shall occur without the attendance of any person who could or would make the certificate herein required, to make and deliver the same in the manner and within the time herein specified. And it shall be the duty of the undertaker or person acting as undertaker who shall bury the body of any child for which no certificate of birth has been delivered, to comply with the provisions of this section, and to make and deliver the certificate herein required, and such undertaker shall be subject to the same penalties and forfeitures as are recoverable from the person or persons who shall neglect or refuse to make and deliver the certificate herein required.

SEE J. C. GALAXY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 17 January
4. *Place of Birth, (Street and Number)* 1239 N Gay St
5. *Full Name of Mother,* Kathe Schmitt
6. *Mother's Maiden Name,* Kathe Silber
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Adam Schmitt
9. *Father's Occupation,* Horse Shoer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Walter

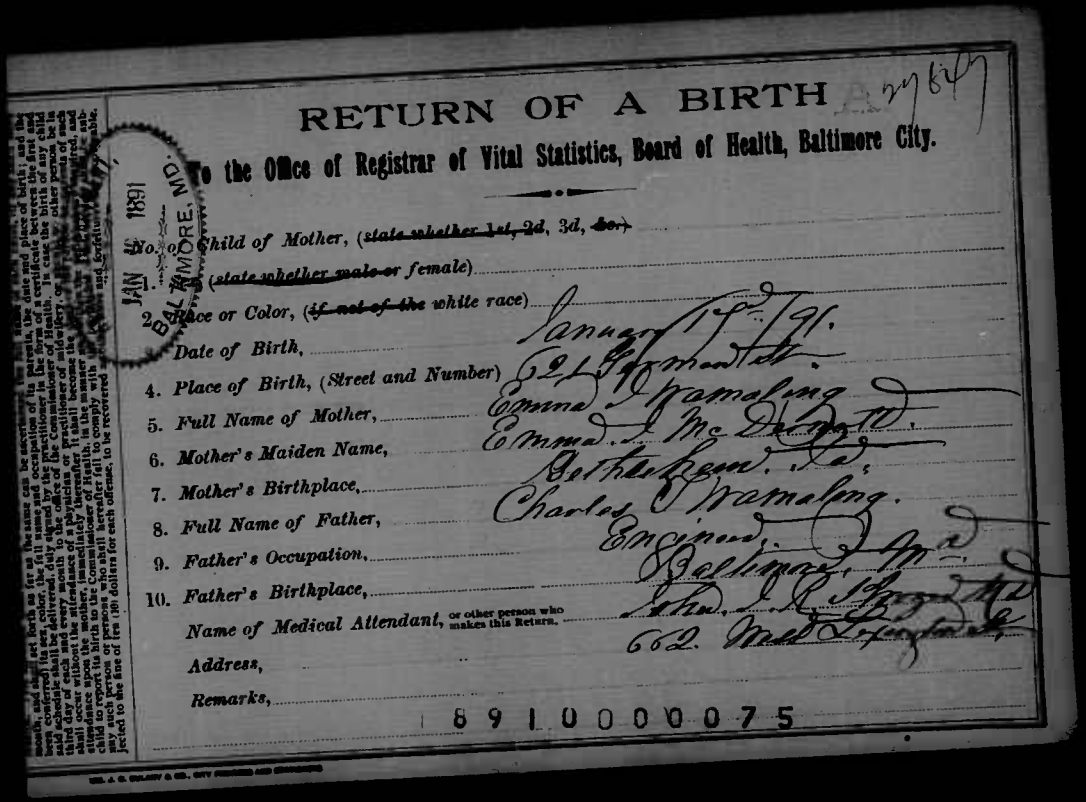
Address, 503 N. Carolina St

Remarks,

6910000074

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

SAFETY ▲ FILM



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 4 1891
BALTIMORE, MD.

1. No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) ....
2. Sex, (~~state whether male or~~ female) ....
3. Race or Color, (~~if not of the~~ white race) ....
4. Date of Birth, January 1st 91.
5. Place of Birth, (Street and Number) 624 Fremont St.
6. Full Name of Mother, Emma D. Kramsling
7. Mother's Maiden Name, Emma D. McDermott
8. Mother's Birthplace, Baltimore Md.
9. Full Name of Father, Charles F. Kramsling.
10. Father's Occupation, Engineer
    Father's Birthplace, Baltimore Md.
    Name of Medical Attendant, or other person who makes this Return, John A. Sloan M.D.
    Address, 662 Mott Street
    Remarks, ...

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KODA

RETURN OF A BIRTH A 27648.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 20 1891
BALTIMORE, MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race)
4. Date of Birth, Jan 17 1891
5. Place of Birth, (Street and Number) 1919 E Gough St
6. Full Name of Mother, Mary A Myers
7. Mother's Maiden Name, Baker
8. Mother's Birthplace, Balt City Md
9. Full Name of Father, Frank D Myers
10. Father's Occupation, Saloon Keeper
11. Father's Birthplace, Balt City Md

Name of Medical Attendant, or other person who makes this Return. M A Davenport

Address, 225 Dean St

Remarks, Do for doing Well

69 1 0 0 0 0 0 7 6

month, and shall set forth as far as the same can be ascertained the full name of each child born, the sex and color of such child, whether it be the first, second or other child born of the mother, whether born alive or dead, whether the birth was single, twin or triplet, the full name and occupation of its parents, the date and place of birth; and the name, residence and occupation of the attending physician, midwife or other person in attendance at such birth. Every such certificate shall be numbered in the order in which it is received by the Commissioner of Health, and a duplicate thereof, containing the same information, shall be made by the person required to make the original certificate, at the time of making the original certificate, and shall be delivered, duly signed by the practitioner in the form of a certificate between the 3rd and 5th day of each and every month, to the office of the Commissioner of Health, and a certificate between the third day of each and every month, to the office of the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to make such report, shall for each offense, be subjected to the fine of ten (10) dollars for each offense. All penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 37659.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d etc.~~) Twin
Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
Date of Birth Jan. 18-th. 1891
Place of Birth (Street and Number) 837 Forest St.
Full Name of Mother Maggie Carrig
Mother's Maiden Name O'Hara
7. Mother's Birthplace Balto. Co.
8. Full Name of Father Jas. Carrig
9. Father's Occupation Policeman
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr. G. W. Teackle Wood
Address 702 Park Ave.
Remarks Perfectly Natural-time 8 hours

1891 00000077

BALTIMORE MD. JAN 22-1891 HEALTH DEPARTMENT.

Every Physician or other person in attendance upon the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, advise of the birth of any child within the City of Baltimore, stating distinctly the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether ~~alive or dead~~, and if dead, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. A 57650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 18th 91
4. *Place of Birth, (Street and Number)*	26 W Pratt St
5. *Full Name of Mother,*	Eva Stepanow
6. *Mother's Maiden Name,*	Michelonus
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	John Stepanow
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	Hanover Webster
Address,	1403 Hanover St
Remarks,	6910000078

BALTIMORE CITY HEALTH DEPARTMENT

... month, and shall set forth, as far as practicable, the name, sex, color, date and place of birth; the name, residence and occupation of its parents, the date and place of their marriage, and the interval between the first and last marriage of the parents, if more than one, and such other information as may be required by the Board of Health. In case the birth of any child shall occur after the expiration of the period of gestation, or should no other person as in said schedule shall be delivered each month to the office of the Commissioner of Health, it shall be the duty of the physician or midwife, or in the absence of such physician or midwife, the nearest relative or other person present at the birth, to report the same within the third day of such birth, and in like manner to report each month thereafter the name of such child dying within the month, with the date of death, and the cause thereof, as near as can be ascertained, and attendance upon the mother, immediately after the birth, and in the manner and time as in the provisions of this section required, and with or without the attendance of a physician or midwife, it shall become the duty of the person above required, and child to report its birth as herein provided, within the time and in the manner above required, and shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 7657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Jan 5 91
   Place of Birth, (Street and Number) 2104 Hudson Ave
5. *Full Name of Mother,* Elizabeth Connor
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Thos P Connor
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Shippensburg Pa

Name of Medical Attendant, or other person who makes this Return. E. E. Ellwick M D

Address, Livingston Ave

Remarks, Postmortem

GIVEN [illegible] 3-23-5[illegible]

L M

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HEALTH DEPARTMENT BALTIMORE MD JAN 27 1891

month, and shall set forth as far as the same can be ascertained, the full name, color, sex, date and place of birth; and the name, residence and occupation of its parents, the date and place of birth; and the number of children born to the mother, and the number now living (if more than one have been conferred) its sex, color, &c. duly signed by the practitioner in the form of a certificate between the 1st and 5th days of each month, and by every other person having knowledge of the birth of any child said schedule shall be every month to the office of the Commissioner of Health, or should no other person be in attendance at the birth, then the mother, immediately after the birth of any child, shall report the same to the Commissioner of Health, in the manner aforesaid, and in default thereof shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner aforesaid, within the period above mentioned. And it shall occur without the attendance of a physician, or if there be no person in attendance upon the mother immediately after the birth of any child, it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner aforesaid, within the period above mentioned. And it shall be subject to the fine of ten (10) dollars for each offense, to be recovered with costs of suit, from any person who shall hereafter fail to comply with the provisions of this section, and for which penalties are recoverable, jected to the fine of ten (10) dollars for each offense, to be recovered with costs of suit, from any person who shall hereafter fail to comply with the provisions of this section, and for which penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, A 7652

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 and
1. Sex (state whether male or female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	18 January 18 91
4. Place of Birth, (Street and Number)	407 Fawcett Ave Balto
5. Full Name of Mother	Sarah Catherine Sease
6. Mother's Maiden Name	Sarah Catherine Hill
7. Mother's Birthplace	Bedford Co Penn
8. Full Name of Father	Thomas Fletcher Sease
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Conaway
Address	Baltey Ave
Remarks	Healthy

1891 0000080

DEPARTMENT OF HEALTH BALTIMORE, MD. JAN 22 1891

at the birth of any child, within the City of Baltimore, a full report in the regular form, which shall be kept thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

A 71653 (over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Edward Martin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Jan. 18, 1891

4. Place of Birth (Street and Number), 1442 N. Mount St.

5. Full Name of Mother, Lillie May Martin

6. Mother's Maiden Name, Lillie May Mallon

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Harry L. Martin

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return. D. A. Knight M.D.

Address, 220 N. Gilmor St.

Remarks,

BALTIMORE JAN 19 1891

6910000081

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), white
3. Date of Birth, Jan. 18 1891
4. Place of Birth (Street and Number), 111 N. Chapel st
5. Full Name of Mother, Mary Ann Bunte
6. Mother's Maiden Name, " " Zurborg
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Bernard Bunte
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return. P. C. Dawson

Address, 1729 E. Baltimore st

Remarks,

1 8 9 1 0 0 0 0 0 8 2

HEALTH DEPARTMENT BALTIMORE MD

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, MAR 28 1891 BALTIMORE, MD.

1. Number of Child, if Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth January 18th 1891
5. Place of Birth, (Street and Number) 460 South Chester st.
6. Full Name of Mother Lillie Gruwood
7. Mother's Maiden Name Lillie Jagel
8. Mother's Birthplace Baltimore
9. Full Name of Father Walter Gruwood
10. Father's Occupation Carver
11. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mary Engelhardt

Address 415 South Ann St.

Remarks

At the birth of any child, within the City of Baltimore, shall report to the Registrar, [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

A 37(55)

8 9 1 0 0 0 0 0 8 3

RETURN OF A BIRTH A 27651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (~~if not of the~~ white race) White
3. Date of Birth, January 19th 1896
4. Place of Birth, (Street and Number) 12 N Stroyer Ave.
5. Full Name of Mother, Emily L Johnson
6. Mother's Maiden Name, Emily L Moore
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Lewis H Johnson
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Wm. J. C. Kerr M.D.

Address, 662 W Lexington St

Remarks,

1 8 9 1 0 0 0 0 0 8 4

BALTIMORE MD.

RETURN OF A BIRTH

A 37687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan: 19th 1891
4. Place of Birth, (Street and Number) 1206 St Paul Street
5. Full Name of Mother, ~~John Henry Peebles Miller~~ Barbara E. Peebles
6. Mother's Maiden Name, Pittsburg Pa.
7. Mother's Birthplace, John Henry Miller
8. Full Name of Father, Railroading
9. Father's Occupation, Old Point Comfort Va
10. Father's Birthplace, Dr. E. Wilson M.D.

Name of Medical Attendant, or other person who makes this Return. 814 Park Avenue

Address,

Remarks,

1891000000085

BALTIMORE CITY DEPARTMENT OF HEALTH JAN 27 1891

been conferred its sex, color, the full name and occupation of its father, the name of its mother before the first child and the date of birth of each child previously born to her, and the number of children now living of such mother. And said schedule shall be signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. If no child has been born, or no other person be in attendance upon the mother immediately after birth, or if the duty of the person or parents of such child to report its birth shall otherwise occur without the attendance of a physician or practitioner, then the duty of the person or parents of such child to report its birth shall occur within five days after the birth, and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (ten dollars for each offence, to be recovered in other lines and forfeitures are recoverable.

J. C. MALANY & CO., CITY PRINTING AND STATIONERS

GIVEN NAME ADDED 12-28-55 A. 27658

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Wilfred — Vogel Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan. 19 1896 1.30 P.M.
4. Place of Birth, (Street and Number) 402 N Washington Ave
5. Full Name of Mother, Carrie Vogel
6. Mother's Maiden Name, C. Heckt
7. Mother's Birthplace, Germany
8. Full Name of Father, Jno. Geo Vogel
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Jas. E. Donnelly M.D.

Address, 1701 E Baltimore St

Remarks,

JAN 21 1896 BALTIMORE

18910000086

Every birth which occurs within the limits of Baltimore City, after the first day of January, 1875, shall be registered in the form of a certificate between the first and third days of each month, and every such certificate shall be delivered, duly signed by the proper person, to the Commissioner of Health. In case the birth of any child shall occur without the knowledge of a physician or midwife, or should no physician or midwife attend upon the mother, immediately thereafter, it shall be the duty of the parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 7659.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. BALTIMORE JAN 21 1891

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Jan 19" 91
5. *Place of Birth, (Street and Number)* 1706 Simon St
6. *Full Name of Mother,* Mrs Bridget Thunk Mc" Stannie
7. *Mother's Maiden Name,* "
8. *Mother's Birthplace,* Ireland
9. *Full Name of Father,* Patrick Mc" Stannie
10. *Father's Occupation,* Day Hands
11. *Father's Birthplace,* Ireland

Name of Medical Attendant or other person who makes this Return. E. B. Ellenich M.D.

Address, Union Square

Remarks,

1 8 9 1 0 0 0 0 0 8 7

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, the date and place of birth; and the full name, residence, and occupation of the parents. In the case of a certificate between the 10th and 15th day of each month, the full name and occupation of the father of a certificate between the 15th and last day of each month, the full name and occupation of the mother of such child shall be omitted. Such certificate shall be delivered, duly signed by the person required to make the same, to the Commissioner of Health. In case no other person be in attendance upon such birth, the physician or practitioner of midwifery in attendance upon such birth shall make the above return; and in case there shall be no physician or practitioner of midwifery in attendance upon such birth, then the above return shall be made by the householder or owner of the house in which such birth shall occur without the attendance of a physician or practitioner of midwifery, within five days after the occurrence of such birth, and in case any such birth shall occur without the attendance of a physician or practitioner of midwifery, and in a house other than the house of the parents of such child, the person with whom such child shall be, shall report such birth to the Commissioner of Health, as aforesaid, within five days after the occurrence of such birth. Any person or persons who shall neglect or refuse to make such return as aforesaid, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 277660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, [illegible] January
4. Place of Birth, (Street and Number) 93 [illegible] St
5. Full Name of Mother, Annie [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Baltimore
8. Full Name of Father, [illegible]
9. Father's Occupation, Driver for [illegible] express
10. Father's Birthplace, Holland

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks,

+891000088

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 21 1891
BALTIMORE MD

Name of Child: George F. Traffley

No.	*Child of Mother, (state whether 1st, 2d, 3d, &c.*	3 Male
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	January 19
4.	*Place of Birth, (Street and Number)*	911 Clifton Place
5.	*Full Name of Mother,*	Maggie D Traffley
6.	*Mother's Maiden Name,*	Maggie D Hamill
7.	*Mother's Birthplace,*	York Co Pa
8.	*Full Name of Father,*	John H Traffley
9.	*Father's Occupation,*	Clerk B & O R Co
10.	*Father's Birthplace,*	Chicago Ill
	Name of Medical Attendant, or other person who makes this Return.	Mary J. Hall 911 Clifton Pl
	Address,	
	Remarks,	

89 10 000089

months, and shall set forth as far as the same can be ascertained the full name [illegible] been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be signed by the physician or midwife in attendance, if any there be; if not, by the father or mother of such child, or the householder in whose house the birth occurs, or the nearest relative present, or the person having charge of such child. And a like certificate shall be made and signed in like manner by the physician or midwife in attendance upon the mother, immediately thereafter. It shall become the duty of the father or mother of such child to report the birth to the Registrar of Vital Statistics within ten days after the birth, and in case of the death of both father and mother before the birth is reported, it shall become the duty of any such person or persons who shall hereafter fail to comply with the provisions of this section, and shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

GEO. A. S. BALLANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 13662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 19 1891
4. *Place of Birth, (Street and Number)*	2119 Bank Street
5. *Full Name of Mother,*	Elizabeth T Davis
6. *Mother's Maiden Name,*	Elizabeth T Davis
7. *Mother's Birthplace,*	Matthews County
8. *Full Name of Father,*	George Davis
9. *Father's Occupation,*	Mariner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs H Knowles
Address,	216 N Patterson Park Ave.
Remarks,	

8 9 1 0 0 0 0 0 9 0

month, and shall set forth as far as the same can be ascertained, the name, sex, parentage, color, date and place of birth; and the name, sex, color, the full name and residence of the parents, and the date and place of birth of any child born subsequent to the first and before the birth of the child last born, and in case the birth of any child shall occur upon the vessel, the officer in command thereof shall enter the same in the ship's log-book, and in the said schedule shall be delivered, duly certified, to the Commissioner of Health of the port at the first port of delivery within the United States; and in case of the death of any person, or of the birth or death of any child, or should no other person be present at the birth of any child, then the physician or midwife in attendance at such birth, or the person having charge of the premises where such birth or death occurs, shall, within the first ten days after such birth or death, report the same to the Commissioner of Health of the district, and a physician or midwife shall become the duty of the person or persons required to report the birth or death of any child, in the manner and within the time prescribed by this section, and shall be subject to the fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 29613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) White.
2. Race or color, (if not of the white race)
3. Date of Birth, Jan. 20. 1891.
4. Place of Birth, (Street and Number) 1017 N. Caney st.
5. Full Name of Mother, Bessie C. Norder,
6. Mother's Maiden Name, Denny,
7. Mother's Birthplace, Texas,
8. Full Name of Father, Chas. N. Norder,
9. Father's Occupation, Mechanic,
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. E. F. Grote M.D.

Address, 1007 W. Fayette

Remarks,

1 8 9 1 0 0 0 0 0 9 1

RECEIVED JAN 22 1891 REGISTRAR'S OFFICE BALTIMORE

been complied with as to color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of this section. The first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the time specified, such attendance upon the mother as shall enable him to certify to the facts required to be certified to, and shall occur without the attendance of a physician or midwife. It shall become the duty of the person or parents of any child born in this city, or of the midwife in attendance upon the mother, if there be such midwife, or of the nearest relative present at the birth, or of the householder or owner of the premises where such birth occurs, or of the undertaker who shall first be employed after the birth has occurred, if none of the persons hereinbefore mentioned reside in the city, or if there be no undertaker employed, and of every physician who shall hereafter attend upon the mother during labor, and of every midwife who shall hereafter be in attendance upon the mother during labor, and who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. MULLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, July 20 1891
5. Place of Birth, (Street and Number) Calvert 3 doors n Fred
6. Full Name of Mother, Elizabeth E Mills
7. Mother's Maiden Name, Steinmetz
8. Mother's Birthplace, Phila
9. Full Name of Father, Benein Miller
10. Father's Birthplace, Merchant Phila

Name of Medical Attendant, or other Person who makes this Return. C B Hamilton MD

Address, 928 Cathedral

Remarks,

1 8 9 1 0 0 0 0 0 9 2

HEALTH DEPARTMENT JUL 22 1891 BALTIMORE

ascertained the full name of each child of any plural birth, and the said schedule shall be delivered only signed by the practitioner in the form of a certificate to be then and there filled up and signed by the parent or parents of such child, and the said schedule shall be left at the Office of the Commissioner of Health. In case the parents shall not occur without the attendance of a physician or practitioner of the first or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense as is recovered as other fines and forfeitures are recovered.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 27661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 2 1891 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) F.

Race or Color, (if not of the white race) W.

3. Date of Birth Jan 20 91

4. Place of Birth, (Street and Number) Edmondson

5. Full Name of Mother, Lillie Holden

6. Mother's Maiden Name, Richmond

7. Mother's Birthplace, Balto Co

8. Full Name of Father, Edward Holden

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other Person who makes this Return. Irving Miller

Address, 1207 E Baltimore St

Remarks,

18910000093

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 27666.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 21 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born Jan 20th 1891
4. Place of Birth, (Street and Number)	#409 Smallwood St
5. Full Name of Mother,	Mrs Bertha Klatt
6. Mother's Maiden Name,	Miss " Oosterhoos
7. Mother's Birthplace,	Darmstadt Germany
8. Full Name of Father,	Mr August Klatt
9. Father's Occupation,	Cattle Dealer
10. Father's Birthplace,	Darmstadt Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Miller
Address,	2127 E. Pratt St
Remarks,	

8910000094

month, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth; and the said certificate shall be verified by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, such certificate may be made by the parents of such child, or by the person having charge of the same, and in case the birth shall occur without the attendance of a physician or practitioner or the delivery of the person or parents of such attendance upon the mother, the Commissioner of Health, in the manner and within the period above required, shall cause the birth to be registered, and shall have power to require the production of such evidence as may be necessary to establish the facts required to be registered. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-12-52

RETURN OF A BIRTH,

A 2767

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 2 1891 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 nd Ethel Irma Blankinship
1. Sex (state whether male or female) Female
2. Race or Color, if not of the white race) White
3. Date of Birth (1205) 20 th Day of January
4. Place of Birth, (Street and Number) (1205) Battery Avenue (City)
5. Full Name of Mother Louisa Dora Blankinship
6. Mother's Maiden Name Louisa Dora Klages
7. Mother's Birthplace East Baltimore Balto. City.
8. Full Name of Father David Webster Blankinship
9. Father's Occupation Engineer
10. Father's Birthplace 40 S. W. Williamson St. Baltimore City
Name of Medical Attendant, or other Person who makes this Return. Wm. Conaway.
Address
Remarks

8 9 1 0 0 0 0 0 9 5

at the birth of any child, within the City of Baltimore, shall report to the Registrar a correct, written statement of the facts relating thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

A 27168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th Child
2. *Sex, (state whether male or female)* Female
3. *Race or color, (if not of the white race)* White
4. *Date of Birth,* January 20th 3:50 A.M. 1891
5. *Place of Birth, (Street and Number)* 523 S Washington Ave
6. *Full Name of Mother,* Agnes Virginia Bachman
7. *Mother's Maiden Name,* Agnes V. Hufle
8. *Mother's Birthplace,* Baltimore City
9. *Full Name of Father,* John Bachman
10. *Father's Occupation,* Police Officer
11. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. James E. Kemble M.D.

Address, 1701 E Baltimore St

Remarks,

691000096

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 27169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4te

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Whit
3. *Date of Birth,* 20. of Januar 1891
4. *Place of Birth (Street and Number),* 21 Patterson-Park-Ave
5. *Full Name of Mother,* Ella Blumer
6. *Mother's Maiden Name,* Ella Murdoh
7. *Mother's Birthplace,* Baltimore M.D.
8. *Full Name of Father,* Heinrich Blumer
9. *Father's Occupation,* Ingenir
10. *Name of Medical Attendant,* or other person who makes this Return. Mrs Jos Hilb midwif
11. *Address,* 207. N. Castle Stret
12. *Remarks,*

091 0 0 0 0 0 9 7

RETURN OF A BIRTH A 776790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 22 1891, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race) White,

3. Date of Birth Jan. 21. 1891

4. Place of Birth (Street and Number) 109 Carroll Av. Waverly,

5. Full Name of Mother. Georgia C. Boyd,

6. Mother's Maiden Name, Miller,

7. Mother's Birthplace, Balto City,

8. Full Name of Father, Wm B. Boyd,

9. Father's Occupation, Carriage Manufacturer,

10. Father's Birthplace, Balt. Co.

Name of Medical Attendant, or other person who makes this Return. J. T. Engle M.D.

Address, 1007 W. Lanvale St

Remarks,

... its sex, color, the full name and occupation of its parents, the date and place of birth ... been conferred; its sex, color, the full name and occupation of its parents, the ... between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8910000098

J. C. Mulany & Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, Jan. 21, 1891.

4. Place of Birth (Street and Number), 1106 Argyle Ave.

5. Full Name of Mother, Blanche Dulaney

6. Mother's Maiden Name, Blanche Dulaney

7. Mother's Birthplace, Ohio

8. Full Name of Father, Not Known

9. Father's Occupation, " "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. H. O. Wright M. D.

Address, 220 N. Gilmor St.

Remarks,

891000099

HEALTH DEPARTMENT. BALTIMORE, MD. JAN 22 1891

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 27677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child, of Mother, (state whether 1sl, 2d, 3d, &c)	2 Child
1. *Sex,* (state whether male or female)	Boy
2. *Race or Color,* (if not of the white race)	White Race
3. *Date of Birth,*	Born Jan 21st 1891
4. *Place of Birth,* (Street and Number)	# 1931 Mc Henry Str
5. *Full Name of Mother,*	Mrs Ella Bonsall
6. *Mother's Maiden Name,*	Miss " Hail
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr Charles Bonsall
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 N Butt Str
Remarks,	

89 1 0 0 0 0 1 0 0

month, and shall set forth in his or her return the full name and occupation of its parents, the date and place of birth; and the street, avenue or lane and number of the house where the child was born, if in a city. Any physician, midwife or other person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

498. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 27673.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colord

Date of Birth, January 22 1891

Place of Birth, (Street and Number) down Stairs No 313

5. Full Name of Mother, Mary Baldwin

6. Mother's Maiden Name, Mary Jones

Mother's Birthplace, Baltimore

8. Full Name of Father, John Jones

9. Father's Occupation, Labour

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah Jane Wilson

Address, No 115 West Hurey st

Remarks,

1 8 9 1 0 0 0 0 1 0 1

BALTIMORE MD. JAN 24 1891

month, and shall set forth as far as the same can be ascertained, the full name of each child born alive, the sex and color, the day, month and year of birth, the full name and residence of the parents, the date and place of their marriage, and the name, residence and occupation of its parents, the date and place of birth, and the full name of the person or parents of such child to report its birth to the office of the Registrar of Vital Statistics, and if no physician or midwife has been employed, then the duty devolves upon the person or parents of such child to report its birth as aforesaid. Any midwife, physician or other person who shall neglect or refuse to make such report, or who shall knowingly make a false report, shall be subject to a fine of not less than ten dollars for each offence, to be recovered as other fines are recoverable. Any such person or midwife who shall neglect or refuse to make such report as aforesaid, shall forfeit to the use of said city not less than ten dollars nor more than fifty dollars for each offence, to be recovered as other fines are recoverable. This section shall be subject to the provisions of Section 1 of Article 4 of the Code.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 27674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 2. 1891
4. Place of Birth, (Street and Number) 942 Milton Place
5. Full Name of Mother, Roberta Brieson
6. Mother's Maiden Name, " Campbell
7. Mother's Birthplace, Balt. City
8. Full Name of Father, Robert Brieson
9. Father's Occupation, Agt
10. Father's Birthplace, Balt. City

Name of Medical Attendent, or other person who makes this Return. Marbury Brewer Md

Address, 1106 N Eutaw Street

Remarks,

1891000102

BALTIMORE MD

...shall set forth as far as the same can be ascertained, the name and residence of its parents, the date and place of birth, and the sex of such child, and it shall be the duty of the physician or midwife in attendance upon the mother, or in the absence of such physician or midwife, of the father, or in the case of his absence, of the nearest relative present at the birth, to make and deliver, within ten days after the birth, to the Registrar of Vital Statistics, or to such person as he may authorize to receive the same, a certificate containing the facts required to be set forth or stated in relation to such birth; and in case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the father, or in the case of his absence, of the nearest relative present at the birth, to make and deliver such certificate as aforesaid within ten days after the birth; and any person who shall neglect or refuse to perform the duty required of him by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

Act of 1898, Chapter 123, Section 4.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37675.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT. JAN 22 1891 BALTIMORE MD.

1. No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* 4 d
2. Sex, *(state whether male or female)* female
3. Race or Color, *(if not of the white race)* white
   Date of Birth, January 5. 1891.
4. Place of Birth, *(Street and Number)* 206 N. Exeter Str.
5. Full Name of Mother, Tema Cooper
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Same Cooper
9. Father's Occupation, Pedler
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Caecilie Bernstein

Address, 122 S. Exeter Str.

Remarks,

1891000000103

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

3. Date of Birth. Jan 10th 1891

4. Place of Birth. (Street and Number) Maryland Ave and Falls Road

5. Full Name of Mother. Catherine Miller

6. Mother's Maiden Name. " Fisher

7. Mother's Birthplace. Germany

8. Full Name of Father. Charles L. Miller

9. Father's Occupation. Barkeeper

10. Father's Birthplace. Germany

Name of Medical Attendant, or other Person who makes this Return William A. B. Sellman M.D.

Address, 5 E. Biddle St.

Remarks,

8910000104

BALTIMORE, MD. JAN 24 1891

RETURN OF A BIRTH.

2/677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 11. 1891.
4. Place of Birth, (Street and Number) 839 E. Lombard st
5. Full Name of Mother, Wilhelmine Longe
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Longe
9. Father's Occupation, Lebover
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter st

Remarks,

1891 0 0 0 0 1 0 5

BALTIMORE, MD.

month, she shall not, as soon as the same can be ascertained, report the sex, color, the full name and place of birth, and the name of such child, the full name and residence of the parents, and the maiden name of the mother, and the occupation of the father, and such other particulars as may be required by the Commissioner of Health, or could no other person be in attendance, the circumstance of a physician or practitioner of the person or parents, and the third day of each and every month, a certificate of the birth of any child shall occur without the mother, immediately thereafter, and within the time in this section required, and attendance report its birth to the Commissioner of Health, such physician or practitioner shall forfeit and pay any such person or persons, who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 27678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 12 January 1891
4. *Place of Birth, (Street and Number)* Ann near Aisquith 1845
5. *Full Name of Mother,* Anna Katharina Leinweber
6. *Mother's Maiden Name,* " " Bürger
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* John Leinweber
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other person who makes this Return. Dr. Jennings Mc Jones

Address, Ann near 1421 Lows Court

Remarks,

6 9 1 0 0 0 0 1 0 6

DATE OF RECEIPT JAN 2 1891

month, and shall set down the full name and occupation of its parents, the date and place of birth; and shall cause the same to be certified by the practitioner in the form of a certificate to be delivered to him for that purpose, or in case there be no such practitioner in the case of the birth of any child been conferred, then by the nearest practitioner of medicine or midwifery, or should no other person be in attendance, by the owner or occupier of the premises where the birth happens, within the period of six days next after the birth, to the Commissioner of Health, at the office of the Commissioner of Health, in the City of Baltimore; and shall occur without the attendance of a practitioner of medicine or midwifery, the parent or parents of such child, or in case of the absence of the parents, the occupier of the premises where the birth happens, shall within the period of six days next after the birth, give notice thereof to the Commissioner of Health, at the office of the Commissioner of Health, in the City of Baltimore; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each and every offence to be recovered, with other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 27679.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 12. 1891.
4. Place of Birth, (Street and Number) 113 Glenmisor Str.
5. Full Name of Mother, Yette Rothman
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Leiser Rothmanan
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Eutaw str.

Remarks,

1891 0000107

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 27680.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 12. 1894.
4. Place of Birth, (Street and Number) 834 E. Lombard st.
5. Full Name of Mother, Florenz Neisser
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Neisser
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Cäcilie Bernstein

Address, 122 S. Exeter st.

Remarks,

1 8 9 1 0 0 0 0 1 0 8

BALTIMORE, MD.

month, and shall set forth as far as is material to the object of the Return, the name, sex, color, date and place of birth, and the parentage of such child, and the name, residence, occupation of the parents, and the date and place of their marriage, if the same have been conferred; the said Return shall be signed by the person making the same, and shall be delivered to the Registrar within ten days after the birth of such child; and in case the birth of any child shall take place during a journey, or in a house where there is no resident householder, then the said Return shall be made by the attendant, or by the person in charge of such house, within ten days after the birth of such child, and shall be delivered to the Registrar within one month after the birth of such child; and no other person shall be required to make such Return, or deliver the same to the Registrar, so long as the same shall be made and delivered as aforesaid. Any person who shall neglect or refuse to make such Return, or deliver the same to the Registrar, within the time and in the manner herein required, shall forfeit and pay for every such neglect or refusal the sum of ten dollars, to be recovered as debts of like amount are recoverable. Any midwife or other person who shall neglect or refuse to make such Return, or deliver the same to the Registrar, within the time and in the manner herein required, shall forfeit and pay for every such neglect or refusal the sum of ten dollars, to be recovered as debts of like amount are recoverable. Any midwife or other person who shall neglect or refuse to make such Return, or deliver the same to the Registrar, within the time and in the manner herein required, shall forfeit and pay for every such neglect or refusal the sum of ten dollars, to be recovered as debts of like amount are recoverable. Any midwife or other person who shall neglect or refuse to make such Return, or deliver the same to the Registrar, within the time and in the manner herein required, shall forfeit and pay for every such neglect or refusal the sum of ten dollars, to be recovered as debts of like amount are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 27681.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 24 1891 BALTIMORE

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 13 January 1891
5. Place of Birth, (Street and Number) 1719 Hanover St
6. Full Name of Mother, Wagner
7. Mother's Maiden Name,
8. Mother's Birthplace, Baltimore
9. Full Name of Father, George Wagner
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. R. Caskey

Address, cor. E. Heath St Springhill

Remarks,

1 8 9 1 0 0 0 0 1 0 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 27682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Jan 13th
4. Place of Birth, (Street and Number)	1165 Low Street
5. Full Name of Mother,	Hannie Grimes
Mother's Maiden Name,	Hannie Perkins
Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Perkins
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Wm. Walker
Address,	128 Park St
Remarks,	

JAN 24 1891 BALTIMORE MD.

1 8 9 1 0 0 0 1 1 0

month, and shall set forth as far as the same can be ascertained from the information of its parents, the date and place of birth, and the name, if any, which has been conferred upon it; and if no name has been conferred, the fact that no name has been conferred; and the name, if any, and residence of the physician, midwife or other person who attended upon the mother at the birth of any child born alive; and if there was no such attendance, the fact that there was no such attendance. Every such child shall be reported in a separate return, and the return shall be signed by the person making the same. Every such return shall be made in the form and contain the information required by the said schedule, and shall be delivered, duly filled out and signed, at the office of the Commissioners of Vital Statistics, or shall be mailed to the office of the Commissioners of Vital Statistics, or shall be delivered to the Registrar of Vital Statistics, or to the person authorized by him to receive the same, within ten days after the third day of each month; and the attendance of a physician or midwife at the birth of any child born alive shall be presumptive evidence of the neglect of the parent or parents of such child to report its birth to the Commissioners of Vital Statistics, or to the Registrar of Vital Statistics, or to the person authorized by him to receive the same, as required by this section; and any such person who shall intentionally neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten dollars for each offense, to be recovered, with costs of suit, in the name of the State of Maryland, before any justice of the peace of the county or city where such neglect or refusal shall occur; and all fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 1 3783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 st
2. *Sex, (state whether male or female)* female
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* January 14. 1891.
5. *Place of Birth, (Street and Number)* 116 Market Space
6. *Full Name of Mother,* Belle Greenburg
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Europe
9. *Full Name of Father,* Abraham Greenburg
10. *Father's Occupation,* Peddler
11. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter St.

Remarks,

8 9 1 0 0 0 0 1 1 1

TIMORE MD. 1891

...shall be delivered, duly signed by the practitioner in charge for the case, or by the father or mother of the child, to the office of the Commissioner of Health. In cases of births occurring after the expiration of the first and third day of each and every month to the office of the Commissioner of Health. In cases of births occurring after the expiration of the first and third day of each and every month to the office of the Commissioner of Health. In cases of any child born in any house in which there is no physician in attendance upon the mother, the father or person having charge of such child shall report its birth to the Commissioner of Health. In the case of the death of any child without medical attendance upon the mother, the father or person having charge of such child shall report its birth to the Commissioner of Health. In the case of the death of any child without medical attendance upon the mother, the father or person having charge of such child shall report its birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are now recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

27683½

RETURN OF A BIRTH A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	15th
4. Place of Birth, (Street and Number)	Church St 42
5. Full Name of Mother,	Sarah Busden
6. Mother's Maiden Name,	Sarah Bozal
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Bozal
9. Father's Occupation,	Oyster Shucker
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return.	Mary Walker
Address,	128 [illegible] St
Remarks,	

BALTIMORE

8910000112

J. D. Ulary & Co., City Printers and Stationers

RETURN OF A BIRTH A. 27684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	First
2. *Sex, (state whether male or female)*	Male
3. *Race or Color, (if not of the white race)*	Colored
4. *Date of Birth,*	15th
5. *Place of Birth, (Street and Number)*	128 York St
6. *Full Name of Mother,*	Danie Thomas
7. *Mother's Maiden Name,*	Danie Sayer
8. *Mother's Birthplace,*	Baltimore
9. *Full Name of Father,*	Serge Thayer
10. *Father's Occupation,*	Baxter
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Mathias
Address,	128 York St
Remarks,	

8 9 1 0 0 0 0 1 1 3

HEALTH DEPARTMENT RECEIVED JAN 24 1891 BALTIMORE MD.

...shall set forth as far as the same can be ascertained the full names of each child, and his or her sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and year in which the marriage of its parents was solemnized; and the number of children born to the mother, and the number now living. Said certificate shall be delivered, duly signed by the Commissioner of Health, or his duly authorized agent, to the parent or parents of such child, or to the undertaker or person having charge of the interment of the dead body, within the first third day of each and every month. A physician or practicing midwife in attendance upon the mother shall be entitled to report its birth to the Commissioner of Health, and shall be entitled to receive the fees provided for in this section. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. GLEARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Jan the 16th 1891

4. Place of Birth, (Street and Number) 916 Saratoga St.

5. Full Name of Mother, Louis Helian. (Knappenger)

6. Mother's Maiden Name,

7. Mother's Birthplace, City

8. Full Name of Father, George Helian

9. Father's Occupation, Box maker

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mary Ledley

Address, 1004 N. Lexington St City

Remarks,

8910000114

Health. This schedule is to be filled out as far as the same can be ascertained the full name of each child, and the record shall be made as far as the same can be ascertained the full name of each child, and the name and surname conferred upon it, sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the street and house in which the birth occurred, if in a city, and the name of the physician, midwife or other person in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in writing, and within ten days after the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in writing, and within ten days after the birth of any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPT. BALTIMORE CITY

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 37618

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	Colored
Date of Birth,	January 17 1891
Place of Birth, (Street and Number)	207 - 1½ St
Full Name of Mother,	Mary Wilkinson
Mother's Maiden Name,	Mary Combs
Mother's Birthplace,	Virginia
Full Name of Father,	Joseph Wilkinson
Father's Occupation,	Waiter
Father's Birthplace,	West Virginia
Name of Medical Attendant, or other Person who makes this Return	A Tinsley M.D
Address.	[illegible]
Remarks.	

FEB 11 1891 BALTIMORE MD. FEB 11 1891 HEALTH DEPARTMENT

Number of Child, whether single, twin, triplet, &c., and whether first, second, third, &c., born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

EVIDENCE

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 27687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 19. 1891.
4. Place of Birth, (Street and Number) 906 Eastern Ave.
5. Full Name of Mother, Mary Fenar
6. Mother's Maiden Name, Renelutz
7. Mother's Birthplace, Italy
8. Full Name of Father, Frank Fenar
9. Father's Occupation,
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mrs Cecelia Bernstein

Address, 122 S. Exeter st.

Remarks,

8 9 1 0 0 0 0 1 1 6

BALTIMORE

GEO. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 27188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 19. 1891.
4. Place of Birth, (Street and Number) 306 E. Eden st
5. Full Name of Mother, Lea Gensberg
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Louis Gensberg
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter st.

Remarks,

8 9 1 0 0 0 0 1 1 7

BALTIMORE. MD.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 16. 1891.
4. Place of Birth, (Street and Number) 806 Eastern Ave.
5. Full Name of Mother, Wilhelmine Sonda
6. Mother's Maiden Name, Scandela
7. Mother's Birthplace, Italy
8. Full Name of Father, ~~John~~ Julio Sonda
9. Father's Occupation,
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter st.

Remarks,

8 9 1 0 0 0 0 1 1 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A m 690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17 January 1891
4. *Place of Birth, (Street and Number)*	107 Westfall St
5. *Full Name of Mother,*	Margie Craig
6. *Mother's Maiden Name,*	Wagner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jeff Craig
9. *Father's Occupation,*	Carriver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	H. R. Carlson
Address,	132 Hamilton St
Remarks,	Dairy Mill

8 9 1 0 0 0 0 1 1 9

month, and shall set forth as far as the same can be ascertained, the name, sex, color, and the occupation of its parents, the date and the place of birth; and the name conferred) its sex, color, &c. shall be duly signed by the practitioner in the case of a certificate between the first and said schedule shall be delivered at the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person as aforesaid come within the time aforesaid to the office of the Commissioner of Health, the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE CITY

1891. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 27691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) White

3. Date of Birth, January 17 1891

4. Place of Birth, (Street and Number) No 12 & 11 Hall street

5. Full Name of Mother, Elizabeth Sherman

6. Mother's Maiden Name, Elizabeth Eckart

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charley Sherman

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Anna E Smith

Address, No 102 Hamburg st

Remarks,

1 8 9 1 0 0 0 0 1 2 0

BALTIMORE CITY BOARD OF HEALTH

month, and shall set forth as far as he may be able the name, sex, color, and occupation of its parents, the date and place of birth, and the name and residence of the physician, midwife or other person who attended upon the mother during her confinement. Its sex, color, &c., shall be duly signed by the practitioner in the form as above required, and delivered to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person above required, and in case of his neglect or refusal, of the father or mother of such child, to report the same to the Commissioner of Health, in the manner and within the time specified in this section, and such report shall be signed by the person making the same. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. KULMAN & CO., CITY PRINTERS AND STATIONERS

...month, and shall set forth as far as the same can be ascertained the full name of each child ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 17692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 24 1890 BALTIMORE, MD.

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* White

1. *Sex, (state whether male or female)* female 6 child

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 124 E Hill St

4. *Place of Birth, (Street and Number)* January 11 1890

5. *Full Name of Mother.* Mary E. Hingle

6. *Mother's Maiden Name,* Mary E. Nolen

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Frank Hingle

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8910000121

Wm. J. C. Dulany & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 3769 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th & Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, the 18th January 1891

4. Place of Birth, (Street and Number) No 730 West Lee

5. Full Name of Mother, Mary Barry

6. Mother's Maiden Name, Mary Smith

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, John R Barry

9. Father's Occupation, Baggage master

10. Father's Birthplace, Williamsport Md.

Name of Medical Attendent, or other person who makes this Return. Dr. John Lemmon

Address, 1410 Harford Ave

Remarks, Bal Md

8 9 1 0 0 0 0 1 2 2 8 91

month and shall set forth as far as the same can be ascertained from the mother of its parents, the date and place of birth; and the best conferrell its sex, color, the full name and the practitioner in the form of a certificate between the first and said schedule shall be delivered within every month to the office of the Commissioner of Health, or should no other person be in third day of each month to the office of the Commissioner of Health, or should no other person be in attendance or within every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother. Immediately after the registration of the birth of each child the person required to report its birth to the Board of Health, in the manner and within the period above required, shall receive from the Registrar a certificate setting forth the substance of this section, which certificate he shall child to report its birth to the Board of Health, in the manner and within the period above required, shall receive from the Registrar a certificate setting forth the substance of this section, which certificate he shall any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENGR. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 15 1911
4. *Place of Birth, (Street and Number)*	23 N Bond St
5. *Full Name of Mother,*	Estella Kendall
6. *Mother's Maiden Name,*	Bowen
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	William Kendall
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Dr H Thomas MD
Address,	1006 E Baltimore St
Remarks.	

B 81000 123

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 77695.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 24 1891 BALTIMORE MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th Child
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 11 January 1891
5. Place of Birth, (Street and Number) 32 S. Mill Alley
6. Full Name of Mother, Dora Fuhr
7. Mother's Maiden Name, Dora Mack
8. Mother's Birthplace, Germany
9. Full Name of Father, Otto Fuhr
10. Father's Occupation, Watchmaker
    Father's Birthplace, Germany
    Name of Medical Attendant, or other person who makes this Return. H. K. Barker
    Address, 128 S. Hearth
    Remarks, Dying Well

8 9 1 0 0 0 0 1 2 4

month, and shall set forth in full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. In case a certificate between the first and been conferred) the sex, color, the date of birth of any child hereafter born alive, which certificate shall be duly signed by the practitioner in the case or by the midwife in attendance, or by the parent or other person having charge of such child, and delivered or transmitted by mail to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the parent or other person having charge of such child to report the same to the Commissioner of Health, in the manner and within the time above required, and said schedule shall be filled out as far as practicable. Any physician or midwife who shall neglect to report the birth of every child delivered by him or her, or who shall neglect to make such report within the time above required, and any midwife who shall hereafter fail to comply with the requirements of this section, shall forfeit and pay for every such offense a fine of not less than five dollars nor more than ten dollars, to be recovered as other fines and forfeitures are recovered. Any person who shall hereafter fail to comply with the requirements of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

SEE J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 2796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD. JAN 2 1891

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) male
3. Race or Color, (if not of the white race) white
4. Date of Birth, January 18, 1891.
   Place of Birth, (Street and Number) 220 S. Exeter st.
5. Full Name of Mother, Lea Lewin
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Henry Lewin
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Hortacia Bernstein

Address, 122 S. Exeter st.

Remarks,

8 9 1 0 0 0 0 1 2 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 27697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White Race
4. Date of Birth, Jan 19/1891
5. Place of Birth, (Street and Number) No 1836 Patapsco,
6. Full Name of Mother, Minnie Smith
7. Mother's Maiden Name, " Resnick
8. Mother's Birthplace, Washington.
9. Full Name of Father, Fredrick Smith
10. Father's Occupation, Laborer.
11. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Dominic Leone

Address, No 1603 S. Charles.

Remarks,

6 9 1 0 0 0 0 1 2 6

BALTIMORE, MD. JAN 24 1891

month, and shall set forth as far as practicable the date and place of birth; and the name, residence and occupation of its parents. The full name and occupation of the person by whom the information is given, and the date of the return, shall be added to the certificate. In the manner herein directed, of every child born within the city of Baltimore, or on board any vessel arriving at any port therein, within ten days after the birth of any child shall occur without the attendance of a physician or midwife, or other person to be required by this section to make the return, it shall be the duty of the parents of such child to cause the return to be made by the nearest relative present, or in the manner herein directed. In the manner herein directed, of every child born within the city of Baltimore, or on board any vessel arriving at any port therein, within ten days after the birth of any child shall occur without the attendance of a physician or midwife, or other person to be required by this section to make the return, it shall be the duty of the parents of such child to cause the return to be made by the nearest relative present, or in the manner herein directed. Failure to make such return as required by this section shall be subjected to the fine of ten dollars for each offence; the penalties and forfeitures are recoverable.

RETURN OF A BIRTH, 27678.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2nd

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth January 20th 1891

4. Place of Birth, (Street and Number) 1219 E. Baltimore St Baltimore City Md

5. Full Name of Mother Cora Simpson

6. Mother's Maiden Name Cora Meise

7. Mother's Birthplace Baltimore City Md

8. Full Name of Father Louis Martin Simpson

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Linahan

Address #1049 N Bond St

Remarks Both Doing Well

8910000127

at the birth of any child, within the City of Baltimore. Said Return to be made by the attending physician, midwife, or other person present at the birth, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 27699.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, an[illegible] se[illegible] sex, color, the full name and occupation [illegible] the date and place of [illegible], the first and
been conferred) its sex, color, duly signed by the practitioner [illegible] form of a certificate between the birth of any child
said schedule shall be delivered, duly signed by [illegible] In case the birth of any child
third day of each and every month to the office [illegible] should no other person be in
shall occur without the attendance of a physician or practitioner of medicine [illegible] person or parents of such
attendance upon the mother, immediately thereafter it shall become the duty of the period above required, and
child to report its birth to the Commissioner of Health in the manner and within the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with the [illegible] fines and forfeitures are recoverable.
jected to the fine of ten (10) dollars for each offense, to be covered [illegible]

BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
Sex, (state whether male or female) Femal child
Race or Color, (if not of the white race) Wite
2. Date of Birth, January 24 1890 Eight
3. Place of Birth, (Street and Number) York St 620
4. Full Name of Mother, Mary Lee
5. Mother's Maiden Name, Mary Mace
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Patric Lee
9. Father's Occupation, Saloon keeper
10. Father's Birthplace, Irland
Name of Medical Attendant, or other person who makes this Return.
Address,
Remarks,

8910000128

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 27700.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Gracie May Lippy.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

Sex, (state whether male or female) Female.

Race or Color, (if not of the white race) White.

Date of Birth, January 21 st 1891.

4. Place of Birth, (Street and Number) 700 George St.

5. Full Name of Mother, Emma V. Lippy

6. Mother's Maiden Name, Emma V. Lippy

7. Mother's Birthplace, Carroll Co. Md.

8. Full Name of Father, Andrew L. Lippy

9. Father's Occupation, Barber

10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return. C. K. Jump M. D.

Address, 917 Argyle Ave.

Remarks,

8910000129

month, and shall set forth as far as the same can be ascertained, the full name, sex, color, occupation of the parents, the date and place of birth, and the name of the child, if named by the time of making the return; and the number of children born to the mother, and the number now living. And such returns shall be made to the Commissioner of Health on the first day of each and every month; and no burial permit shall be issued for the burial of any child after the expiration of ten days from the date of birth, unless the certificate of birth required by this section shall have been first presented to the Commissioner of Health, or to the undertaker or person in charge of the burial, and the burial permit issued thereon. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required by this section to make the return, the parent or parents of such child shall immediately thereafter make the return required by this section, and shall be subject to the penalty hereinafter provided for the neglect of this duty. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs, as debts of like amount are recoverable.

RETURN OF A BIRTH A 27701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5-20

No. of Child of Mother, (~~*state whether 1st, 2d, 3d, &c.*~~)

1. *Sex,* (~~*state whether male or*~~ *female*)
2. *Race or color,* (~~*if not of the*~~ *white* ~~*race*~~)
3. *Date of Birth,* Jan. 22nd 1889
4. *Place of Birth,* (Street and Number) 1616 East Pratt St
5. *Full Name of Mother,* Mary E. Huber
6. *Mother's Maiden Name,* " " German
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* John Huber
9. *Father's Occupation,* Upholsterer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Dr. Gregg Sherwood M.D.

Address, 1102 E. Baltimore St.

Remarks, J. D. Morris Chief

1 8 9 1 0 0 0 0 1 3 0

months and ~~[illegible]~~ the sex, whether the full name and occupation of the parents, the date and place of birth, and the name and residence of the physician, midwife or other person in attendance at the birth, shall be delivered, duly signed by the practitioner in the form of a certificate, within the first ninety days after the birth of each child. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the householder or other person having knowledge of the birth shall within ten days thereafter, if such child become the charge of the public authorities, and the parents or parent of such child shall neglect or refuse to furnish the information required by this section, shall be subject to a fine of ten dollars for each offence. Physicians as well as other persons are liable to the fine of ten dollars for each offence.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 77707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as [illegible] the full name and occupation [illegible] between the first and been conferred) its sex, color, duly signed by the [illegible] case [illegible] birth of any child shall schedule shall be delivered, duly signed by the [illegible] [illegible] other person be in third day of each and every month to the office of [illegible] or should [illegible] parents of such shall occur without the attendance of a physician [illegible] practitioner of midwifery, or [illegible] person or [illegible] attendance upon the mother, immediately thereafter [illegible] it shall be the duty of the period [illegible] required, and child to report its birth to the Commissioner of Health [illegible] In the [illegible] [illegible] period [illegible] shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this [illegible] jected to the fine of ten (10) dollars for each offense, [illegible] recovered as other fines and forfeitures are recoverable.

[Stamp:] [illegible] 1891 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 22. 1891

4. Place of Birth, (Street and Number) 124 S. Eden St.

5. Full Name of Mother, Harriet M. Walker

6. Mother's Maiden Name, " Cook

7. Mother's Birthplace, Newark Del.

8. Full Name of Father, Harry J. Walker

9. Father's Occupation. Jeweler

10. Father's Birthplace, Balt. City

Name of Medical Attendent, or other person who makes this Return. Martin Brown M.D.

Address, 1106 McCulloh St.

Remarks, 1 6 9 1 0 0 0 0 1 3 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 27703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male Williams Co. 7/9/90 a.d.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 15 91
4. Place of Birth, (Street and Number) 308 N Snew
5. Full Name of Mother, Mrs. E. Joy Briddell
6. Mother's Maiden Name, " " Turlington
7. Mother's Birthplace, Va
8. Full Name of Father, Wm S Briddell
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, T C Worthington MD

Address, 840 W Fayette

Remarks,

6 9 1 0 0 0 0 1 3 2

BALTIMORE, MD. JAN 24 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 27704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race)
4. Date of Birth, 2 the Jan 1891
5. Place of Birth, (Street and Number) 723 W. Franklin St
6. Full Name of Mother, Anna Margaretha Kreider Schomari
7. Mother's Maiden Name,
8. Mother's Birthplace, Germany
9. Full Name of Father. Charles Kreider
10. Father's Occupation. Feeder
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs N Wenner (Midwife)

Address, 923 Penna Ave

Remarks,

1 8 9 1 0 0 0 0 1 3 3

BALTIMORE MD

SM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 7770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Jan 5th 91
5. *Place of Birth, (Street and Number)* 9 W Mulberry
6. *Full Name of Mother,* Mrs Mary Gertrude Dashiell
7. *Mother's Maiden Name,* " " Clemens
8. *Mother's Birthplace,* Md
9. *Father's Occupation,* Richard Dashiell
10. *Father's Birthplace,* Working Salesman Md

Name of Medical Attendant, or other person who makes this Return. T C Worthington M D

Address, 840 W Fayette

Remarks,

6 9 1 0 0 0 0 1 3 4

BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 27706.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan 8th 1891
4. Place of Birth, (Street and Number) Baltimore & Wolfe St. No. 703
5. Full Name of Mother, Cristina Steidly
6. Mother's Maiden Name, Cristina Zöller
7. Mother's Birthplace, Europe
8. Full Name of Father, Andrew Steidly
9. Father's Occupation, (Explain) Captain
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Josephine Krueger

Address, No. 2026 E. Fayette Balt. Md.

Remarks,

1891000135

BALTIMORE MD. JAN 9 1891

Section 7.—And it is further made the duty of every physician or midwife in attendance at a birth, and of the father of the child, or householder where the birth occurs, or other person having charge of the mother, to report the birth to the Commissioner of Health, or to the Registrar of Vital Statistics, within ten days after the birth occurs, and to deliver to the Registrar of the district in which the birth occurs a certificate of the facts required by this section to be recorded, which certificate shall be signed by the person reporting the birth. In case the birth of any child shall occur without the presence of a physician or midwife, the certificate may be signed by the father, mother, householder, or other person having charge of the mother, immediately thereafter. It shall be the duty of the person required to report a birth to state the full name and occupation of the father, if known, and the maiden name of the mother, and the full name and occupation of the physician or midwife in attendance, if any. In case the name can be ascertained, the certificate shall contain the full name of each child, if more than one child is born at the same birth, and the number of each child in the order of birth; and the month, and if born in the city, the street and number of the house where each child was born; its sex, color, the full name and occupation of its parents, and the number of children born to the mother, including the present birth, and the number of children now living of such mother. In case the mother shall be married, the full name and occupation of the father of such child shall be given. In case the mother shall not be married, the name and residence of the father, if known, shall be given. In case the birth occurs in a public institution, the name of the institution shall be sufficient. The certificate shall be made in duplicate, and shall be delivered, duly signed by the person reporting the birth, to the Registrar of the district within which the birth occurs, within ten days after the birth occurs. The Registrar shall enter the same in a register of such birth, and shall enter the same on the day on which they have occurred under his or her care during the third day of each and every month, and shall report the same to the Commissioner of Health. This schedule shall contain a statement of a physician or midwife in attendance at a birth, and of the father of the child to report its birth to the Commissioner of Health, within the period above required, and after notice upon the mother, immediately thereafter, it shall become the duty of the person required to report the birth to the Commissioner of Health, within the period above required, and after notice upon the mother, immediately thereafter, it shall become the duty of the person required to report the birth to the Commissioner of Health, within the period above required, and any such person or persons, who shall refuse or neglect to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with costs, before any justice of the peace, and all fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 27707.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Laura M. V. Jackson

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3) three
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race)
4. Date of Birth, January Feb. 9. 1891
5. Place of Birth, (Street and Number) Baltimore City. Md. 935 Argyle Ave
6. Full Name of Mother, Emma E Jackson
7. Mother's Maiden Name, Emma E Rothnagle
8. Mother's Birthplace, Baltimore Md
9. Full Name of Father, Wm H. Jackson
10. Father's Occupation. Shoe Cutter
11. Father's Birthplace, Baltimore Md
12. Name of Medical Attendant, or other person who makes this Return, Mrs M. Manne (Midwife)
13. Address, 923 Penna Ave
14. Remarks,

6910000136

HEALTH DEPARTMENT JAN 24 1891 BALTIMORE MD

month, and shall set forth as far as the mother's occupation of its parents, the date and place of birth, first and last name of child, sex, color, the fully signed by the practitioner in the form of a certificate between the five and ten days of each and every month to the office of the Commissioner of Health. It shall no other person be in attendance upon the mother, Commissioner of Health. In the event of the child hereafter born, and any such person or persons who shall hereafter fail to make such return, shall be subject to the fine of ten (10) dollars for each offense. In all cases of violation, forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 27708.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 12th, 1891

4. Place of Birth, (Street and Number) 1 Oliver Alley

5. Full Name of Mother, Katie Scheffler

6. Mother's Maiden Name, Seyfarling

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Peter Scheffler

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Dr. Geo. Gaither

Address, 1115 E. Monument

Remarks,

691 0 0 0 1 3 7

BALTIMORE MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH Annex.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD. MAR 26 1891

1. No. in order of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Jan 16' 91
5. Place of Birth, (Street and Number) 528 W Saratoga
6. Full Name of Mother, Mrs. Etta Clark
7. Mother's Maiden Name, " Glenn
8. Mother's Birthplace, md
9. Full Name of Father, Wm. T Clark
10. Father's Occupation, Clerk
    Father's Birthplace, Va.
    Name of Medical Attendant, or other person who makes this Return. T C Worthington M D
    Address, 840 W Fayette
    Remarks,

1 8 9 1 0 0 0 0 1 3 8

month, and shall set forth as far as the same can be ascertained the name, sex, color, occupation of its parents, the date and place of birth; and the name, if any, of the child. In case the birth of any child shall occur without the limits of a city, but within the limits of a county, the return shall be made to the office of the County Commissioners. The person or persons required to make such return shall be entitled to receive from the Registrar a certificate of such birth, for which no other person shall be entitled to demand or receive any fee or reward. Every such return shall be made within ten days after the birth, and every person required to make such return who shall neglect or refuse to make the same within the time above required, and shall persist in such neglect or refusal for ten days after he shall have been notified by the Registrar of the district in which he resides of such neglect or refusal, shall be liable to a penalty of ten dollars. The Registrar shall furnish blank forms for the returns required by this section, and shall deliver the same, with the necessary instructions, to the persons required to make such returns. Any person who shall wilfully refuse or neglect to report the birth of a child as required by this section shall be subject to a fine of ten dollars for each offense, to be recovered as debts of like amount are recoverable.

GEO. J. O. SELBY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 77710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, March 16th 1897
5. Place of Birth, (Street and Number) 838 Shippen Alley
6. Full Name of Mother, Maggie Hartley
7. Mother's Maiden Name, Hartley
8. Mother's Birthplace, Scotland
9. Full Name of Father. William Hartley
10. Father's Occupation, Carpenter
11. Father's Birthplace, Baltimore City
12. Name of Medical Attendent, or other person who makes this return, M. J. Gilbert M.D.
13. Address, 1 E Pratt
14. Remarks,

6910 00139

BAL. MORE, MD. MAR 24 1897

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 27711.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 20th 1891.
4. *Place of Birth, (Street and Number)*	2040 E. Biddle St.
5. *Full Name of Mother,*	Frances A Spamer
6. *Mother's Maiden Name,*	Frances A. Thomas
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Adolph Spamer.
9. *Father's Occupation,*	Clerk.
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Addison L. Fox. M.D.
Address,	508 West Fayette Street
Remarks,	1891000000140

HEALTH DEPARTMENT BALTIMORE CITY

month, to furnish his sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the practitioner in the form of certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or midwife, the parent, parents or person in charge of such child or children shall report its birth to the Commissioner of Health, in the manner and upon the blanks furnished by the office of the Commissioner of Health, within the period above required, and attend to such other matters as may be required by the rules and regulations of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

888. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 27717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendent, or other person who makes this Return,

Address,

Remarks,

8 9 10 0 0 0 1 4 1

RECEIVED JAN 24 1891 REGISTRAR OF VITAL STATISTICS BALTIMORE MD.

Rules 2, 3 and 4. Write the full name and occupation of the parents, if the child is illegitimate, the first and last name and occupation of the father only will be required. Before a certificate between the first and second births will be issued, a certificate duly signed by the practitioner in charge, or other person in said schedule shall have been entered, stating the cause of stillbirth. In case the first child of any mother shall not report to the office of registration within the time specified, the person or parents of such child to report. In like manner persons who shall hereafter remove into the city of Baltimore from any other place within the United States shall report the births of their children born out of the city, and shall be subject to the fine of ten (10) dollars for each child not reported.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Freeburger

RETURN OF A BIRTH. A 7771 3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD. JAN 22 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Jany 22/91

Place of Birth, (Street and Number) 405 Addison Ally

Full Name of Mother, Mary Josephine Healeiller

Mother's Maiden Name,

Mother's Birthplace, Baltimore

8. Full Name of Father, Illegitimate

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Maria Healeiller

Address, 405 Addison Ally

Remarks, Midwife although engaged, refused to attend when called

month, and of the sex, and the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the informant, to the Registrar of Vital Statistics, within thirty days after the birth. In case the birth of any child shall occur without the attendance of a physician or midwife, the father or mother of such child, or in default of either of them, the occupier of the house in which the birth occurs, or the person in charge thereof, shall report the same to the Registrar of Vital Statistics, within the period above required, and shall comply with the provisions of this section in all respects as if he were the person required to report the birth. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, which fine or fines may be recovered, with all costs, in any court of competent jurisdiction in Baltimore City, and all fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, BALTIMORE, MD. 1891

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th,
2. Sex (state whether Male or Female)	Male
3. Race or Color (if not of the white race)	
3. Date of Birth	Jan 1st 1891
4. Place of Birth (Street and Number)	#1908 Bank St.
5. Full Name of Mother	Katharine Lohmuller
6. Mother's Maiden Name	Katharine De Sarp
7. Mother's Birthplace	City
8. Full Name of Father	Dietrich Lohmuller
9. Father's Occupation	Engineer
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	John H. Rehberger
Address	#1707 Aliceanna St
Remarks	

8 9 1 0 0 0 0 1 4 3

advise at the birth of any child, within the City of Baltimore, shall report to the registrar above-named within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. BALTIMORE MD. JAN 24 1891

2. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
3. Sex, (state whether male or female)	Male
4. Race or Color, (if not of the white race)	White
5. Date of Birth,	Jan. 6-91
6. Place of Birth, (Street and Number)	216 E. Lombard St.
7. Full Name of Mother,	Rec. Buckbaum
8. Mother's Maiden Name,	" Weil
9. Mother's Birthplace,	a —
10. Full Name of Father,	Meyer J. Buckbaum
11. Father's Occupation,	Salesman
12. Father's Birthplace,	a —
Name of Medical Attendant, or other person who makes this Return.	Frank C. Bressler
Address,	1712 Hanover St.
Remarks,	1891000014 4

month, and a certificate of birth, in the form of a certificate to be furnished by the Commissioner of Health, shall be delivered, duly signed by the attending physician or midwife, or should no other person be in attendance, then by the nearest relative present, or any other person present, and said schedule of each and every month to the Commissioner of Health, or some one of his assistants, and a physician or practitioner of medicine in the city of the person or parents of such child to report the birth to the Commissioner of Health, as required, and third cases occur without the attendance of a physician or midwife, the parent or parents, or other person in charge of such child, shall report the case to the Commissioner of Health immediately thereafter, in the manner and within the period above specified. Any physician or midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered, with costs of suit, in the name of the State of Maryland; and all fines and forfeitures are recoverable.

SEC. 3. And be it further ordained, That it shall be the duty of the parent or parents, or other person in charge of any child born in the City of Baltimore, to report to the Commissioner of Health, or some one of his assistants, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the full name and occupation of the parents of such child, and the number of such child, whether first and

SEN. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 7774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First,
2. Sex, (state whether male or female) Male,
3. Race or Color, (if not of the white race) White,
4. Date of Birth, Jany 15 1891
5. Place of Birth, (Street and Number) 1318 N. Fremont Ave,
6. Full Name of Mother, Elizabeth V. Kensil,
7. Mother's Maiden Name, Eliz V. Eckstine,
8. Mother's Birthplace, Balto. Md.
9. Full Name of Father, Chas A. Kensil,
10. Father's Occupation, Iron Molder
11. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Wm J. Chappell M.D.

Address, # 1351 N. Calvert St,

Remarks,

BALTIMORE, MD. JAN 23 1891

8 9 1 0 0 0 0 1 4 5

Monthly, and shall set forth as far as the same can be ascertained, the full name and residence of each child born, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and whether living or dead, and the date of birth of each child deceased; and the physician or person in attendance upon the birth of any child shall deliver to the parent or parents of such child, or to the person having charge of such child, a certificate containing the information required, and shall also within ten days after the birth of such child report its birth to the Commissioner of Health; and no other person shall be required to make such report or certificate or be liable to the penalty for failure to do so, provided the parent or parents of such child, or the person having charge of such child, shall comply with the provisions of this section; and any such person or persons shall forfeit and pay for each offense, to be recovered as other forfeitures are recoverable, subject to the fine of ten dollars for each offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 37717.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 16 - 91

4. Place of Birth, (Street and Number) 1111 East Ave.

5. Full Name of Mother, Minnie Bumbard.

6. Mother's Maiden Name, " Meyer

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Bumbard

9. Father's Occupation, Laborer

10. Father's Birthplace, a

Name of Medical Attendant, or other person who makes this Return. Frank C Bissell

Address, 1712 Bank St.

Remarks,

8910000146

HEALTH DEPT. BALTIMORE MD.

JAN 24 1891

month, and whether born alive or dead; and if born alive, the date and place of birth; and the name, residence, and occupation of its parents. The date and place of birth; and the name, residence, and occupation of its parents. In case there is no physician in attendance, the midwife shall be required to perform the duties hereby imposed upon the physician, and shall be entitled to the same fees therefor. The certificate required to be given by the physician or midwife shall be made between the first and tenth day of each month, and shall contain a record of all births which have occurred during the preceding month, and been conferred; its sex, color, the duly signed by the practitioner in the form required by the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person in charge of said premises to report said birth within the time and in the manner above required, and said schedule shall be delivered to the office of the Commissioner of Health, or should no other person be in charge of the premises, it shall become the duty of the father of such child, if living in the city, to report said birth within the time and in the manner above required, and third day of every month to the office of the Commissioner of midwifery, or should no other person be in charge of the premises, it shall become the duty of the father of such child, if living in the city, to report said birth within the time and in the manner above required, and attendance upon the mother, immediately after the birth of any child, to report to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten dollars for each offense. Any physician or midwife who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, and any such person or midwife who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, and forfeitures are recoverable.

GEO. J. O. SLAUGHT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 27718.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BALTIMORE, MD. JAN 26 1891

1. ~~No.~~ of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) ~~First 14th 191~~
2. Sex (state whether Male or Female) Male
3. Race or Color (if not of the white race) White
4. Date of Birth Jan 19th 91
5. Place of Birth (Street and Number) 546 W. Lanvale st
6. Full Name of Mother Kate Fisher
7. Mother's Maiden Name " Priestley
8. Mother's Birthplace Baltimore & Maryland
9. Full Name of Father William P. Fisher
10. Father's Birthplace Baltimore & Maryland

Name of Medical Attendant, or other Person who makes this Return. Frank W. Lemmon M.D.

Address 322 N. Eutaw st

Remarks Name of Child, John Priestley Fisher

B 1 0 0 0 0 0 1 4 7

advise at the birth of any child within the City of Baltimore, that request to the registrar aforesaid, within six days thereafter, stating distinctly the date of such birth, sex, color, and residence of the parents, and the maiden name of the mother born, its or their physical condition, whether still born, the full name of such child or children

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (State whether 1st, 2d, 3d, (&c.)	3rd
1. Sex, (state whether male or female)	Male — Ralph Morris Swartz
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 20th 1891
4. Place of Birth, (Street and Number)	6 W. Pratt St.
5. Full Name of Mother,	Mary Schwartz
6. Mother's Maiden Name,	Mantner
7. Mother's Birthplace,	Balt. City Md
8. Full Name of Father,	Charles Schwartz
9. Father's Occupation,	Boot & Shoe Business
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	J. A. Bell M.D.
Address,	841 W. Eutaw St.
Remarks,	J. C. Weber - Rec.

Full and correct name of child added by Physician. 5 9 1 0 0 1 4 8 May 15-1934

2 Each

within six days thereafter, stating distinctly the date of birth, SEX, and color of the child, and the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

BALTIMORE CITY

JAN 26 1891

HEALTH DEPARTMENT

KOLLMYER & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 27720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, June 21, 97
5. Place of Birth, (Street and Number) Key Hole Court
6. Full Name of Mother, Hattie Straw
7. Mother's Maiden Name,
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Daniel Cottman
10. Father's Occupation. Drive's a Grocery Wagon
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks,

1 8 9 1 0 0 0 0 1 4 9

month, and shall set forth as far as known, the date and place of birth, and [illegible] been conferred); the sex, color, the full name and occupation of its parents, the date and place of their [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter, to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] and forfeitures are recoverable.

WELLIN STAMP CO. BALTIMORE MD.

698.—J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3[illegible]21.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex, (state whether male or female)	Boy.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	22nd of January 1891
4. Place of Birth, (Street and Number)	124 Washington Street
5. Full Name of Mother,	Katie Dent Katie Gray.
6. Mother's Maiden Name,	Baltimore
7. Mother's Birthplace,	John Gray.
8. Full Name of Father,	Cigar maker
9. Father's Occupation.	Baltimore
10. Father's Birthplace,	Crescintia Kunkel
Name of Medical Attendant, or other person who makes this Return.	
Address,	213 North Chapel st for Crescintia Kunkel
Remarks,	Healthy.

6 9 1 0 0 0 0 1 5 0

MORE

...and shall set forth as far as the same can be ascertained, the date of birth, the name and surname, if any, of the child, the full name and occupation of its parents, the date of the first and month, and shall set forth as far as the same can be ascertained, the date of birth, the name and surname, if any, of the child, the full name and occupation of its parents, the date of the first and ... been contracted, the fact of the delivery of the child, and the sex of the child; and every such certificate shall be signed by the person giving the information or certificate, and if any person or persons shall neglect or refuse to give a physician or practitioner called to attend upon any woman in labor, the information or certificate required, and shall state whether the child was born alive or dead, and if dead, at what period of gestation, and shall occur without the attendance of a physician or practitioner, the person in charge of the premises where the birth occurs shall immediately thereafter, in writing, report the fact to the Commissioner of Health in such manner and with the same particulars as are required in the case of births attended by physicians or practitioners; and any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 77772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) 1st Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jany 23rd 1891

4. Place of Birth, (Street and Number) 1323 Hanover St

5. Full Name of Mother, Rose Bell

6. Mother's Maiden Name, Rose Evans

7. Mother's Birthplace, Balto City Md

8. Full Name of Father, G W Bell

9. Father's Occupation, Fireman B&ORR Co

10. Father's Birthplace, Balto City Md

Name of Medical Attendant, or other person who makes this Return. Theodo Cooke MD

Address, 914 N Charles St

Remarks,

J. C. Dulany & Co., City Printers and Stationers.

1891000015

RETURN OF A BIRTH A 2772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

Sex, (state whether male or female) Female.

Race or Color, (if not of the white race) White.

Date of Birth, Jany. 22, 1891.

Place of Birth, (Street and Number) 1416 Riggs Ave.

Full Name of Mother, Ida Belle Smith

Mother's Maiden Name, Ida Belle Neal

Mother's Birthplace, Balto. Md.

Full Name of Father, Harry C. Smith

Father's Occupation, Yard Master N. C. R. R.

Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. M. J. Chappell M.D.

Address, 351, Pulaski St.

Remarks,

1 6 9 1 0 0 0 0 1 5 2

BALTIMORE MD.

JAN

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 277734 (over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE MD.

1. Name of child: Rose Goodman
2. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
3. Sex, (state whether male or female) ~~Male~~ Female
6. Race or Color, (if not of the white race) White
5. Date of Birth, 1st January 1871
4. Place of Birth, (Street and Number) 1146 Granby Street
5. Full Name of Mother, Rosie Goodman
6. Mother's Maiden Name, " Friedman
7. Mother's Birthplace, Russia
8. Full Name of Father, Solomon Rosie Goodman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 42 Caldwell St

Remarks,

8 9 1 0 0 0 0 1 5 3

month, and shall set forth as far as he shall be able to ascertain of its parents, the date and place of birth; and the name conferred upon, sex, color, the full name and residence of the physician or midwife, if any, present at the birth; and shall make such return in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter, the person occupying the premises at the time of the birth shall be considered the person required, and only such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, and for which the parents and householders are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 27726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Jan. 4th 1891.
4. Place of Birth, (Street and Number) Fulton & Harlem ave. Balt.
5. Full Name of Mother, Jannette Gibson.
6. Mother's Maiden Name, Birch.
7. Mother's Birthplace, Virginia.
8. Full Name of Father, Jno. H. Gibson.
9. Father's Occupation, Merchant.
10. Father's Birthplace, Virginia.

Name of Medical Attendant, or other person who makes this Return. E. P. Wilson.

Address, Fayette & Pine sts. Balt. Md.

Remarks,

RECEIVED JAN 7 1891 REGISTRAR'S OFFICE BALTIMORE CITY

6910000154

month and shall set forth as far as the same is known, the name, residence and occupation of its parents, the date and place of birth, and the number (if not the first child born) of such child to its mother, and the full name of the practitioner in charge, or midwife, or other person who shall sign a certificate of such birth, which certificate shall be delivered by the practitioner in charge, or midwife, or other person who is in said schedule shall be delivered month to the office of the practitioner of midwifery, or shall on or parents of such child to report its birth as aforesaid, and to deliver to the registrar a certificate of the same, as herein required, and third day of each and every month, to the office of the registrar, all births which shall have occurred within the period above required, and attendance upon the mother, immediately after the birth, in the manner prescribed by the regulations of the board of health, to report its birth as aforesaid, and to deliver to the registrar a certificate of the same, as herein required, and shall hereafter fail to comply with the provisions of this section shall be child to report its birth as aforesaid, and to deliver to the registrar a certificate of the same, as herein required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 7778

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth 5th
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, January 5th 1891
5. Place of Birth, (Street and Number) 588 Townsend Street
6. Full Name of Mother, Mary Hollins
7. Mother's Maiden Name, Mary Flynn
8. Mother's Birthplace, Baltimore
9. Full Name of Father, John Hollins
10. Father's Occupation, Printer
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Anna Wenzel

Address, 543 McMechen St

Remarks,

1891000155

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Four

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 5th 1891

4. Place of Birth, (Street and Number) Barney St 125 N

5. Full Name of Mother, Lucia Young

6. Mother's Maiden Name, " " Foster

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Jno Young

9. Father's Occupation, Mass Maker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Dr. E. Randall

Address, 1832 Bond St Baltimore Md

Remarks, Surgical

1 8 9 1 0 0 0 0 1 5 6

JAN 27 1891

REGISTRAR

ascertained the full name of each child (if any) and particulars required by the practitioner in the form of a certificate delivered, duly signed by the practitioner, to the parents, the date and place of birth, and of each and every month to the Office of the Commissioner of Health. Every person certificate before the Registrar will issue a certificate of birth. Every practitioner or other person who shall attend a birth without the attendance of a Physician or practitioner, or midwife, shall report the birth of such child, to be in attendance upon the mother. Immediately thereafter, and within the period of time required, and any such person report its birth to the Commissioner of Health, as required by the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other debts and penalties are recoverable.

Murphy & Co., Lith Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 29 1891 BALTIMORE MD.

Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd "
1. Sex, (State whether male or female)	Female.
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Jan. 6 "
4. Place of Birth, (Street and Number)	1115 Broadway St
5. Full Name of Mother,	Teresa Lawson.
6. Mother's Maiden Name,	" Flynn.
7. Mother's Birthplace,	Ireland.
8. Full Name of Father,	John Lawson.
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Ballo
Name of Medical Attendant, or other person who makes this Return.	Mc Ward.
Address,	829 Gilmor St
Remarks,	89 10000 15 Home

month, and shall set forth as far as the name and occupation of its parents, the date and place of birth of the child and other particulars required, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health, or shall be duly signed by such other person as shall have been conferred with the duties of registry, or shall be in attendance upon the mother immediately after the birth, or shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or midwife, the parents or person in charge of the child shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (ten dollars for each offence, to be recovered as other penalties and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the ... occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 27729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 27 1891, BALTIMORE, M.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7th January 1891

4. Place of Birth, (Street and Number) 186 Eden St

5. Full Name of Mother, Fannie Forman

6. Mother's Maiden Name, " Heiet

7. Mother's Birthplace, Russia

8. Full Name of Father, Lewis Forman

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. G. Sherman

Address, 42 Albemarle St

Remarks,

1891000158

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 27736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th January 1890
4. Place of Birth, (Street and Number) 1105 E. Pratt St.
5. Full Name of Mother, Belsie Cohen
6. Mother's Maiden Name, " Levinsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Harris Cohen
9. Father's Occupation. Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. S. Sherman

Address, 42 Albemarle St

Remarks,

1891000159

JAN 27 1891 BALTIMORE MD. HEALTH DEPARTMENT

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the number of children to which the mother has been delivered, and whether the child was born alive or dead, and the name and residence of the practitioner in the form of certificate given in the first and second sections of this act. In all cases the birth of any child shall be certified to the Commissioner of Health by the parent or parents of such child, if living, within the first ten days of each and every month to the office of the Commissioner of Health; or should no other person be in attendance upon the mother at the birth of such child, the physician or midwife who shall attend upon the mother shall be required to certify the birth of such child to the Commissioner of Health, in the manner and within the time above specified. And every midwife who shall act in attendance upon the mother at the birth of any child hereafter, if such child shall become the duty of the person or parents of such child to certify such birth to the Commissioner of Health, in the manner and within the time above specified, and every such person or persons who shall neglect or refuse to perform the duties required of them by this section shall be subjected to the fine of ten (10) dollars for each offense; and all fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 27731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	7 June 1896
4. Place of Birth, (Street and Number)	731 North Ave
5. Full Name of Mother	Cynthia McGee Stevens
6. Mother's Maiden Name	Cynthia McGee
7. Mother's Birthplace	Phila Penn
8. Full Name of Father	Edward Stevens
9. Father's Occupation	Merchant
10. Father's Birthplace	Cumberland Md
Name of Medical Attendant, or other Person who makes this Return	C. B. Lamb M.D.
Address	925 E. Fayette
Remarks	Balto

JAN 27 1897

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...ascertain the full name of each child ... and ... certificate shall be delivered, duly signed by the practitioner in the form of a certificate ... the date and place of birth, and the said ... every month to the Office of the Commissioner of Health. In case the parents ... between the first and third day of the ... the attendance of a Physician or practitioner ... the parents of such child to ... birth of any child shall ... mother, immediately thereafter ... within the period above ... be in attendance ... to the Commissioner of Health, the ... certificate ... persons who shall hereafter fail to comply ... for each offense to be recovered as ... are recoverable.

... Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 177837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 22 1891 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First / 81

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 20 1891

4. Place of Birth, (Street and Number) 38 Stocking Street

5. Full Name of Mother, Lina Pieper

6. Mother's Maiden Name, Lina Budde

7. Mother's Birthplace, Germany

8. Full Name of Father, Bernard Pieper

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Hemmel

Address, 540 N. Mechanic St

Remarks,

8 9 1 0 0 0 0 1 6 1

Sec. 1. And be it further enacted, That the name of the child, the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child of the mother (whether first, second, third or other child), if born alive, shall be registered by the physician or midwife in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the said schedule which shall be delivered, duly signed by the physician or midwife in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the said schedule which shall be delivered, duly signed by the physician or midwife, or should no other person be in attendance, then the parent or parents of such child, within five days after the birth of any child shall cause to be delivered at the office of the Commissioner of Health a certificate of the birth of such child, containing the several matters hereinbefore required to be registered, and every such physician, midwife or parent who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. S. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 11733.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 1891, BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8th January 1891

4. Place of Birth, (Street and Number) 601 E. Lombard St

5. Full Name of Mother, Mary Ginberg [?]

6. Mother's Maiden Name, " " Meisetter [?]

7. Mother's Birthplace, Baltimore M. D.

8. Full Name of Father, Henry Ginberg [?]

9. Father's Occupation, Bar keeper

10. Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 42 Albemarle St

Remarks, 1891000162

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 27 1891 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 January 1891

4. Place of Birth, (Street and Number) 40 Market Space

5. Full Name of Mother, Ettie Cooke

6. Mother's Maiden Name, " Grossman

7. Mother's Birthplace, Russia

8. Full Name of Father, Louis Cooke

9. Father's Occupation, Shoe Cutter

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. H. Sherman

Address, 142 Albemarle St.

Remarks,

1 8 9 1 0 0 0 0 1 6 3

month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the name, sex, color, the full name and occupation of its parents, the date and place of their marriage, and the number of children born to the mother, including the child last born, and the number now living; and the physician or practitioner in the form of a certificate he shall give to the parent or person having charge of such child, as hereinafter provided, shall also report the birth of any child born dead after the seventh month of pregnancy. The certificate required by this section shall be in the said schedule shall be delivered, duly filled out, at the office of the Commissioner of Vital Statistics, or should no other person be in attendance, within ten days after the birth of such child, by the parent or person having charge of such child, as hereinafter provided, shall also report the birth of any child born dead after the seventh month of pregnancy. The certificate required by this section shall be in the said schedule shall be delivered, duly filled out, at the office of the Commissioner of Vital Statistics, or should no other person be in attendance, within ten days after the birth of such child, by the parent or person having charge of such third day of each and every month. In the absence of a physician or practitioner it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Vital Statistics, in the manner and within the period aforesaid. It shall be the duty of the Commissioner of Vital Statistics to cause the provisions of this section to be enforced, and all violations of the same shall be reported to the State's Attorney, who shall cause the offenders to be prosecuted. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

SUN. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 27735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 27 1891 BALTIMORE, MD.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c*.) 4th

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 1st Jan 1891
4. *Place of Birth,* (*Street and Number*) 513 Eaey St
5. *Full Name of Mother,* Rebecca Goldberg
6. *Mother's Maiden Name,* Brenner
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Charlie Goldberg
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 42 Albemarle St

Remarks,

1891000164

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. B. 77736.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	13th January 1871
4. Place of Birth, (Street and Number)	232 Pine St
5. Full Name of Mother,	Annie Cather
6. Mother's Maiden Name,	" Cline
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Calvin Cather
9. Father's Occupation,	Saw keeper
10. Father's Birthplace,	~~Germany~~ Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	A. Klinman
Address,	42 Allemarle St
Remarks,	

8910000165

BALTIMORE, MD.

...month, and shall set forth as far as the same can be ascertained, the name, sex, color, the date and place of birth, and the ...known) its sex, color, the date and place of birth, and the name and occupation of the parents, and the ...shall be delivered every month to the Commissioner of Health, or some other person be in ...said schedule shall be every month to the other, or practitioner of midwifery, the person or persons so, and ...third day of each month the attendance of a midwife shall be required at every birth, and the ...without the attendance of a physician or midwife, the person or persons present at such birth shall be sub... ...attendance upon the mother, Commissioner of Health, to comply with the provisions of ... child to report its birth as herein required, or to make a false report as to the particulars required to be ... any such person who shall hereafter, in any manner, violate any of the provisions of this section shall be sub... ...jected to the fine of ten (10) dollars for each offence. All fines and penalties are recoverable.

SEE. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 7137.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male - Samuel Barr
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15th January 1891
4. Place of Birth, (Street and Number) 114 Market Street
5. Full Name of Mother, Emmie Barr
6. Mother's Maiden Name, Emmie Dimmick
7. Mother's Birthplace, Russia
8. Full Name of Father, Joseph Barr
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. C. Sherman

Address, 1-2 Eutaw Place 18

Remarks, Name of child added by writer upon applying for a transcript

Tanny Ferrero 2 1 0 0 0 0 4 6 6 Clerk

January 15-1942

DATE OF ENTRY JAN 27 1891

month, and shall set forth as far as the same can be ascertained, the name and surname of its parents, the date and place of birth; and the name, residence and occupation of the informant, and the date of the return; and shall also state whether the child be the first, second or other (numbered) in the order of birth of any child born to the mother; and shall also state whether the child be still-born or not. The certificate last herein required shall be delivered to the Commissioner of Health, or should no other person be in attendance, shall be delivered by the physician or practitioner who shall sign the certificate of birth, within thirty (thirty) days after the birth of such child, to the office of the Commissioner of Health, or should no other person be in attendance, shall be delivered by the physician or practitioner who shall sign the certificate of birth, within thirty (thirty) days after the birth of such child, to the office of the Commissioner of Health, and in case there be no physician or practitioner in attendance upon the mother, immediately after the birth of such child, the same shall be reported in like manner and within the period above required, by the nurse in attendance, or by the father of such child, or by the householder in whose house the birth occurred, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each and every offense, to be recovered and forfeitures are recoverable.

SEE. J. C. DILLARY & CO., CITY PRINTERS AND STATIONERS.

Health. [illegible] month, and shall set forth as far as the same can be ascertained the full name of each chil[illegible] any [illegible] all have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A77758.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 2[illegible] 1891, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 13th 1891
4. *Place of Birth, (Street and Number)* 1051 Argyle Avenue
5. *Full Name of Mother,* Amanda Lefferd
6. *Mother's Maiden Name,* Amanda Ulrich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John G. Lefferd
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Muenzell

Address, 543 N. Mueller st

Remarks,

1 8 9 1 0 0 0 0 1 6 7

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 7739

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE MD. JAN 27 1891

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, January 15th 1891.
5. Place of Birth, (Street and Number) 114 Wilson Street
6. Full Name of Mother, Lizzie Splattmann
7. Mother's Maiden Name, Lizzie Stundzmann
8. Mother's Birthplace, Baltimore
9. Full Name of Father, George Splattmann
10. Father's Occupation, Shoemaker
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Meunzel C

Address, 543 Mc Mechen St

Remarks,

1 8 9 1 0 0 0 0 1 6 8

Health. This schedule shall contain a list of the births which have occurred in the family or household of each householder since the last preceding enumeration, and shall set forth as far as can be ascertained the full name of each child, if any shall have been named, the sex, color, the date and place of birth, the full name and occupation of the parents, and such other particulars as may be required by the Commissioner of Health. It shall be the duty of the householder, or in case there be no householder, of the occupier of each dwelling-house, or of the agent or overseer of such occupier, to fill up and sign every such schedule, duly signed by the householder, or occupier, or agent or overseer as aforesaid, to the Commissioner of Health, on the first day of each month; and every such householder or occupier, or agent or overseer as aforesaid, who shall neglect or refuse to comply with the requirements of this section shall be subject to the penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. C. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 27100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 27 1891
BALTIMORE MD.

month, and shall set forth as far as the same can be ascertained, the full name, the date and place of birth; and the name, residence, sex, color, the full name and occupation of its parents. The certificate to be given the first and said schedule shall be delivered, duly signed by the practitioner in the case of a birth attended by such practitioner. In case the birth of any child third day of each and every month to the Collector or practitioner of midwifery, or should no other person be in attendance within the time above specified, then the parent or parents, or person having charge of such child shall report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4th
2. Sex, (*state whether male or female*) Female
3. Race or Color, (*if not of the white race*) White
4. Date of Birth, 16th January 1891
5. Place of Birth, (*Street and Number*) 116 E. Lombard St
6. Full Name of Mother, Eva U. Offeld
7. Mother's Maiden Name, Levin
8. Mother's Birthplace, Russia
9. Full Name of Father, Solomon Offeld
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 42 Almeda St

Remarks,

1 8 9 1 0 0 0 0 1 6 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 77761.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 18th June 1891
5. Place of Birth, (Street and Number) 220 Exeter St
6. Full Name of Mother, Betsy Beddie Kamman
7. Mother's Maiden Name, Russian
8. Mother's Birthplace, Joseph Kamman
9. Full Name of Father, Store-keeper
10. Father's Occupation, Russian
11. Father's Birthplace, E. Sherman
12. Name of Medical Attendant, or other person who makes this Return. 42 Albemarle St
13. Address,
14. Remarks,

8910000170

BALTIMORE MD. JUL 27 8 PM

Penalty.—And it is further set forth as far as the same can be ascertained, the number of its issue, the date and place of birth; and the name, if any, sex, color, the full name and occupation of its parents, the date and place of their marriage, and the number of children born to the mother, immediately thereafter. In case no other person be in attendance, the mother shall report its birth to the Commissioner of Health. In case no other person be in attendance, and the mother shall fail to report as aforesaid, she shall be liable to the penalty hereinafter provided. And every midwife or physician or practitioner of midwifery who shall be in attendance upon the birth of any child shall, within the first three days of such birth, report the same to the Commissioner of Health. And every midwife or physician or practitioner of midwifery of the person or parents of such child shall deliver, duly signed by the Commissioner of Health, a certificate setting forth the information required by this section to be given by the mother, and in case no other person be in attendance, and the mother shall fail to report as aforesaid, she shall be liable to the penalty hereinafter provided. And every midwife or physician or practitioner of midwifery who shall occur within the first three days of each and every month of his practice, and who shall fail to report its birth to the Commissioner of Health, shall be liable to the penalty hereinafter provided. And every midwife or physician or practitioner of midwifery who shall fail to comply with the requirements of this section shall forfeit and pay for each offense, to be recovered as debts of like amount are recoverable, any such person or persons who shall fail or refuse to make the return required by this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 33747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 19th 1891
4. *Place of Birth, (Street and Number)*	651 Light St
5. *Full Name of Mother,*	Mary Harries
6. *Mother's Maiden Name,*	Bush
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Chas W Harries
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	Harry W Webster
Address,	1003 Hanover St
Remarks,	

8 9 1 0 0 0 0 1 7 1

month, and shall set forth as far as the same can be ascertained, the full name, sex, color, the date and place of birth; and the full name, color, age, occupation and birthplace of each parent of each child born within the limits of said City; and every midwife, physician or other person who shall attend upon the birth of any child shall, within the first ten days of the third day of each and every month, report to the Commissioner of Health the birth of every child born during the preceding month, and the name and residence of the parents of such child, and the date of such birth, and the name, residence and occupation of the person making such report; and if any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth as required by this section; and every person required to report, and every person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 77743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rhoda Blanche Deems

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 12th 1891
4. Place of Birth, (Street and Number) No. 1302 Carroll Street
5. Full Name of Mother, Ida Deems
6. Mother's Maiden Name, Ida Potter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Deems
9. Father's Occupation, Canmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No. 848 West Pratt Street Baltimore

Remarks, GIVEN NAME ADDED 12-11-51

891000172

BAL. MORES. JUN

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

Anna

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored Babe

3. *Date of Birth,* Jan 20 th 1891

4. *Place of Birth, (Street and Number)* 1639 Mulliken

5. *Full Name of Mother,* Mary E Anderson

6. *Mother's Maiden Name,* Mary E Wilson

7. *Mother's Birthplace,* Virginia Co Md

8. *Full Name of Father,* Jamar H Anderson

9. *Father's Occupation,* Hard Worker

10. *Father's Birthplace,* Queen Anne Co Md

Name of Medical Attendant, or other Person who makes this Return. Attendant Midwife

Address, E Fairmount Ave

Remarks, No Physician

1891000173

BAL. MORE. MD. JAN 27 1891

...ics of the blanks which have occurred under his or her care, and to which the following answers are returned, to the best of his or her knowledge and belief. In case the child has no name at the time of making this return, the name subsequently given shall be added by the person making the original return. In case the parents, the date and place of birth, and the certificate between the first and second births shall be returned by the person or parents of such child, to the Commissioner of Health. In case the birth of any child upon the mother, immediately upon the discovery of the fact, and before the interment of the body of such child, shall be returned by the person who shall have charge of the interment of the body of such child, to the Commissioner of Health, with the name, if any, and the date and place of birth of such child, and the certificate required by this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines are recovered.

...a Murphy & Co., Printers and Stationers.

RETURN OF A BIRTH. 39961.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Five (5)

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Jan. 20th 1891.
4. Place of Birth, (Street and Number) 114 N. Bond.
5. Full Name of Mother, Olivia Barker.
6. Mother's Maiden Name, " Truman.
7. Mother's Birthplace, Harford Co. Md.
8. Full Name of Father, Henry Barker.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Balto. City. Md.

Name of Medical Attendant, or other person who makes this Return. J. H. Blackburn, M.D.

Address, Fayette & Bond Sts.

Remarks, No accidents - Delivery Easy & Natural. 1st Petition. Occiput Anterior.

6910000 J. Blat.

SAFETY FILM

RETURN OF A BIRTH. A 7746.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) white
4. Date of Birth, January 20th 1891
5. Place of Birth, (Street and Number) No 1001 west Pratt Street
6. Full Name of Mother, Maggie Scullen
7. Mother's Maiden Name, Maggie Clark
8. Mother's Birthplace, Ireland
9. Full Name of Father, John Scullen
10. Father's Occupation, Labourer
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 848 west Pratt Street Baltimore

Remarks,

89 1 0 0 0 0 1 7 5

BALTIMORE CITY REGISTRAR

...and shall set forth as far as the same can be ascertained, the full name and residence of its parents, the date and place of birth, and the month, and shall state its sex, color, the full name and occupation of the physician or midwife present at the birth, and if there be no physician or midwife present, then the name and residence of the person or parents of such child shall cause such birth to be registered as aforesaid, and in default thereof, such person or parents shall forfeit and pay for every such neglect or refusal the sum of ten dollars, to be recovered as debts of like amount are recoverable.

...J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 7714.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 20th 1891
4. Place of Birth, (Street and Number) No 408 Lemmon Street
5. Full Name of Mother, Mary Cratty — Mary Megowen
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Cratty
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 848 West Pratt Street Baltimore

Remarks,

691000017 6

BALTIMORE MD. JAN 23 1891

month, and shall set forth as far as the same can be ascertained, the name, the date and place of birth, and the full name and occupation of each parent of every child born in its precincts, the date and place of its first and subsequent marriages, and the number of children born to each parent in each marriage; and the said schedule shall be delivered by the undertaker or person acting as undertaker at the burial of any child who shall die without the attendance of a physician, to the Commissioner of Health, or such person as he may designate for the purpose, at the office of the Board of Health, on the first day of each and every month; and in case no birth or death shall have occurred in the preceding month, a report to that effect shall be made. Any undertaker or person acting as undertaker who shall bury the body of any child without the attendance of a physician, and without the permit required by this section, or who shall fail to report the facts and circumstances of the case as required by the Commissioner of Health, shall be subject to the penalties and forfeitures provided in section 5 of this ordinance. Any physician who shall fail to report to the Commissioner of Health the birth of any child to whose birth he was in attendance, as required by this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First One

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 21 1911

4. Place of Birth, (Street and Number) 1834 Bond St Baltimore Md

5. Full Name of Mother, Mary E. Linn Schmelzer

6. Mother's Maiden Name, Mary E Linn

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Albert L. Schmelzer

9. Father's Occupation, Car Driver

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, Mrs. E. Linn

Address, 1834 Bond St Baltimore

Remarks, Living Male

8 9 1 0 0 0 0 1 7 7

JAN 27 1911 BALTIMORE

list of the births which have occurred in each of his districts during the preceding month, giving the full name and occupation of its ascertained the full name of each child (if any shall have been christened), the date and place of birth, the names, residence and occupation of parents, the color of each child, and such other particulars as may be required by the practitioner in the form of a certificate, to be furnished by the Commissioner of Health, and shall, on or before the fifth and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person in charge of such house or place to report the birth within ten days after the occurrence thereof, and any such person, or occupant who shall neglect or refuse to comply with the preceding provisions of this section, shall be subject to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

on Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 37749.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD. JAN 23 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 22th 1891

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Emma Banahan

6. Mother's Maiden Name, Emma Pfleuge

7. Mother's Birthplace, Baltimore

8. Full Name of Father, P. J. Banahan

9. Father's Occupation, Policeman

10. Father's Birthplace, Texas

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 848 west Pratt Street Baltimore

Remarks,

8910000178

... month, and shall set forth as far as the same can be ascertained, the [illegible] parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, in the form of certificate between the first and said schedule shall be delivered, duly signed by the practitioner, [illegible] Health. In case the birth of any child third day of each and every month to the office of the Commissioner [illegible] should no other person be in shall occur without the attendance of a physician or practitioner [illegible] become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall [illegible] manner and [illegible] required, and child to report its birth to the Commissioner of Health, in the [illegible] provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the [illegible] fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offense, to be recovered as [illegible]

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 77750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 22 1891 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22nd January 1891
4. Place of Birth, (Street and Number) Baltimore Ind. St. 20 Hillen
5. Full Name of Mother, Maggie Ruth
6. Mother's Maiden Name, Maggie Ruteberg
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George Ruth
9. Father's Occupation, Cooper
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Hans Deming
Address, 414 S. Bruckes St. Baltimore Md. City
Remarks, Mother and Child are Well

84 10000179

month, and shall set forth as far as the same can be ascertained from the parents, the date and place of birth; and the name conferred; its sex, color, the full name and residence of the parents, and the name and residence of the informant; and the said schedule shall be delivered, duly filled up, to the Commissioner of Health, or to such other person as he shall appoint for the purpose, within the first twenty days of each month; and if any physician or midwife shall neglect or refuse to report as herein required, or shall neglect or refuse to attend upon the mother immediately thereupon, or to deliver to the person or parents of such child to report its birth to the Commissioner of Health, within the period above recited, he shall be subject to the fine of ten (10) dollars for each offence, to be recovered as debts of like amount are recoverable.

EM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 7757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 23th 1891
4. Place of Birth, (Street and Number) No 833 Hanover
5. Full Name of Mother, Martha Emmett
6. Mother's Maiden Name, Martha Barnett
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Emmett
9. Father's Occupation. tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 848 west Pratt Street Baltimore

Remarks,

1 8 9 1 0 0 0 0 1 8 0

Health. This schedule shall contain a list of the [illegible] each child (if any shall have been) born alive within the district, with the full name of such child, if any shall have been given, and shall set forth as far as the same can be ascertained, the date of birth; and the name, surname, color, the occupation of the parents, the date between the first and said schedule shall be every month to the officer of the district of the city of Baltimore [illegible] third day of each month the said schedule shall be signed by the person making the return, and shall [illegible] attendance upon the mother, Commissioner of Health, to the number of births of such child to report its birth to the Commissioner of Health, to the number of births of such any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. BALTIMORE

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 37757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) Second (2d.)

1. Sex, (state whether male or female) Male
2. Race, or color, (if not of the white race) White
3. Date of Birth, January 24th, 1891
4. Place of Birth, (Street and Number) No. 1208 East Biddle St.
5. Full Name of Mother, Mrs. Mary Elizabeth Woods
6. Mother's Maiden Name, Miss Mary E. Marks
7. Mother's Birthplace, St. Marys County, Maryland
8. Full Name of Father, Mr. George Edgar Woods
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Wm. H. Cleveland M.D.

Address, No. 201 North Broadway

Remarks,

1891000181

RECEIVED DEPARTMENT OF HEALTH JAN 27 1891 REGISTRATION BUREAU

and shall set forth as far as the same can be ascertained the full name of each child, if any, had born alive previously to the birth of the child or children to which the present return relates, the sex, color, the full name and occupation of its parents, and the date of birth; and the said schedule shall be delivered, duly signed by the person making a certificate between the first and third day of each month, to the Commissioner of Health. In case the birth of any child shall occur within the first month of the term of office of the person or persons in charge of the births, then the said schedule shall be delivered, duly signed by the person making a certificate between the first and third day of each and every month of a physician or practitioner of midwifery or should no one of the parents of such child be present at the birth, then the said schedule shall be delivered, duly signed by the person making a certificate between the first and third day of each month, to the Commissioner of Health. In case the birth of any child shall occur within the first month of the term of office of the person or persons in charge of the births, then the said schedule shall be delivered, duly signed by the person making a certificate between the first and third day of each and every month of a physician or practitioner of midwifery or should no one of the parents of such child be present at the birth, then the said schedule shall be delivered, duly signed by the person making a certificate between the first and third day of each month, to the Commissioner of Health. In case the birth of any child shall occur within the first month of the term of office of the person or persons in charge of the births, then the said schedule shall be delivered, duly signed by the person making a certificate between the first and third day of each and every month of a physician or practitioner of midwifery or should no one of the parents of such child be present at the birth, then the said schedule shall be delivered, duly signed by the person making a certificate between the first and third day of each month, to the Mother, immediately thereafter, it shall become the duty of the Mother to report its birth to the Commissioner of Health, and in case the Mother shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 27753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1.	Sex, (state whether male or female)	white Female
2.	Race or Color, (if not of the white race)	white
3.	Date of Birth,	Jan 24 January 1891
4.	Place of Birth, (Street and Number)	Gay St. No 1466
5.	Full Name of Mother,	Lina Ekstein
6.	Mother's Maiden Name,	Major
7.	Mother's Birthplace,	Baltimore
8.	Full Name of Father,	Engelbert Ekstein
9.	Father's Occupation,	Kapsner
10.	Father's Birthplace,	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	
	Address,	Maria Anna Major Biddle St. No 1933
	Remarks,	

1891 MOREMD

1891 0 0 0 0 1 8 2

RETURN OF A BIRTH

27784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Fifth

1. Sex (*state whether male or female*), Female

2. Race or Color (*if not of the white race*), White

3. Date of Birth, Jan 20th 1891.

4. Place of Birth (Street and Number), Cedar Ave.

5. Full Name of Mother, Mary Henry

6. Mother's Maiden Name, Boone

7. Mother's Birthplace, Md

8. Full Name of Father, Aaron Henry

9. Father's Occupation,

10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return. D. S. Williams M.D.

Address, (Woodberry) Baltimore

Remarks,

BALTIMORE MD. JAN 23 1891

This schedule shall contain a list of the births which have occurred under his or her care ... and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner ... to the office of the Commissioner of Health between the first and third day of each and every month ... In case the birth of any child shall occur without the attendance of a physician or practitioner ... [illegible] ... mother ... Commissioner of Health ... who shall hereafter fail to comply with the provisions ... for each offence, to be recovered as other fines and forfeitures are recoverable.

8910000183

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (~~state whether~~ male ~~or female~~)

2. Race or Color, (~~if not of~~ the white race)

3. Date of Birth, January 25th 1891

4. Place of Birth, (Street and Number) No. 39 St. Louis Avenue

5. Full Name of Mother, Ida Virginia Harris

6. Mother's Maiden Name, " " Franklin

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Robert Harris

9. Father's Occupation, Printer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. J. Ridgway Andrè M.D.

Address, 1123 E. Balto. St.

Remarks, 1st for Sometime

BALTIMORE MD. APR 27 1891

6910000184

Health. To whom a permit shall be issued for the burial of any child, if any shall have been delivered, duly signed by the physician in the first case, or midwifery, or should no other person be in said city, who shall have been present at the birth, as the case may be, and every such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 7776.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19th January
4. Place of Birth, (Street and Number) 909 Hare St
5. Full Name of Mother, Mary E. Bergmann
6. Mother's Maiden Name, = Distelbeck
7. Mother's Birthplace, Maufang (Bavaria)
8. Full Name of Father, Lewis Bergmann
9. Father's Occupation, Laborer
10. Father's Birthplace, Stullendorf (Bavaria)

Name of Medical Attendant, or other person who makes this Return. Miss E. Weiss

Address, 2524 Lancaster Ave.

Remarks,

8 9 1 0 0 0 0 1 8 5

...th set forth as far as the same can be ascertained the full name of each child of every shall have ...month, and shall set forth the sex, color, the full name and occupation of its parents, the date and the ...been omitted shall be delivered, duly signed, at the office of the Commissioner of Health, and the ...shall occur without the mother, immediately thereafter, in the manner and within the time required, and ...third day of each and every month. In case the birth of any child ...attendance at such occurrence of a physician or practical nurse, it shall become the duty of the Person ...shall so report the birth to the Commissioner of Health, in the manner and within the time required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

GEO. W. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) male

Race or Color, (if not of the white race) White

3. Date of Birth, 502 Haxis Alley 1st January

4. Place of Birth, (Street and Number) 502 Haxis Alley

5. Full Name of Mother, Mary Lehmann

6. Mother's Maiden Name, Blaumann

7. Mother's Birthplace, Schwarzenau (Prussia)

8. Full Name of Father, Albert Lehmann

9. Father's Occupation, Cabelm

10. Father's Birthplace, Berlin (Prussia)

Name of Medical Attendant, or other person who makes this Return. Mrs E. Weiss

Address, 25 24 Lancaster St.

Remarks,

6 9 1 0 0 0 0 1 8 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, to the person or persons in charge of each house or tenement, or apartment, at the time of the visit of the Commissioner if the form of a certificate between the first and third days of each month, and a like schedule shall be delivered, duly filled out, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case no person keeps and shall attendance upon the mother immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 2775-8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 23 1891 BALTIMORE

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Jan. 1 1891

4. *Place of Birth, (Street and Number)* 705 Cannon St.

5. *Full Name of Mother,* Margaret Baum

6. *Mother's Maiden Name,* Margaret Bolsch

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Peter Baum

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mary L. [illegible]

Address, 726 [illegible] St.

Remarks,

8910000187

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 23 1891 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 2 1891
4. *Place of Birth, (Street and Number)* 2526 Lancaster St
5. *Full Name of Mother,* Annie Richtson
6. *Mother's Maiden Name,* Annie Rahe
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Thomas Rightson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mary J. Savage

Address, 726 Eugenia St.

Remarks,

+ 8 9 1 0 0 0 0 1 8 8

J. D. Ulary & Co., City Printers and Stationers.

RETURN OF A BIRTH. E 37760.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name William Owner ~~Jensen~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 11, 1891

4. Place of Birth, (Street and Number) 111 Chesapeake St.

5. Full Name of Mother, Ellen (Johnson) Jensen

6. Mother's Maiden Name, Ellen Humphreys

7. Mother's Birthplace, England

8. Full Name of Father, Hans (Johnson) Jensen

9. Father's Occupation, Foreman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary L. Lawson

Address, 726 Eutaw St

Remarks,

6 9 1 0 0 0 0 1 8 9

JAN 22 1891 CASTLE

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth, and the said return shall be delivered forthwith to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, within the period above required, and any person who shall neglect, fail or refuse to make such report, shall be deemed guilty of a misdemeanor, and subjected to the fine of ten (10) dollars for each offense, to be recovered as the penalties and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, which fines and forfeitures are recoverable.

RETURN OF A BIRTH A 7761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 of January
4. *Place of Birth, (Street and Number)* 1212 Canton St.
5. *Full Name of Mother,* Mary Sammet
6. *Mother's Maiden Name,* = Bergner.
7. *Mother's Birthplace,* Bavaria.
8. *Full Name of Father,* Georg Sammet
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St.

Remarks,

HEALTH DEPARTMENT, JAN 23 1891 BALTIMORE

6 9 1 0 0 0 0 1 9 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 27762.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE CITY 1891

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been previously born living,) the date and place of birth; and the sex, color, the full name and occupation of each parent, in the form of a certificate between the first and second (hereof) lines. A certificate substantially in the form of said schedule shall be delivered, duly signed, by the person who shall attend upon the birth of any child, or by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and in case there is no person residing in the house in which such birth occurs, it shall be the duty of the person in charge of the house to report such birth to the Commissioner of Health within the period above required. And any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs and expenses of suit, as other debts of like amount are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 the

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6th January

4. Place of Birth, (Street and Number) corner Fayette and Port St.

5. Full Name of Mother, Mary Niebesding

6. Mother's Maiden Name, = Rümmelmann

7. Mother's Birthplace, Lane Oldenburg (Germ)

8. Full Name of Father, Frank Niebesding

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Lane Oldenburg (Germ)

Name of Medical Attendant, or other person who makes this Return. Mrs E. Weiss

Address, 2024 Lancaster St

Remarks,

8910000191

BRS. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37763.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st January
4. Place of Birth, (Street and Number) 712 Rose St.
5. Full Name of Mother, Mary ~~Williams~~ Williams
6. Mother's Maiden Name, = Tekuly
7. Mother's Birthplace, Balt
8. Full Name of Father, William Williams
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Mrs E. Weiss

Address, 2524 Lancaster St.

Remarks,

8 9 1 0 0 0 0 1 9 2

APR 23 1891

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, sex, color, date of birth, number and street of the residence and place of birth of such child and the said schedule shall be delivered, duly signed by the practitioner [illegible] the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance who shall be required to report the same, the mother of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other penalties and forfeitures are recoverible.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 16, 1891

4. Place of Birth, (Street and Number) 1410 Block St.

5. Full Name of Mother, Rose Lucas

6. Mother's Maiden Name, Rose Lacy

7. Mother's Birthplace, Balto

8. Full Name of Father, Luke Lucas

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mary L. Duggan

Address, 721 Eutaw St.

Remarks,

8 9 1 0 0 0 0 1 9 3

month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) the sex, color and date of birth and of the death of each person of its parents, the date and place of birth; and the said certificate shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, then the midwife or nurse in attendance shall make such return; and if any such birth shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report all the particulars required by this section within ten days after the birth, and in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall have failed to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6.3776.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 23 1891 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 of January
4. *Place of Birth, (Street and Number)* 221 Chester St.
5. *Full Name of Mother,* Mary Löffler
6. *Mother's Maiden Name,* " Neff
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* J. Löffler
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return. Mrs E. Weis

Address, 2524 Lancaster St

Remarks,

8910000194

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 3776.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January the 12 1891 Balt'r City
4. Place of Birth, (Street and Number) Mount Vernon 76 Brick Hill
5. Full Name of Mother, Mary a Childs
6. Mother's Maiden Name, Martin
7. Mother's Birthplace, Balt County Md.
8. Full Name of Father, John R Childs
9. Father's Occupation, Railroader
10. Father's Birthplace, Balt County Md

Name of Medical Attendant, or other person who makes this Return. Mrs Mary a Martin

Address, 76 Brick hill Mr Childs is in

Remarks, Philadelphia

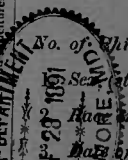
1 8 9 1 0 0 0 0 1 9 5

BALTIMORE

month, and shall set forth as far as he same can be ... of each child, if any shall ... e and the full name and ... e and place between the first and ... case the birth of any child ... should no other person, be ... period above required, and ... of this section shall be sub- ... and forfeitures are recoverable.

RETURN OF A BIRTH A. 27717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Jan. 13, 1891.
   Place of Birth, (Street and Number) 729 Bond St.
5. *Full Name of Mother,* Annie Smith
6. *Mother's Maiden Name,* Annie Shuman
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jacob Smith
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mary L Evans

Address, 726 Lafayette St

Remarks,

89100000196

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, the date and place of birth; and the shall occur within the first week after the birth, and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately after the birth, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section, and shall forfeit the sum of ten (10) dollars for each offense, to be recovered as other penalties are recoverable.

WM. A. G. SLADE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 77768.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] NAME ADDED 10-4-56

Name: Thomas Henry Dougherty

1. No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c) [illegible]
2. Sex, (~~state whether male or female~~) Male
3. Race or Color, (~~if not of the white race~~)
4. Date of Birth, June 6 [illegible]
5. Place of Birth, (Street and Number) 1[illegible] Lethanman St
6. Full Name of Mother, Mrs Dougherty
7. Mother's Maiden Name,
8. Mother's Birthplace, Md
9. Full Name of Father, Mr Dougherty
10. Father's Occupation, Mechanic
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Dr Louis F. Lodge

Address, 22- Light St

Remarks,

8 9 1 0 0 0 0 1 9 7

JAN 7 1891 BALTIMORE CITY

months and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been christened) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the person registering the birth, who shall transmit the same to the Commissioner of Health. In case the birth of any child shall not be reported within the time above specified, it shall be the duty of the person registering the birth of such child to report its birth to the Commissioner of Health, with the particulars required by this section; and any such person who shall neglect or fail to comply with the regulations of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as debts of like amount are recoverable.

PRINTED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 27764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 11 1891
4. Place of Birth, (Street and Number) Cannon st 813
5. Full Name of Mother, Katie Perakawa
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, F Perakawa
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Kupfus

Address, Washington 201

Remarks,

8 9 1 0 0 0 0 1 9 8

BALTIMORE CITY HEALTH DEPARTMENT JAN 21 1891

month, and shall set forth as far as the same can be ascertained the full name of each child born alive since the last preceding return, the date and place of birth, and the sex, color, the full name and occupation of the parents. The date and place of birth of each child born alive shall be recorded in the form of a certificate between the first and second columns of the schedule. Such certificate shall be delivered, duly signed by the physician or midwife in attendance, or in case there was no physician or midwife in attendance, by the parent or other person having knowledge of the facts, to the Commissioner of Health, or some person designated by him, within ten days after the birth. In case there was no physician or midwife in attendance, the certificate shall be signed by the parent or other person having knowledge of the facts. Within the first ten days of each and every month the Commissioner of Health shall cause to be printed in the daily newspapers of the city of Baltimore a list of the births reported to him during the preceding month, and shall cause to be published in like manner and within the period above required, all other births which may be reported to him after the publication of any list as aforesaid. Any physician, midwife or other person required by this section to report the birth of a child to the Commissioner of Health who shall fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEC. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 77770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* 3

Sex, *(state whether male or female)* Girl

Race or Color, *(if not of the white race)* white

Date of Birth, January 17 1891

Place of Birth, *(Street and Number)* Jefferson st 1905

Full Name of Mother, Annie Matter

6. Mother's Maiden Name,

7. Mother's Birthplace, Bohimman

8. Full Name of Father, Joseph Matter

9. Father's Occupation, tolor

10. Father's Birthplace, Geramman

Name of Medical Attendant, or other person who makes this Return. Mary Kaptis / Westington co. s

Address,

Remarks,

89100000199

month, and shall set forth as far as the same can be ascert[illegible] any shall have been conferred) its sex, color, the full name and occupation [illegible] place of birth; and the said schedule shall be delivered, duly signed by the [illegible] between the first and third day of each and every month to the office of the Commissioner of Health [illegible] the birth of any child shall occur without the attendance of a physician or [illegible] midwifery, of should no other person be in attendance upon the mother, immediately thereafter shall become the duty of the [illegible] or parents of such child to report its birth to the Commissioner of Health, in the manner [illegible] above required, and any such person or persons who shall hereafter fail to comply with the provisions of [illegible] section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD. [illegible]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 27771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 17 1891
4. Place of Birth, (Street and Number) 930 W Lombard st
5. Full Name of Mother, Jennie Walsh
6. Mother's Maiden Name, Jennie Harrington
7. Mother's Birthplace, Parkton Baltimore Co
8. Full Name of Father, William Joseph Walsh
9. Father's Occupation, Police officer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 E Pleasant st

Remarks,

HEALTH DEPARTMENT BALTIMORE MD FEB 27 1891

8 9 1 0 0 0 0 2 0 0

The ... day of each and every month to the office of the Commissioners of Health. In case of the ... of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately hereafter, it shall become the duty of the person or parents of such child to report to the Commissioners every such birth within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 7777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 18 1891
4. Place of Birth, (Street and Number) Lombart st 1932
5. Full Name of Mother, Maggie Walterspaha
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, John Walterspahn
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kupka

Address, Washington cor

Remarks,

8 9 1 2 0 0 0 2 0 1

month, and shall set forth as far as the same can be ascertained, the full name of each child born, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the number (if any) which such child is of children born to the mother, and the interval of time which has elapsed between the first and said actinitide shall be delivered, duly signed by the physician or midwife in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in whose house or tenement such child was born, and of the parents of such child, if able, within the period above required, and with the same penalties for neglect, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

GIVEN NAME ADDED 11-30-59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ellen Irene Hubbard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 19 1891

4. Place of Birth, (Street and Number) 2910 Pulaski St

5. Full Name of Mother, Kate Hubbard

6. Mother's Maiden Name, Kate Mooney

7. Mother's Birthplace, Balto

8. Full Name of Father, John Hubbard

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Wm. L. Lungo

Address, 726 Eutaw St.

Remarks,

1 8 9 1 0 0 0 0 2 0 2

BALTIMORE MD JAN 23 1891

months, and shall set forth as far as the same can be ascertained the full name of each child of any and every female who shall have been delivered (or suffered) of a child within the city of Baltimore, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur on the first day of any month, it shall be the duty of the midwife or other person in attendance upon the mother, immediately thereafter to call upon the person or parents of such child to report its birth to the Commissioner of Health, and the said midwife and other person above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered and fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 1918 91
4. Place of Birth, (Street and Number) 4 Lieaum st 1908
5. Full Name of Mother, Mary Eadie
6. Mother's Maiden Name, Sibile
7. Mother's Birthplace, Bohiamen
8. Full Name of Father, John Sibile
9. Father's Occupation, Labor
10. Father's Birthplace, Germeny

Name of Medical Attendant, or other person who makes this Return, Mary Kohtas

Address, Washington 205

Remarks,

8 9 1 0 0 0 0 2 0 3

BALTIMORE JAN 29 1891

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person making the same, to the registrar of vital statistics of the district in which the birth occurred, or to the officer appointed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father, or, should no other person be in attendance upon the mother immediately thereafter, the person occupying the house where the birth occurs shall within ten days thereafter, give information of the particulars required and shall cause a return of birth to be made and delivered as aforesaid. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 20 1894
4. Place of Birth, (Street and Number) Fayette St 2225
5. Full Name of Mother, Anna Shiller
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Shiller
9. Father's Occupation. Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary McPhee

Address, Washington 206

Remarks,

8 9 1 0 0 0 0 2 0 4

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, born alive (if not registered) its sex, color, the full name and residence of the parents, the date and place of birth, and the third Monday of each month to the office of the Commissioner of Health, a certificate between the first and shall occur without the attendance of a Physician or Practical Nurse or Midwife, by any person or persons, the attendance upon the mother, immediately after the occurrence of such birth, and every such person shall report its birth to the Commissioner of Health, and every person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

RECEIVED JAN 1894

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A. 7776.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1891 Jan 20

4. Place of Birth, (Street and Number) 312 Bond St.

5. Full Name of Mother, Lenia Fisher

6. Mother's Maiden Name, Lenia Hurst

7. Mother's Birthplace, Washington

8. Full Name of Father, Ed. J. Fisher

9. Father's Occupation, Elec. Lineman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Lucas Hanlon

Address, 93 N° Appleton St

Remarks,

8 9 1 0 0 0 0 2 0 5

HEALTH DEPARTMENT BALTIMORE MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained, the name of each child born alive, if any, since the last return, the date and place of birth; and the sex, color, the full name and occupation of the parents, the date and place of birth; and the said certificate shall be in the form of a certificate between the parents of any child born dead, except that it shall not be necessary to state the name of any child born dead; and shall be delivered, duly signed, by the Commissioner of Health, or shall be sent by mail, addressed to the office of the Commissioner of Health, Baltimore City, and no other person be in any way responsible for the delivery of such certificate. Any physician or practitioner of midwifery, or other person who shall neglect or refuse to report the birth of any child which shall occur within the limits of Baltimore City, in the manner and within the period above required, shall forfeit and pay for every such neglect or refusal the sum of ten dollars, which shall be sued for and recovered by the Commissioner of Health, in the name of the Mayor and City Council of Baltimore, for the use of the City, before any justice of the peace of the City, and any such person or persons who shall offer to comply with the provisions of this section, but shall fail to report his birth to the Commissioner after so doing, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 27777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE MD. JAN 21 1891

1. No. of Child of Mother, (state whether ~~1st,~~ 2d, ~~3d, &c.~~) ____
2. Sex, (state whether male ~~or female~~) ____
3. Race or Color, (if not of the white race) ____
4. Date of Birth, January 21st 1891
5. Place of Birth, (Street and Number) 832 N. Chapel st.
6. Full Name of Mother, Annie E. Diven
7. Mother's Maiden Name, " " Roberts
8. Mother's Birthplace, Baltimore City
9. Full Name of Father, George N. Diven
10. Father's Occupation, Brakesman on Railroad
11. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return. Wm. E. Russell

Address, 300 N Broadway

Remarks, ____

1 8 9 1 0 0 0 0 2 0 6

month, and shall set forth as far as the same can be ascertained, the full name of each child, if one shall have been born, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health, in the city of Baltimore; and every birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the parent or parents, or in default thereof, the occupant of the house in which such birth occurred, to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 1-29-52

RETURN OF A BIRTH. A 37778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rose Waring

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 24 1891
4. Place of Birth, (Street and Number) 2715 Hudson St
5. Full Name of Mother, Rose Waring
6. Mother's Maiden Name, Rose Martin
7. Mother's Birthplace, Virginia
8. Full Name of Father, Thomas Waring
9. Father's Occupation, Oyster Dealer
10. Father's Birthplace, Princess Anne Md

Name of Medical Attendant, or other person who makes this Return. Wm H Lougee

Address, 701 Virginia Ave

Remarks,

8 9 1 0 0 0 0 2 0 7

BALTIMORE MD. CITY HEALTH DEPARTMENT

month, and shall set forth as far as the same can be ascertained by diligent inquiry, the name of each child, (if any shall have been born) its sex, color, the full name and residence of the parents, date and place of birth; and the said schedule shall be delivered, with the certificate between the Commissioner of Health shall no other person be la third day of each month the attendance of a physician or practitioner on the person or parents of such attendance upon the mother, immediately thereafter, a certificate to the effect shall be delivered within the period above mentioned, child to report its birth to the Commissioner of Health, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MISS. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 7779.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 23 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 21 1891
4. Place of Birth, (Street and Number) Jefferson st 2304
5. Full Name of Mother, Lena Shafer
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Shafer
9. Father's Occupation. tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Boyle

Address, Washington 205

Remarks,

1891 00000208

...shall set forth as far as the same can be ascertained the full name of each ... month, and shall set forth the full name and occupation of its parents, the date and place of birth; and the ... child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... third day of each and every month to the office of the Commissioner of Health. In case there is no such ... shall occur within the attendance of a physician or midwife, the duty of reporting the birth shall devolve ... upon the person or parents of such child. Every such report shall be verified by the oath or affirmation of the person reporting, and ... shall report its birth to the Commissioner of Health, as herein required, and ... any such person or persons who shall hereafter fail to report as herein required, shall be ... jected to the fine of Ten (10) dollars for each offense to be recovered as other fines are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

L 27780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 21 1891
4. Place of Birth, (Street and Number) Mannings st 2215
5. Full Name of Mother, Hattie Reese
6. Mother's Maiden Name,
7. Mother's Birthplace, Seaman
8. Full Name of Father, Fred Reese
9. Father's Occupation, Tailor
10. Father's Birthplace, Seaman

Name of Medical Attendant, or other person who makes this Return. Mary Keeptes

Address, 21 Washington ave 205

Remarks,

1891000000209

BALTIMORE MD

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 27781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd.
4. *Sex, (state whether male or female)* Female
5. *Race or Color, (if not of the white race)* White
6. *Date of Birth,* Jan. 24 1891
7. *Place of Birth, (Street and Number)* 2322 Cambridge St.
8. *Full Name of Mother,* Sophia Lindemann
9. *Mother's Maiden Name,* Sophia Schwartz
10. *Mother's Birthplace,* Balto
11. *Full Name of Father,* William Lindemann
12. *Father's Occupation.* Labor
13. *Father's Birthplace,* Harford Co.

Name of Medical Attendant, or other person who makes this Return. Mary E. Smith

Address, 721 Dugan St.

Remarks,

1 8 9 1 0 0 0 0 2 1 0

BALTIMORE, MD.

month and year, set out as far as the same can be ascertained, and the name given to the child, if it shall have been conferred; sex, color, the full name and occupation of the father, and the maiden name of the mother; and the said schedule shall be delivered, duly signed by the medical attendant, or other person who shall make the return, to the Commissioner of Health, within ten days after the birth of any child; and no interment of a dead body shall occur without the attendance of the medical attendant, or other person who shall make the return, or the certificate of the Commissioner of Health, that the schedule required to be delivered by him has been received, and that the birth of such child is reported, under the penalty of forfeiting the sum of ten dollars for each offence. It shall be the duty of the Commissioner of Health to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. W. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 77785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as penalties and forfeitures are recoverable.

HEALTH DEPARTMENT, JAN 27 1891 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female).* Female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Jan 21th 1891.

4. *Place of Birth, (Street and Number)* Hollins St 1112.

5. *Full Name of Mother,* Elmitha Loucelia Davis

6. *Mother's Maiden Name,* Elmitha Loucelia Dore

7. *Mother's Birthplace,* Calvert County

8. *Full Name of Father,* Thomas Davis

9. *Father's Occupation.* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppleton St

Remarks,

8910000211

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 27783.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 nd January 1891

4. Place of Birth, (Street and Number) Hanover St No 1112

5. Full Name of Mother, Emilie Schmid

6. Mother's Maiden Name, Wolenius

7. Mother's Birthplace, Germanien

8. Full Name of Father, Johann Schmid

9. Father's Occupation, Wool Man

10. Father's Birthplace, Germanien

Name of Medical Attendant, or other person who makes this Return.

Address, Karoline Street Ext No 434

Remarks,

8 9 1 0 0 0 0 2 1 2

JAN 23 1891 REGISTERED

Every person required by the 7th section of the Act of 1874, chapter 383, to report the birth of any child, and the name of each child, shall give such information as he may possess, by reply to inquiries made by the Registrar or his deputy, touching the particulars required by this schedule to be ascertained; and if any shall refuse or wilfully omit to answer truly and fully such inquiries, he shall be fined for each offence, upon conviction thereof before any court of competent jurisdiction, not less than five dollars nor more than fifty dollars.

Every midwife or other person who shall be present at the birth of any child, shall give the name of such child, if named, and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. If a child be born and shall die before a return of birth is required to be made, or if a child be born and shall die without the attendance of a midwife or other person, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

GEO. J. GILBERT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 7784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 23 1891
4. *Place of Birth, (Street and Number)* Locust west st Fochs Point 205
5. *Full Name of Mother,* Mary Virkosil
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Joseph Virkosil
9. *Father's Occupation,* tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Kupster

Address, Washington 206

Remarks,

1891 0000213

month, and shall set forth as far as the same can be ascertained the full name of each child born since the last return, if any shall have been concealed, sex, color, the full name and occupation of the parents, the date and place of birth; and the said officer shall deliver such return to the Commissioner of Health on the first Monday of each and every month; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to cause such birth to be reported within the time and in the manner above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 7788.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4te

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 Jan 1891
4. Place of Birth, (Street and Number) Marshall St No 1620
5. Full Name of Mother, Marie Neinert
6. Mother's Maiden Name, Meyer
7. Mother's Birthplace, Germany
8. Full Name of Father, Sebastian Neinert
9. Father's Occupation, Wool Mann
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address, Karoline Schway Fort St No 434

Remarks,

8 9 1 0 0 0 0 2 1 4

JAN 23 1891

BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. E. 27780.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 22, 1891
4. *Place of Birth, (Street and Number)*	702 Rose St.
5. *Full Name of Mother,*	Agnes E. Freeman
Mother's Maiden Name,	Elizabeth Sears
Mother's Birthplace,	Balto.
8. *Full Name of Father,*	William Freeman
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swann
Address,	726 Fayette St.
Remarks,	

BALTIMORE MD. JAN 28 1891

month, and shall set forth as far as the same can be ascertained the full name, sex, color, the date and place of birth; and the facts concerned in such case; the full name and occupation of its parents, the date and place of birth; and the said attendant shall be delivered, duly signed by the person making it, in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vitals. In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, then the father or mother of such child or other person in charge of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. For other penalties and forfeitures see recordable.

6 9 1 0 0 0 0 2 1 5

GEO. J. D. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 27787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex*, (state whether male or female) Fml
2. *Race or Color*, (if not of the white race) white
3. *Date of Birth*, January 23 1891
4. *Place of Birth*, (Street and Number) Washington 205
5. *Full Name of Mother*, Mrs Brandwade
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*, Seamen
8. *Full Name of Father*, Mr Brandwade
9. *Father's Occupation*, Sailor
10. *Father's Birthplace*, Seamen

Name of Medical Attendant, or other person who makes this Return. Mary Hopkins

Address, Washington 205

Remarks,

8 7 1 0 0 0 0 2 1 6

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 77738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tirl

1. *Sex, (state whether male or female)* [illegible] 3
2. *Race or Color, (if not of the white race)* whit
3. *Date of Birth,* January 23 1891
4. *Place of Birth, (Street and Number)* Duncan all 520
5. *Full Name of Mother,* Annie Petwick
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemien
8. *Full Name of Father,* Anton Petwick
9. *Father's Occupation,* Lay
10. *Father's Birthplace,* Bohemen

Name of Medical Attendant, or other person who makes this Return, Mary [illegible]

Address, Washington 203

Remarks,

BALTIMORE, MD. JAN 28 1891

891000217

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each [illegible] and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 37789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 23 1896
4. *Place of Birth, (Street and Number)* Aliceanna st 1721
5. *Full Name of Mother,* Mary Baraski
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Vac Baraski
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return. Mary [illegible]

Address, Washington [illegible]

Remarks,

8910000218

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 77790.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) Colored Race

3. Date of Birth, 23 Jan

4. Place of Birth, (Street and Number) Orlean st-1707

5. Full Name of Mother, Annie Camphor

6. Mother's Maiden Name, Annie Baily

7. Mother's Birthplace, Balto M.D.

8. Full Name of Father, George Camphor.

9. Father's Occupation, Laber.

10. Father's Birthplace, Easton shore

Name of Medical Attendant, or other person who makes this Return. Lucinda Wolford

Address, 428 Regester st

Remarks,

8910000219

RETURN OF A BIRTH. 77791.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) White.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) ~~Here~~ White
3. Date of Birth, Jan. 23, 1891
4. Place of Birth, (Street and Number) 220 3E Lee St
5. Full Name of Mother, Carrie McKinley
6. Mother's Maiden Name, Carrie Winder
7. Mother's Birthplace, Penn.
8. Full Name of Father, William McKinley
9. Father's Occupation, Laborer
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return. Mary L Sawyer

Address, 220 Lee St

Remarks,

8 9 1 0 0 0 0 2 2 0

month, and shall set forth as far as the same can be ascertained, the sex, the color, the date and place of birth, and the parentage of such child, and the full name, residence, and occupation of the parents; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance within the period above required, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

REGISTERED

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 11742.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 5 Child

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 22 of January 1891

4. Place of Birth, (Street and Number) No 818 N Eden St

5. Full Name of Mother, Mary Speyer

6. Mother's Maiden Name, Mary Brewer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Speyer

9. Father's Occupation, Porter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr E. L. Lewis

Address, No 105 E Hayford Ave

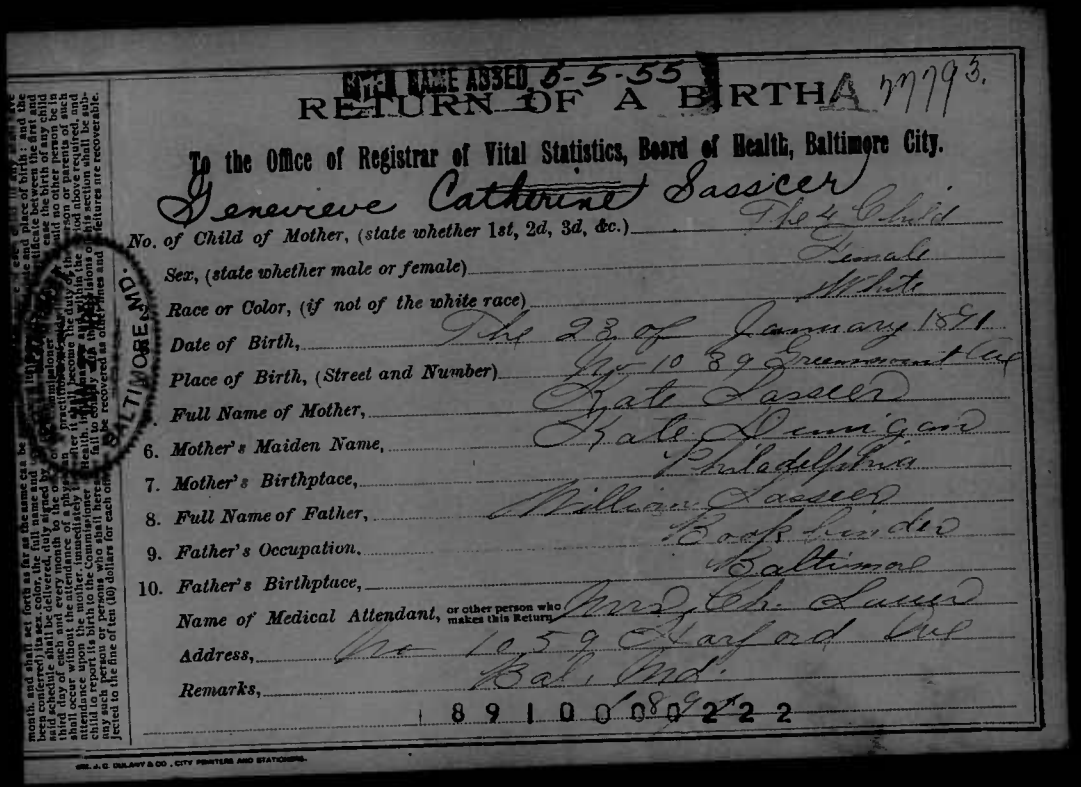
Remarks, Bal Md.

1891 000 0225 1

JAN 7 1891 BALTIMORE MD.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. ... shall be set forth as far as the same can be ascertained the full name of each child of any still born, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and whether such child was single, twin or triplet, and if one of a plurality of births, the interval between the first and last recorded. Such return shall be delivered, duly signed by the practitioner in charge of the case, or by the midwife, or other person in attendance at the birth, to the Registrar of Vital Statistics, at the office of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the mother, immediately after the birth of such child, shall become the duty of the person above required, and third day of each and every month to the Registrar of Vital Statistics, at the office of the Board of Health, a return of every birth which may occur in the house or tenement occupied by her during the preceding month, and in like manner to report its birth to the Commissioner of Health, stating the particulars of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



BIRTH NAME ASSED 6-5-55

RETURN OF A BIRTH 7793.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Genevieve Catherine Sassicer 9th Child

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, The 23 of January 1921

Place of Birth, (Street and Number) 1089 Fremont Ave

Full Name of Mother, Kate Sassicer

6. Mother's Maiden Name, Kate Dunigan

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, William Sassicer

9. Father's Occupation, Ex Fireman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs. Ch. Sassicer

Address, 1059 Garland Ave

Remarks, Bal. Md.

8910008022 2

BALTIMORE, MD.

month, and shall set forth as far as the same can be ... (been conferred) its sex, color, the full name and ... said schedule shall be delivered, ... third day of each and every month to the ... shall cause such child to be registered ... attendance upon the mother, immediately ... child to report its birth to the ... may such person who shall here... jected to the fine of ten (10) dollars for each ... case of any physician or midwife ... fail to comply with the ... be recovered as other fines and ... forfeitures are recoverable.

SEE J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 2779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 24 1891
4. Place of Birth, (Street and Number) 2911 Hudson
5. Full Name of Mother, Annie McCarthy
6. Mother's Maiden Name, Annie McCormick
7. Mother's Birthplace, Balto County
8. Full Name of Father, James Carberry
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mary I Swayne

Address, 726 Lexington St.

Remarks,

8910000223

JAN 27 1891 HEALTH DEPT.

months and shall set forth as far as the same can be ascertained the full names and the usual occupation of its parents, the exact time and place of birth, and the sex and color of the child, and such other information as may be required by the said schedule, duly signed by the practitioner in charge or midwife, or the person or parents, of such child, to report its birth to the Commissioner of Health. In case the birth occurs without the attendance of a physician or midwife, the said person or parents, of such child shall report the same to the office of the Commissioner of Health, in the manner and within the period above required, and shall procure the certificate of a physician or midwife that such birth occurred without the attendance of a physician or midwife. In the event of the failure of any such person or parents to report the birth of such child within the period above required, all persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each such offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 15 1891 BALTIMORE, MD.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* Girl
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* January 24 1891
5. *Place of Birth, (Street and Number)* Jefferson st 1903
6. *Full Name of Mother,* Sophia Sulé
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Bohemian
9. *Full Name of Father,* Frank Sulé
10. *Father's Occupation,* tailor
11. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Albert Schultz

Address, Washington Co

Remarks,

691000224

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the sex, color, the full name and residence of parents, the date and place of birth; and the name (if any) which shall be given such child; and the name and residence of the physician or practitioner in the form of a certificate between the front and back sides of which shall be delivered, with a full statement of the facts required to be set forth in said schedule shall be delivered, with a full statement of the facts required to be set forth in said schedule, to the office of the Commissioner of Health, or clerk of any city or county where no such office exists, within ten days after the birth of such child, or within the same time after the birth of any child without the attendance of a physician or practitioner of the city of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 77796

GIVEN NAME ADDED 8/14/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Myrtle Marie Snooks

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 25 1891
4. Place of Birth, (Street and Number) N. E. Corner of West & Light
5. Full Name of Mother, Annie Snooks
6. Mother's Maiden Name, Annie Frances
7. Mother's Birthplace, Baltimore city md
8. Full Name of Father, Henry Snooks
9. Father's Occupation, Conductor on B & O R R
10. Father's Birthplace, West Virginia

Name of Medical Attendant, or other person who makes this Return, C. Hinton

Address,

Remarks,

BALTIMORE MD. JAN 29 1891 HEALTH DEPARTMENT

8 9 1 0 0 0 0 2 2 5

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and the 10th day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a medical practitioner, then the said schedule shall be filled up and delivered as aforesaid by the father, mother or other person in attendance upon the mother, immediately hereafter. Any medical practitioner who shall neglect or refuse to report to the Commissioner of Health, during the period above specified, the birth of any such child or persons who shall hereafter fail to report as aforesaid, shall for each offence be subject to the fine of ten (10) dollars for each offence. Fines under this section shall be collected as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, the 26th January 1890
5. Place of Birth, (Street and Number) 1204 Eutaw St Old Elderly
6. Full Name of Mother, Mrs Agnes Gay
7. Mother's Maiden Name, Agnes Lynam
8. Mother's Birthplace, Ireland
9. Full Name of Father, John Gay
10. Father's Occupation, Tailor
    Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Dr. J. H. Lewis

Address, No 1059 Harford Ave Balto Md

Remarks,

8910000226

MD. MORTON

PUB. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 27798.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1st

1. ~~of~~ Child of Mother, (state whether 1st, 2d, 3d, &c.)
2. Sex, (~~state whether male or~~ female)
3. Race or color, (~~if not~~ of the white race)
4. Date of Birth, 1.26.91.
5. Place of Birth, (Street and Number) 223 S. Paca st
6. Full Name of Mother, Margaret L. Alchinsche
7. Mother's Maiden Name, Craven
8. Mother's Birthplace, Balto md
9. Full Name of Father, Antone Alchinsche
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia
12. Name of Medical Attendant, or other person who makes this Return. W. W. Eastman
13. Address, 772 W. Lexington st
14. Remarks,

1891 0000227

BALTIMORE, MD.

J. S. DULANY & SO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 77799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 27 1891
4. Place of Birth, (Street and Number) 325 East 2nd St. Baltimore
5. Full Name of Mother, Rebecca Lewis
6. Mother's Maiden Name, Rebecca Geist
7. Mother's Birthplace, Harrisburg Pa
8. Full Name of Father, John C. Lewis
9. Father's Occupation, Passenger Conductor
10. Father's Birthplace, Louisiana La

Name of Medical Attendant, or other person who makes this Return. Jones Worden

Address, 936 Greenmount Ave

Remarks,

8 9 1 0 0 0 0 2 2 8

JAN 27 1891

BALTIMORE CITY

HEALTH DEPT.

been confirmed in writing, duly signed by the practitioner in the form of a certificate before mentioned, and by the person who shall have registered such birth, and the Registrar shall enter in the Register Book the name of such child, if a name shall be given, and the name and surname of the father and mother, and the profession or occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Vital Statistics, or should no other person be in attendance upon the mother at the birth of her child, then the duty of the person or parents of such child to make such registration shall become the duty of the person or parents of such child, and within the period above recited, and within the same time shall be made by the master and within the period above recited, and within the same time shall be made by the master of any vessel arriving in the waters of Baltimore City with a birth on board, and such person or persons who shall neglect or refuse to make such registration shall be subjected to the fine of ten (10) dollars for each offence, and forfeitures are recoverable.

RETURN OF A BIRTH

A 27800.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 9th 1891

4. Place of Birth, (Street and Number) 929 Forest St

5. Full Name of Mother, Maggie Chalmers

6. Mother's Maiden Name, Maggie Scott

7. Mother's Birthplace, Gateshead Scotland

8. Full Name of Father, Alexander Chalmers

9. Father's Occupation, Stone Cutter

10. Father's Birthplace, Edinburgh Scotland

Name of Medical Attendant, or other person who makes this Return. Mrs Wroden

Address, 936 Government Ave

Remarks,

8910000229

JAN 23 1891 BALTIMORE MD

been conferred on her. If the full name and occupation of its parents, the date and place of birth, and the sex of each child delivered, duly signed by the physician in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, then the midwife shall make such return. Any physician, midwife or other person who shall occur without the attendance of a physician, shall make the duty of the person or parents of such child or children to make such return within the period above specified, and any such person or persons who shall neglect or refuse to make such return as aforesaid, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs and forfeitures are recoverable.

RETURN OF A BIRTH A 7801.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Borned 11th January
4. Place of Birth, (Street and Number) Balto. Monument St No. 1224.
5. Full Name of Mother, Hannah Murphy
6. Mother's Maiden Name, Hannah Fenton
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Jeremiah Murphy
9. Father's Occupation, Teamster
10. Father's Birthplace, County Cork Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Warden

Address, 936 Greenmount Av

Remarks,

8 9 1 0 0 0 0 2 3 0

HEALTH DEPARTMENT JAN 27 1891 BALTIMORE MD.

RETURN OF A BIRTH

A. 1980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 13, 1911.
4. Place of Birth, (Street and Number) 1434 Athony St
5. Full Name of Mother, Wally Besser
6. Mother's Maiden Name, Wally Schey
7. Mother's Birthplace, Roumania
8. Full Name of Father, Jacob Besser
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Fanny Furst

Address, 1124 Eden St.

Remarks,

1 8 9 1 0 0 0 0 2 3 1

BALTIMORE MD.

898 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. 7763

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days hereafter, stating date of birth, sex, color or race, and full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth (6th)
2. Sex, (state whether male or female)	Female
3. Race or Color, (if not of the white race)	White
8. Date of Birth,	Jany. 13th 1891.
4. Place of Birth, (Street and Number)	325 W. Biddle St.
5. Full Name of Mother,	Caroline Stewart
6. Mother's Maiden Name,	Cramer
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Andrew Luther Stewart
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address,	414 N. Greene
Remarks,	

89 10000232

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

A 37804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	White.
Date of Birth,	June. 20th 1891.
Place of Birth, (Street and Number)	1346 North Carey St.
5. *Full Name of Mother,*	Emma L. Ledoyne
6. *Mother's Maiden Name,*	" " Klinker
7. *Mother's Birthplace,*	Baltimore,
8. *Full Name of Father,*	Daniel A. Ledoyne
9. *Father's Occupation,*	~~Machinist~~ Cigar maker
10. *Father's Birthplace,*	Norfolk. Va.
Name of Medical Attendant, or other person who makes this Return.	E. C. Shower, M. D.
Address,	No. 8 Penna. Ave. Ext.
Remarks,	

8 9 1 0 0 0 0 2 3 3

BALTIMORE MD.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 27805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, January 27 1911
4. Place of Birth, (Street and Number) Union Memorial Hos
5. Full Name of Mother, Effie L Miller
6. Mother's Maiden Name, Effie L Moore
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry J Miller
9. Father's Occupation, Electrician
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

6 9 1 0 0 0 0 2 3 4

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 77516.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 M.
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* January 21st 1901
5. *Place of Birth, (Street and Number)* 2-22 North St.
6. *Full Name of Mother,* Mary Schuman
7. *Mother's Maiden Name,* Mary Smith Keller
8. *Mother's Birthplace,* Germany
9. *Full Name of Father,* Christ Schuman
10. *Father's Occupation.* Laborer
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 1 0 0 0 0 2 3 5

(1891) ...ge, color, the full name and occupation of the parents, the date and place of birth; and the said actuate shall be delivered, duly ... Registrar of Vitals ... In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the said Registrar of Vitals, in accordance with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY REGISTRAR'S OFFICE

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 1891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 21. 1891
4. Place of Birth, (Street and Number) Cuba St No 1617.
5. Full Name of Mother, Annie Ettel
6. Mother's Maiden Name, Annie Pringer
7. Mother's Birthplace, Balt
8. Full Name of Father, Joseph H Ettel
9. Father's Occupation, Dairyman
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return. Wm Ettel

Address, No 1617. Cuba St

Remarks,

1 8 9 1 0 0 0 0 2 3 6

HEALTH DEPARTMENT BALTIMORE MAR 2 1891

Any person who shall fail to file a true and correct certificate, as ascertaining the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 7/805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. Child
1. *Sex, (State whether male or female)*	White Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Jan 22 1931
4. *Place of Birth, (Street and Number)*	700 Columbia
5. *Full Name of Mother,*	Virginia Lee Edwards
6. *Mother's Maiden Name,*	" Lee
7. *Mother's Birthplace,*	Balto, Md.
8. *Full Name of Father,*	James Edwin Lee Sr.
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Balto, Md.
Name of Medical Attendant, or other person who makes this Return.	Dr. Virgil Hall
Address,	917 Columbia Ave.
Remarks,	

1891000000237

JAN 7 1931

shall give a certificate setting forth the full name of each child, it may shall have been conferred, the sex, color, the name and residence of its parents, the date and place of birth, and the name and residence of the physician, midwife or other person who was present at the birth, which certificate shall be duly signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, such midwife shall make and sign such certificate. It shall be the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

THE J. D. ENSOR & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 7809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 27 1891 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 22nd 1891
4. Place of Birth, (Street and Number) 1357 Hull st.
5. Full Name of Mother, Virginia Kennedy
6. Mother's Maiden Name, Veronica Welsh
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. H. Kennedy
9. Father's Occupation, Furnace builder
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Dr. Mrs. Ethel

Address, Cuba St 1619

Remarks,

1 8 9 1 0 0 0 0 2 3 8

Every person, or agent of any corporation, who shall neglect or refuse to make the return required by this act, or who shall make a false return, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than ten dollars nor more than one hundred dollars for each offense. If any child born in the city of Baltimore shall die without having been christened, the return of death shall be signed by the physician or midwife in attendance, if there be one, and if there be none, by the undertaker who shall be employed to bury the body, and the said return shall be made in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the father, if living, and if not, the mother, shall within the period above required, and in the manner and within the time above specified, report the birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 77810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 22 1891 BALTIMORE MD

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* January 24 1891
5. *Place of Birth, (Street and Number)* Baltimore Bartlett do 19
6. *Full Name of Mother,* Kate Agnis McHugh
7. *Mother's Maiden Name,* Kate Agnis Coffey
8. *Mother's Birthplace,* Ireland
9. *Full Name of Father,* John McHugh
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Worden

Address, 936 Greenmount Ave

Remarks,

8 9 1 0 1 0 0 2 3 9

been conferred) its sex, color, the day signed by the practitioner in the form of a certificate between the 1st and the 5th day of each month, to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately upon the birth of any child, and the death occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth, as required by this section, and the person who shall hereafter fail to give such information shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other penalties are recoverable.

SEC. 4. [illegible] OR MIDWIFE [illegible] PENALTIES [illegible]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 27811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 25th
4. Place of Birth, (Street and Number) 707 Ramsay St
5. Full Name of Mother, Rosa Tripp
6. Mother's Maiden Name, Rosa Weber
7. Mother's Birthplace, Germany
8. Full Name of Father, Eberhardt Tripp
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wellington Hefley

Address, 6 & 1 So Paca St

Remarks,

+ 6 9 1 0 0 0 0 2 4 0

BALTIMORE CITY HEALTH DEPARTMENT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been conferred; its sex, color, the full name and residence of its parents, the date and place of birth of the child; and the said certificate shall be delivered, duly signed by the physician or practitioner of midwifery, or in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, then by the person in charge or in attendance upon the mother. Immediately after the registration of a birth the person registering shall issue a certificate of such registration, which shall be prima facie evidence in any court of the facts therein stated. Any person who shall refuse or neglect to report the birth of any child within the period above required, shall be subject to the fine of ten (10) dollars for each offense, and the penalties of this section shall be subject to the fine of ten (10) dollars for each offense, and the penalties of this section shall be subject to the fine of ten (10) dollars for each offense, and the penalties of this section shall be subject to the fine of ten (10) dollars for each offense, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH 27817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 20th
4. Place of Birth, (Street and Number) 918 Ridgely St
5. Full Name of Mother, Lena C. Lindauer
6. Mother's Maiden Name, Lena C. Gemerman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry B. Lindauer
9. Father's Occupation, Piano maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Hollyoake MD

Address, 644 Lafayette

Remarks,

8910000241

JAN 29 1891 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 27813.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 25 1891
4. Place of Birth, (Street and Number) Nineteen St No. 1531.
5. Full Name of Mother, Mary Ellenbrook
6. Mother's Maiden Name, Mary Kandel
7. Mother's Birthplace, Balt
8. Full Name of Father, Joseph Ellenbrook
9. Father's Occupation, Barkeeper
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Mrs. Ettel

Address, No. 619 Cuba St

Remarks,

+ 8 9 1 0 0 0 0 2 4 2

HEALTH DEPARTMENT BALTIMORE MD JAN 27 1891

Section 1. [illegible] as is the same can be ascertained, the name of each child, to any still-birth after the twenty-eighth week of pregnancy, the sex of such child, whether it has been considered living or still-born, the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly verified by the oath or affirmation of the informant, to the officer or agent third day of each month the attendance of a physician or practitioner at the birth of any child, and if such physician or practitioner fail to report as aforesaid, or if the midwife or other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Registrar of Vital Statistics, as in this section provided, such midwife or any such person who shall hereafter fail to comply with the provisions of this section shall be liable and subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 37814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. BALTIMORE. JAN 30 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
Sex, (state whether male or female)	Girl.
Race or Color, (if not of the white race)	White
Date of Birth,	26th of January 1891.
Place of Birth, (Street and Number)	211 North Chester St.
Full Name of Mother,	Lizzie Mills
Mother's Maiden Name,	Lizzie Lampenburg
Mother's Birthplace,	Baltimore
Full Name of Father,	Mallie M. K Mills
Father's Occupation,	Oyster packer
Father's Birthplace,	Tolchester county B. Md.
Name of Medical Attendant, or other person who makes this Return.	Crescintia Junkel
Address,	219 North Chapel St. per Justina Junkel
Remarks,	Healthy.

8 9 1 0 0 0 0 2 4 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or shall be left at the nearest office with the undersigned, or with some person in charge thereof, and a receipt taken therefor; and in case there be no attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, the manner and form of rendering the above required, and any such person or persons who shall hereafter neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered before any justice of the peace, for which fines are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Ella Grace Ford

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	27 January 1891.
4. Place of Birth (Street and Number)	244 Druid Hill Avenue Extended
5. Full Name of Mother	Harriet A. Ford
6. Mother's Maiden Name	Lee
7. Mother's Birthplace	Baltimore City, Md.
8. Full Name of Father	Thomas W. Ford
9. Father's Occupation	Printer
10. Father's Birthplace	Baltimore County, Md.
Name of Medical Attendant, or other Person who makes this Return	A. B. Lyman, M. D.
Address	2100 St. Paul St. Baltimore, Md.
Remarks	9-21-53

HEALTH DEPARTMENT, BALTIMORE, MD. JAN 28 1891

GIVEN OVER AT BIRTH

891000024

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still living, full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

A 7816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Jany 27th 1891.
4. *Place of Birth (Street and Number),*	# 244 Carroll St.
5. *Full Name of Mother,*	Annie Jones
6. *Mother's Maiden Name,*	Sullivan
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Horace E. Jones
9. *Father's Occupation,*	Boss Weaver
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	D. L. Williams M.D.
Address,	Woodberry Balt.
Remarks,	

JAN 28 1891 BALTIMORE MD.

1 8 9 1 0 0 0 2 4 5

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A. 27817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, 1-1-91

4. Place of Birth, (Street and Number) 141 Lemmon Ave

5. Full Name of Mother, Mary Johnson

6. Mother's Maiden Name, Mary Rodgers

7. Mother's Birthplace, Harford Co.

8. Full Name of Father, G. Johnson

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return. Louis F. Frey M.D.

Address, 118 Druid Hill Ave. City

Remarks, G. B. C. Co.

8 9 1 0 0 0 0 2 4 6

FEB 2 1891 BALTIMORE MD

Sec. 3. It shall be the duty of the physician, midwife, or other person in attendance upon the birth of any child, to make a return thereof to the Commissioner of Health, in the form and manner prescribed by him, within ten days after the birth shall occur, and every month to the office of the Commissioner of Health, or of the Registrar of Vital Statistics, or should no other person be in attendance upon the birth, it shall become the duty of the person or parents in whose house or premises the birth shall occur without the attendance of a physician or midwife, within ten days after the birth shall occur, to make a return thereof to the Commissioner of Health, in the manner and form prescribed by him. The return of every birth shall state the place of birth, the date, and the full name and occupation of its parents, the date and place of birth, and the sex and color of the child, and whether it be the first, second, third or other child born of the mother, and whether the birth was single, twin, triplet or other plural birth, and whether the child was born alive or dead, and if dead, whether stillborn or not, and the cause of death. In case the birth of any child shall not be reported within ten days after the birth, the midwife, physician or other person required by this section to report the same shall be subject to a penalty of five dollars for each day's neglect, and the parents or other persons who shall neglect to report the birth of any child born of their body shall be subject to the fine of ten dollars for each day's neglect, and the several fines and forfeitures are recoverable.

J. D. MILLETT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 27818.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 head
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) Colored Child
3. Date of Birth, 1 of Janvey 1891
4. Place of Birth, (Street and Number) No 916 harmony lane
5. Full Name of Mother, Mary Bailey
6. Mother's Maiden Name, Mary hunt Lewis
7. Mother's Birthplace, Baltimore MD.
8. Full Name of Father, W. S. Bailey
9. Father's Occupation, labour
10. Father's Birthplace, Easton Shore MD.

Name of Medical Attendant, or other Person who makes this Return. Mid Wif

Address, hairett hutchins

Remarks, No 945 harmony lane

1891 00002 17

BALTIMORE MD. JAN 3 1891

ascertained the full name of each child (if any shall have been conferred), the date and place of birth, and the said schedule shall be delivered to the Commissioner of Births, in the form of a permits, the same to be filled up with the name of the child, the date and place of birth, the name, residence and occupation of the parents, and the name and residence of the physician or person in attendance upon the birth of any child shall occur without the city thereafter it shall become the duty of the person to be in attendance upon the mother of such child to report its birth to the Commissioner of Births, in the manner and within the time above specified, and to furnish the information required by this section, and the person who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 7819.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1 of January 1895
4. *Place of Birth, (Street and Number)* Andre Street Locust Point
5. *Full Name of Mother,* Rose Edith Lavine
6. *Mother's Maiden Name,* Rose Edith Holden
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles R Lavine
9. *Father's Occupation,* Breackesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Lina Leary

Address, 1704 Fort Ave Locust Point

Remarks,

18910000248

HEALTH BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been (or be) delivered with the assistance of a physician or practitioner, the date and place of birth, and name and residence of such physician or practitioner, shall be certified in the form of a certificate to be furnished by the Commissioner of Health, to the office of the Commissioner, by such physician or practitioner, within three days after the birth of any child as aforesaid, and every midwife who shall become the duty of the person or persons required, and shall not have been (or be) delivered with the assistance of a physician or practitioner, shall within three days after the birth of any child as aforesaid, make a return of the same to the office of the Commissioner of Health, in the manner and with the information required, and any such person or midwife who shall neglect or refuse to comply with the requirements of this section shall be subject (at the time of ten) to a penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 7886.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Jan 1 1891
5. *Place of Birth, (Street and Number)* 139 E. Cross St
6. *Full Name of Mother,* Mrs Hanley
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Dr Botcher & Howell

Address, Fem Clinic in Hospital 622 W. Lombard St

Remarks,

89 10000249

BALTIMORE, MD.

...son who shall be in charge of any case requiring the services of a midwife, or any person who shall assume charge of any case of birth, shall, within ten days after the birth of any child, make a return thereof to the office of the Commissioner of Health, in accordance with the provisions of this article, and any such person who shall hereafter fail to report...child to report its birth to the Commissioner of Health, in accordance with the provisions of this article, shall be subject to the fine of ten (10) dollars for each offense, to be recoverable...

...MEW & G. BALNEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 79821.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 1st 1891
4. *Place of Birth, (Street and Number)* 509 E. Madison St
5. *Full Name of Mother.* Mary E Finagin
6. *Mother's Maiden Name,* " " Hartland
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* James Paul Finagin
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. Lewis J Bretnd

Address, 314 N Eutaw St

Remarks,

1891 00000250

HEALTH DEPARTMENT RECEIVED

Every physician or midwife in attendance upon any case of birth shall report the full name of each child (if any shall have been conferred), its sex, color, the full name and residence of its parents, the date and place of birth, and the said schedule shall be delivered at the Office of the Commissioner of Health. In case the certificate between the first and third day of each and every month, on blanks to be furnished by the Commissioner of Health, in the manner and with the information required by him. Any physician or midwife who shall neglect or refuse to report as aforesaid the birth of any child shall, upon conviction thereof, before any court of competent jurisdiction, be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-21-55

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith Estella ~~Pistel~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	1st January - 1891
4. Place of Birth, (Street and Number)	639 W. Pratt st.
5. Full Name of Mother,	Emma Pistel.
6. Mother's Maiden Name,	Emma Boecker
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Albert Pistel.
9. Father's Occupation,	Coach Painter
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	
Address,	Mrs C. Seibert 735 W. Pratt St
Remarks,	

BALTIMORE CITY 1891

1891 | 0 | 0 | 0 | 0 | 2 | 5 | 1

Every child born within the City of Baltimore shall be registered, and the date and place of birth, and the name, sex, color, full name and occupation of the parents, the number of births, and the number of children of the mother living, shall be entered in the Register of Births, and certificates of births shall be issued therefrom, as provided by ordinance. It shall be the duty of the physician in attendance upon the mother, or in the absence of such physician, the midwife, or other person in attendance, or the father of the child, or householder, to report the birth of any child not already registered, within ten days after such birth occurs, and for every month's neglect thereafter, and shall be liable to a penalty of ten dollars for each offense. If the mother be unmarried, the name of the father shall not be entered on the certificate of birth, nor shall any information be given concerning the paternity of such child, except upon the written request of the mother, or by direction of a court of competent jurisdiction. If any child shall die without the attendance of a physician, it shall become the duty of the person or parents of such child to report the circumstances of the death to the Commissioner of Health, in the manner and within the time required by ordinance, and no burial permit shall be issued until such report is made, or the reason for not making it is satisfactorily explained. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th girl

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 1 January

4. Place of Birth, (Street and Number) 1414 Bond st.

5. Full Name of Mother, Lizzie Bouchea

6. Mother's Maiden Name, Bouchea

7. Mother's Birthplace, Balt. md

8. Full Name of Father, William E Bouchea

9. Father's Occupation,

10. Father's Birthplace, Balt md

Name of Medical Attendant, or other person who makes this Return. Anna Wilson

Address, 928 E. Lombard

Remarks,

1 8 9 1 0 0 0 0 2 5 2

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children to which the mother has given birth, including the present one, first and last and also the number of children of the mother living at the present time. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents of such child shall report the same to the Commissioner of Health, within the time above specified, and in case any such report is required of any person other than the parent or parents of such child, such person shall be entitled to receive from the parent or parents of such child the sum of twenty-five cents for each report so made. Any midwife or other person who shall attend upon the mother of any child, and any physician who shall attend upon the mother of any child, or be present at the birth of any child, shall report the same to the Commissioner of Health, in the manner and within the time above specified, and shall comply with all the requirements of this section. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs, before any court of competent jurisdiction.

1891. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X
2. Sex, (state whether male or female) Girl
3. Race or Color, (if not of the white race) Mulatto
4. Date of Birth, 2 January
5. Place of Birth, (Street and Number) S. Regis's Sq. 210
6. Full Name of Mother, Hedwig Lackey
7. Mother's Maiden Name, Herbert
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Geo. Herbert
10. Father's Occupation, Carpenter
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Fickler

Address, 135 E. Hastings Ave. Md

Remarks,

1 8 9 1 0 0 0 0 2 5 3

Sec. 2. That the Registrar of Vital Statistics shall furnish to each physician or midwife practicing in Baltimore City, a sufficient number of blank forms of certificate between the first and fifteenth days of each month, and shall require a return of every birth which shall occur within the city, to be made to his office within ten days after the birth, and if the birth occur without the attendance of a physician or midwife, then the parents or other person having charge of the child shall be required to report the birth within ten days after the birth. And the Registrar shall furnish blank forms of certificate to such parents or other persons, and require a return of the particulars required to be registered by this section. Any midwife or physician who shall neglect or refuse to report and return as required by this section any birth at which he shall have been present or in attendance, shall forfeit and pay for every such neglect or refusal the sum of five dollars, to be recovered as other fines and penalties are recoverable.

Sec. 3. That it shall be the duty of the Registrar of Vital Statistics to furnish to each undertaker in Baltimore City, a sufficient number of blank forms of certificate between the first and fifteenth days of each month, and shall require a return of every death which shall occur within the city, to be made to his office within ten days after the death, and if the death occur without the attendance of a physician or midwife, then the undertaker who shall bury or otherwise dispose of the body of the deceased person shall be required to report the death within ten days after the death. And the Registrar shall furnish blank forms of certificate to such undertakers, and require a return of the particulars required to be registered by this section. Any undertaker who shall neglect or refuse to report and return as required by this section any death which shall have occurred, or the burial or other disposition of the body of which he shall have charge or superintendence, shall forfeit and pay for every such neglect or refusal the sum of five dollars, to be recovered as other fines and penalties are recoverable.

Sec. 4. That it shall be the duty of the Registrar of Vital Statistics to furnish to each sexton or other person having charge of any burial ground in Baltimore City, a sufficient number of blank forms of certificate between the first and fifteenth days of each month, and shall require a return of every burial which shall occur within the city, to be made to his office within ten days after the burial, and if the burial occur without the attendance of a physician or undertaker, then the sexton or other person having charge of the burial ground shall be required to report the burial within ten days after the burial. And the Registrar shall furnish blank forms of certificate to such sextons or other persons, and require a return of the particulars required to be registered by this section. Any sexton or other person who shall neglect or refuse to report and return as required by this section any burial which shall have occurred in the burial ground of which he shall have charge or superintendence, shall forfeit and pay for every such neglect or refusal the sum of five dollars, to be recovered as other fines and penalties are recoverable.

Sec. 5. That it shall be the duty of the Registrar of Vital Statistics to furnish to each physician or midwife practicing in Baltimore City, a sufficient number of blank forms of certificate between the first and fifteenth days of each month, and shall require a return of every birth which shall occur within the city, to be made to his office within ten days after the birth, and if the birth occur without the attendance of a physician or midwife, then the parents or other person having charge of the child shall be required to report the birth within ten days after the birth. And the Registrar shall furnish blank forms of certificate to such parents or other persons, and require a return of the particulars required to be registered by this section. Any midwife or physician who shall neglect or refuse to report and return as required by this section any birth at which he shall have been present or in attendance, shall forfeit and pay for every such neglect or refusal the sum of five dollars, to be recovered as other fines and penalties are recoverable.

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Sec. 7. That it shall be the duty of the Registrar of Vital Statistics to furnish to each sexton or other person having charge of any burial ground in Baltimore City, a sufficient number of blank forms of certificate between the first and fifteenth days of each month, and shall require a return of every burial which shall occur within the city, to be made to his office within ten days after the burial, and if the burial occur without the attendance of a physician or undertaker, then the sexton or other person having charge of the burial ground shall be required to report the burial within ten days after the burial. And the Registrar shall furnish blank forms of certificate to such sextons or other persons, and require a return of the particulars required to be registered by this section. Any sexton or other person who shall neglect or refuse to report and return as required by this section any burial which shall have occurred in the burial ground of which he shall have charge or superintendence, shall forfeit and pay for every such neglect or refusal the sum of five dollars, to be recovered as other fines and penalties are recoverable.

Sec. 8. That it shall be the duty of the Registrar of Vital Statistics to furnish to each physician or midwife practicing in Baltimore City, a sufficient number of blank forms of certificate between the first and fifteenth days of each month, and shall require a return of every birth which shall occur within the city, to be made to his office within ten days after the birth, and if the birth occur without the attendance of a physician or midwife, then the parents or other person having charge of the child shall be required to report the birth within ten days after the birth. And the Registrar shall furnish blank forms of certificate to such parents or other persons, and require a return of the particulars required to be registered by this section. Any midwife or physician who shall neglect or refuse to report and return as required by this section any birth at which he shall have been present or in attendance, shall forfeit and pay for every such neglect or refusal the sum of five dollars, to be recovered as other fines and penalties are recoverable.

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Sec. 10. That it shall be the duty of the Registrar of Vital Statistics to furnish to each sexton or other person having charge of any burial ground in Baltimore City, a sufficient number of blank forms of certificate between the first and fifteenth days of each month, and shall require a return of every burial which shall occur within the city, to be made to his office within ten days after the burial, and if the burial occur without the attendance of a physician or undertaker, then the sexton or other person having charge of the burial ground shall be required to report the burial within ten days after the burial. And the Registrar shall furnish blank forms of certificate to such sextons or other persons, and require a return of the particulars required to be registered by this section. Any sexton or other person who shall neglect or refuse to report and return as required by this section any burial which shall have occurred in the burial ground of which he shall have charge or superintendence, shall forfeit and pay for every such neglect or refusal the sum of five dollars, to be recovered as other fines and penalties are recoverable.

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Sec. 12. That it shall be the duty of the Registrar of Vital Statistics to furnish to each undertaker in Baltimore City, a sufficient number of blank forms of certificate between the first and fifteenth days of each month, and shall require a return of every death which shall occur within the city, to be made to his office within ten days after the death, and if the death occur without the attendance of a physician or midwife, then the undertaker who shall bury or otherwise dispose of the body of the deceased person shall be required to report the death within ten days after the death. And the Registrar shall furnish blank forms of certificate to such undertakers, and require a return of the particulars required to be registered by this section. Any undertaker who shall neglect or refuse to report and return as required by this section any death which shall have occurred, or the burial or other disposition of the body of which he shall have charge or superintendence, shall forfeit and pay for every such neglect or refusal the sum of five dollars, to be recovered as other fines and penalties are recoverable.

Sec. 13. That it shall be the duty of the Registrar of Vital Statistics to furnish to each sexton or other person having charge of any burial ground in Baltimore City, a sufficient number of blank forms of certificate between the first and fifteenth days of each month, and shall require a return of every burial which shall occur within the city, to be made to his office within ten days after the burial, and if the burial occur without the attendance of a physician or undertaker, then the sexton or other person having charge of the burial ground shall be required to report the burial within ten days after the burial. And the Registrar shall furnish blank forms of certificate to such sextons or other persons, and require a return of the particulars required to be registered by this section. Any sexton or other person who shall neglect or refuse to report and return as required by this section any burial which shall have occurred in the burial ground of which he shall have charge or superintendence, shall forfeit and pay for every such neglect or refusal the sum of five dollars, to be recovered as other fines and penalties are recoverable.

Sec. 14. That it shall be the duty of the Registrar of Vital Statistics to furnish to each physician or midwife practicing in Baltimore City, a sufficient number of blank forms of certificate between the first and fifteenth days of each month, and shall require a return of every birth which shall occur within the city, to be made to his office within ten days after the birth, and if the birth occur without the attendance of a physician or midwife, then the parents or other person having charge of the child shall be required to report the birth within ten days after the birth. And the Registrar shall furnish blank forms of certificate to such parents or other persons, and require a return of the particulars required to be registered by this section. Any midwife or physician who shall neglect or refuse to report and return as required by this section any birth at which he shall have been present or in attendance, shall forfeit and pay for every such neglect or refusal the sum of five dollars, to be recovered as other fines and penalties are recoverable.

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Sec. 17. That it shall be the duty of the Registrar of Vital Statistics to furnish to each physician or midwife practicing in Baltimore City, a sufficient number of blank forms of certificate between the first and fifteenth days of each month, and shall require a return of every birth which shall occur within the city, to be made to his office within ten days after the birth, and if the birth occur without the attendance of a physician or midwife, then the parents or other person having charge of the child shall be required to report the birth within ten days after the birth. And the Registrar shall furnish blank forms of certificate to such parents or other persons, and require a return of the particulars required to be registered by this section. Any midwife or physician who shall neglect or refuse to report and return as required by this section any birth at which he shall have been present or in attendance, shall forfeit and pay for every such neglect or refusal the sum of five dollars, to be recovered as other fines and penalties are recoverable.

Sec. 18. That it shall be the duty of the Registrar of Vital Statistics to furnish to each undertaker in Baltimore City, a sufficient number of blank forms of certificate between the first and fifteenth days of each month, and shall require a return of every death which shall occur within the city, to be made to his office within ten days after the death, and if the death occur without the attendance of a physician or midwife, then the undertaker who shall bury or otherwise dispose of the body of the deceased person shall be required to report the death within ten days after the death. And the Registrar shall furnish blank forms of certificate to such undertakers, and require a return of the particulars required to be registered by this section. Any undertaker who shall neglect or refuse to report and return as required by this section any death which shall have occurred, or the burial or other disposition of the body of which he shall have charge or superintendence, shall forfeit and pay for every such neglect or refusal the sum of five dollars, to be recovered as other fines and penalties are recoverable.

Sec. 19. That it shall be the duty of the Registrar of Vital Statistics to furnish to each sexton or other person having charge of any burial ground in Baltimore City, a sufficient number of blank forms of certificate between the first and fifteenth days of each month, and shall require a return of every burial which shall occur within the city, to be made to his office within ten days after the burial, and if the burial occur without the attendance of a physician or undertaker, then the sexton or other person having charge of the burial ground shall be required to report the burial within ten days after the burial. And the Registrar shall furnish blank forms of certificate to such sextons or other persons, and require a return of the particulars required to be registered by this section. Any sexton or other person who shall neglect or refuse to report and return as required by this section any burial which shall have occurred in the burial ground of which he shall have charge or superintendence, shall forfeit and pay for every such neglect or refusal the sum of five dollars, to be recovered as other fines and penalties are recoverable.

Sec. 20. That it shall be the duty of the Registrar of Vital Statistics to furnish to each physician or midwife practicing in Baltimore City, a sufficient number of blank forms of certificate between the first and fifteenth days of each month, and shall require a return of every birth which shall occur within the city, to be made to his office within ten days after the birth, and if the birth occur without the attendance of a physician or midwife, then the parents or other person having charge of the child shall be required to report the birth within ten days after the birth. And the Registrar shall furnish blank forms of certificate to such parents or other persons, and require a return of the particulars required to be registered by this section. Any midwife or physician who shall neglect or refuse to report and return as required by this section any birth at which he shall have been present or in attendance, shall forfeit and pay for every such neglect or refusal the sum of five dollars, to be recovered as other fines and penalties are recoverable.

Sec. 21. That it shall be the duty of the Registrar of Vital Statistics to furnish to each undertaker in Baltimore City, a sufficient number of blank forms of certificate between the first and fifteenth days of each month, and shall require a return of every death which shall occur within the city, to be made to his office within ten days after the death, and if the death occur without the attendance of a physician or midwife, then the undertaker who shall bury or otherwise dispose of the body of the deceased person shall be required to report the death within ten days after the death. And the Registrar shall furnish blank forms of certificate to such undertakers, and require a return of the particulars required to be registered by this section. Any undertaker who shall neglect or refuse to report and return as required by this section any death which shall have occurred, or the burial or other disposition of the body of which he shall have charge or superintendence, shall forfeit and pay for every such neglect or refusal the sum of five dollars, to be recovered as other fines and penalties are recoverable.

Sec. 22. That it shall be the duty of the Registrar of Vital Statistics to furnish to each sexton or other person having charge of any burial ground in Baltimore City, a sufficient number of blank forms of certificate between the first and fifteenth days of each month, and shall require a return of every burial which shall occur within the city, to be made to his office within ten days after the burial, and if the burial occur without the attendance of a physician or undertaker, then the sexton or other person having charge of the burial ground shall be required to report the burial within ten days after the burial. And the Registrar shall furnish blank forms of certificate to such sextons or other persons, and require a return of the particulars required to be registered by this section. Any sexton or other person who shall neglect or refuse to report and return as required by this section any burial which shall have occurred in the burial ground of which he shall have charge or superintendence, shall forfeit and pay for every such neglect or refusal the sum of five dollars, to be recovered as other fines and penalties are recoverable.

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Sec. 24. That it shall be the duty of the Registrar of Vital Statistics to furnish to each undertaker in Baltimore City, a sufficient number of blank forms of certificate between the first and fifteenth days of each month, and shall require a return of every death which shall occur within the city, to be made to his office within ten days after the death, and if the death occur without the attendance of a physician or midwife, then the undertaker who shall bury or otherwise dispose of the body of the deceased person shall be required to report the death within ten days after the death. And the Registrar shall furnish blank forms of certificate to such undertakers, and require a return of the particulars required to be registered by this section. Any undertaker who shall neglect or refuse to report and return as required by this section any death which shall have occurred, or the burial or other disposition of the body of which he shall have charge or superintendence, shall forfeit and pay for every such neglect or refusal the sum of five dollars, to be recovered as other fines and penalties are recoverable.

Sec. 25. That it shall be the duty of the Registrar of Vital Statistics to furnish to each sexton or other person having charge of any burial ground in Baltimore City, a sufficient number of blank forms of certificate between the first and fifteenth days of each month, and shall require a return of every burial which shall occur within the city, to be made to his office within ten days after the burial, and if the burial occur without the attendance of a physician or undertaker, then the sexton or other person having charge of the burial ground shall be required to report the burial within ten days after the burial. And the Registrar shall furnish blank forms of certificate to such sextons or other persons, and require a return of the particulars required to be registered by this section. Any sexton or other person who shall neglect or refuse to report and return as required by this section any burial which shall have occurred in the burial ground of which he shall have charge or superintendence, shall forfeit and pay for every such neglect or refusal the sum of five dollars, to be recovered as other fines and penalties are recoverable.

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RETURN OF A BIRTH. 1785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 3 1891

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Girl
3. Race or Color, (if not of the white race) white
4. Date of Birth, 2d January 1891
5. Place of Birth, (Street and Number) 2510 Lanvale St
6. Full Name of Mother, Annie Potzger
7. Mother's Maiden Name, " Vietzel
8. Mother's Birthplace, Balto
9. Full Name of Father, John Vietzel
10. Father's Occupation, workman
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Wm Richter

Address, 1115 Washington Ave

Remarks,

8 9 1 0 0 0 0 2 5 4

Required by law to be made in duplicate, by the attending physician, midwife, or other person in charge, within five days after the birth occurs, and before the child is buried or removed from the house in which it was born. Duplicate blanks will be furnished by the Registrar of Vital Statistics, Board of Health, Baltimore City, upon application. Each blank must be filled out in full, and the full name and occupation of its parents, the date and place of birth, and the color of the child must be stated. The full name and occupation of the parents must be given, if known, and the certificate must be delivered, duly signed by the practitioner in the form of declaration, on the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, such mother shall herself make the required return, and in case of her inability to do so, then the person who shall have given the first information of such birth to the Commissioner of Health, as required by section 4 of this section shall be subject to the penalties imposed by this section. Any person or persons who shall hereafter fail to make the required returns of births, as required by this section, shall be subject to the fine of ten (10) dollars for each offense. Penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 7826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 2 Jan.
4. Place of Birth, (Street and Number) 1122 Thompson St
5. Full Name of Mother, Mary Miller
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Balto.
8. Full Name of Father, Albert Miller
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs R. Illig

Address, 302 Holland St.

Remarks,

1891 0000255

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 3 1891 BALTIMORE MD. HEALTH DEPT.

0. Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-th
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	January 2d
4. Place of Birth, (Street and Number)	568 Orford st
5. Full Name of Mother,	Rosa Anna Payne
6. Mother's Maiden Name,	Chaddock
7. Mother's Birthplace,	Duplin county
8. Full Name of Father,	Clinton Payne
9. Father's Occupation,	Stone mason
10. Father's Birthplace,	Brooklyn N.Y
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	1704 Eden
Remarks,	

6 9 1 0 0 0 0 2 5 6

WM. J. C. DULANY & CO., CITY-PRINTERS AND STATIONERS

RETURN OF A BIRTH A 27878.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January second (2nd) 11 30 P.M
4. Place of Birth, (Street and Number) 631 Light Sto
5. Full Name of Mother, Carolina Henriette Schreiber Sonneborn
6. Mother's Maiden Name,
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Joseph Schreiber
9. Father's Occupation, Mechanical & Hydraulic Engineer
10. Father's Birthplace, Falkenstein, Bavaria, Germany

Name of Medical Attendant, or other person who makes this Return. Mary A Sawyer

Address, 71 Cross St.

Remarks,

8 9 1 0 0 0 0 2 5 7

...shall set forth as far as the same can be ascertained the full name of each child. If any child born alive be not reported within the time specified, the date and place when the first and occupation of its parents, the date and place when the first and ...ascertained) its sex, color, the full name and occupation of its parents, the date and place when the first and ...considered) its sex, color, the full name and occupation of its parents, the date and place when the first and ...In case the birth of any child ...shall be delivered with the certificate of death. In case the birth of any child ...said schedule shall be delivered with the certificate of death. In case the birth of any child ...to the office of the Commissioner of Health, in the manner and with the particulars ...shall become the duty of the person ...required, and ...third day of each month, to the office of the Commissioner of Health, in the manner and with the particulars of this section shall be sub- ...shall make ...attendance of a physician or midwife, it shall become the duty of the person ...required, and ...shall make report to the office of the Commissioner of Health, in the manner and with the particulars of this section shall be sub- ...place upon the mother, immediately after the birth of such child, a bracelet with a number corresponding with the number of the ...child to report its birth to the Commissioner of Health, in the manner and with the particulars of this section shall be sub- ...any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 27879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 2nd 1891
4. Place of Birth, (Street and Number) Carroll St Woodberry Md
5. Full Name of Mother, Fannie Barnes
6. Mother's Maiden Name, " Klausman
7. Mother's Birthplace, Carroll Co Md
8. Full Name of Father, George Barnes
9. Father's Occupation, Farmer
10. Father's Birthplace, Carroll Co Md

Name of Medical Attendant, or other person who makes this Return. D W Smith MD

Address, 206 third ave Woodberry Md

Remarks,

18910000258

HEALTH DEPT. JAN 31 1891 BALTIMORE MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 778 30

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd of Januar 1891
4. *Place of Birth, (Street and Number)* 1534 Egle st.
5. *Full Name of Mother,* Mathilda Jung
6. *Mother's Maiden Name,* Mathilda Miller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Jung
9. *Father's Occupation.* Black schmidt
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Friedericke Reuler Midwife

Address, 1116 West Pratt St.

Remarks,

8910000259

Geo. J. C. Dulany & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* Col'd
4. *Date of Birth,* Jan. 2nd 1891
5. *Place of Birth, (Street and Number)* 535 N. Wynne Ave
6. *Full Name of Mother,* Annie Scott
7. *Mother's Maiden Name,* Annie Augustus
8. *Mother's Birthplace,* Baltimore Maryland
9. *Father's Name,* John Augustus
10. *Father's Occupation,* Brick Maker
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Annie Carson

Address, 846 Stockholm Street

Remarks, Child Well

1891 DEC 31 HEALTH DEPARTMENT BALTIMORE MD.

1 8 9 1 0 0 0 0 2 6 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the sex, color, date and place of birth, and the name, age, residence and occupation of its parents, the date and place of birth; and the said certificate shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and should no other person be in attendance upon the mother at the birth of such child, then the midwife or other person who shall occupy such position shall become the duty of the person or persons of such attendance upon the mother at the birth of such child to report the same within the period above required, and shall in every such case be subject to the same penalties and forfeitures as are by this section imposed upon any such person or persons who shall hereafter fail to comply with the provisions of this section, and subject to the fine of ten (10) dollars for each offence, to be recovered as other penalties and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 3 - 1891
4. Place of Birth, (Street and Number) 1625 Hillman St.
5. Full Name of Mother, Mary Smith
6. Mother's Maiden Name, Gross
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Orlando Lee Smith
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Klein

Address, 1427 E Pratt St.

Remarks,

8 9 1 0 0 0 0 2 6 1

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 78833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Jan 3rd 91
5. Place of Birth, (Street and Number) 121 S Eyson St
6. Full Name of Mother, Mrs Annie E Green
7. Mother's Maiden Name,
8. Mother's Birthplace,
9. Full Name of Father,
10. Father's Occupation,
11. Father's Birthplace,
12. Name of Medical Attendant, or other person who makes this Return. Dr Batchelor & Hamill
13. Address, Free Lying-in Hospital. 622 W. Baltimore St City
14. Remarks,

8 9 1 0 0 0 0 2 6 2

CITY REGISTRAR'S OFFICE BALTIMORE, MD.

RETURN OF A BIRTH. 7830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

hild of Mother, (state whether 1st, 2d, 3d, &c.) First

x, (state whether male or female) Female

Race or Color, (if not of the white race) Black

Date of Birth, Jan 3rd 91

of Birth, (Street and Number) 622 W. Lombard St

Name of Mother, Mary Barker

Mother's Maiden Name, Mary Barker

Mother's Birthplace, Maryland

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Dr. Lloyd Hamill

Address, 1532 Pennsylvania Ave 622 W Lombard St

Remarks,

...CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1st
2. Sex, (*state whether male or female*) Male
3. Race or Color, (*if not of the white race*) White
4. Date of Birth, Jan 3 11
5. Place of Birth, (*Street and Number*) 3 N Caroline St
6. Full Name of Mother, Sadie Mae C
7. Mother's Maiden Name, Sadie Mae [illegible]
8. Mother's Birthplace, Maryland
9. Father's Occupation, Longshoreman Houston
10. Father's Birthplace, Georgia

Name of Medical Attendant, or other person who makes this Return. Catherine Wyzack

Address, 800 S Central Ave

Remarks,

8 9 1 0 0 0 0 2 6 4

...shall be delivered, duly signed by the ... a certificate ... third day of each and every month to the office of ... shall occur ... out ... attendant ... Physician ... child ... report its birth to the Commissioner of Health ... any ... person who shall ... prescribed by this section shall be ... cel to the fine of ten (10) dollars for ... offense. ... Recovered as ... forfeiture ... are recoverable ...

...D, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A m 1 36.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) girl

1. Sex, (state whether male or female) 6
2. Race or Color, (if not of the white race)
3. Date of Birth, 3 January
4. Place of Birth, (Street and Number) 1617 Lombard St
5. Full Name of Mother, Margarete Weibel
6. Mother's Maiden Name, [illegible] Lips
7. Mother's Birthplace, Rheinbischhaell Bavaria
8. Full Name of Father, Leo Weigel
9. Father's Occupation, tailor
10. Father's Birthplace, Thumpachbischhausen Bavaria

Name of Medical Attendant, or other person who makes this Return. Geo. Weber

Address, 928 Cath. Ave.

Remarks,

8 9 1 0 0 0 0 2 6 5

(been referred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attending physician or midwife, within ten days after the birth; and the same certificate shall be delivered, duly signed by the practitioner or midwife in attendance, at the first visit after the birth of any child shall occur without the attendance of a practitioner or midwife, and every month to the office of the Commissioner of Health, or should no other person be in attendance, the same certificate shall be delivered, duly signed by the parent or parents of such child, within ten days after the birth; and the same certificate shall become necessary in the case of each birth which shall occur without the attendance of a practitioner or midwife, and shall be delivered immediately thereafter if such birth shall occur on the first day of the month, or else on the first day of the month next succeeding the day on which such birth shall occur. Any practitioner or midwife who shall neglect or refuse to report the birth to the Commissioner of Health, in the manner and within the time above specified, or any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 3 1891
4. Place of Birth, (Street and Number) 827 S. Paca
5. Full Name of Mother. Louisa Morris
6. Mother's Maiden Name. Miller
7. Mother's Birthplace, Balto
8. Full Name of Father, Lee C. Morris
9. Father's Occupation,
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Edward H. Condon M.D.

Address, 1126 W Fayette st

Remarks,

8 9 1 0 0 0 0 2 6 6

ascertained the full name of such child (if any shall have been ordered), its sex, color, the full name and occupation of its parents, the date and place of birth, and the residence at the time of the birth of such parents, and shall make a certificate between the first and third day of each and every month to the Office of the Commissioner of Health, the form of a birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person report its birth to the Commissioner of Health, it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the penalty of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henry Milton Gray 2d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Jan. 3d 1891
4. Place of Birth, (Street and Number)	764 Franklin St.
5. Full Name of Mother,	Hattie Blanche Gray
6. Mother's Maiden Name,	Brodrow
7. Mother's Birthplace,	Ohio
8. Full Name of Father,	Robt. H Gray
9. Father's Occupation,	Coffee Roaster
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return	H.W. Hebner M.D.
Address,	723 W. Lombard St.
Remarks,	Natural Labor,

8910000267

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

Race or Color, (if not of the white race) Colored

Date of Birth, January 4 1891

Place of Birth, (Street and Number) 416 Columbia Avenue

Full Name of Mother, Sarah Bruce

Mother's Maiden Name, Parker

7. Mother's Birthplace, Somerset Co Md

8. Full Name of Father, Jacob Bruce

9. Father's Occupation, Laborer

10. Father's Birthplace, St Mary's Co Md

Name of Medical Attendant, or other person who makes this Return, Dr Peter Williams

Address, 2 S Dugan Court

Remarks,

+ 8 9 1 0 0 0 0 2 6 8

BALTIMORE MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[illegible] month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 29840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 4th 1891
4. *Place of Birth, (Street and Number)* #165 Chestnut Ave.
5. *Full Name of Mother,* Annie J. Hanson
6. *Mother's Maiden Name,* Fairall
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* William H. Hanson
9. *Father's Occupation,* Weaver (Cotton Duck)
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, R. C. Norment M.D.

Address, 320 Falls Road

Remarks,

8910000269

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 4, 1891.
4. Place of Birth, (Street and Number) 302 Glen Edwards ave.
5. Full Name of Mother, Mary Lavinia Baker.
6. Mother's Maiden Name, Norwood.
7. Mother's Birthplace, Md.
8. Full Name of Father, William W. Baker.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8 9 1 0 0 0 0 2 7 0

BALTIMORE, MD.

been complied with, color, the full name and occupation of each parent, the date and place of birth, and the said certificate shall be delivered, duly signed by the attendant in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health, or should no other person be in attendance upon the birth, then the mother shall within the period above required sign and deliver such certificate as aforesaid. Any person who shall neglect or refuse to comply with the terms of this section shall be guilty of a misdemeanor and shall on conviction thereof be fined not less than five dollars nor more than fifty dollars for each and every such offence, and in case of a physician, midwife or nurse, shall forfeit his or her right to practice in any such person or persons who shall neglect or refuse to comply with the terms of this section shall be subject to the fine of ten (10) dollars for each and every such offence, and in case of a physician, midwife or nurse, shall forfeit his or her right to practice in any such person or persons who shall neglect or refuse to comply with the terms of this section shall be subject to the fine of ten (10) dollars for each and every such offence, other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE MD. FEB 5 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) C

3. Date of Birth, 4

4. Place of Birth, (Street and Number) 1116 Gooch Av.

5. Full Name of Mother, Lizzie Busch

6. Mother's Maiden Name, Gober

7. Mother's Birthplace, Balt Co Md

8. Full Name of Father, Joseph E Busch

9. Father's Occupation, Tayler

10. Father's Birthplace, Balt Co Md

Name of Medical Attendant, or other person who makes this Return. Anna Kobler

Address, 926 Cal Av.

Remarks,

6 9 1 0 0 0 0 2 7 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the services of a physician or midwife, then the father or mother or other person being in attendance upon the mother, immediately thereafter it shall become the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Ordinance, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

696. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. Appx 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Birth 4 January
4. *Place of Birth, (Street and Number)* Garfield St 1113
5. *Full Name of Mother,* Susie Schartz
6. *Mother's Maiden Name,* Schartz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ernest Schartz
9. *Father's Occupation,* Tailor Laundry
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Colleen Mary Lee

Address, 520 Leadenhall St

Remarks,

6 9 1 0 0 0 0 2 7 2

MEDICAL DEPT. BALTIMORE

Every person who shall be present at the birth of any child, or who shall be charged with the duty of giving information thereof, shall report to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of this section, the full name and occupation of its parents, the date and place of birth, and the sex, color, and such other particulars as may be required by the said rules and regulations, and shall deliver a certificate of birth, duly signed by the practitioner in attendance, or if there was no such practitioner, by the parent or parents of such child, or by the householder or manager of the premises where the birth occurred, which certificate shall be in the form prescribed by the Commissioner of Health. In the event of the birth occurring without the attendance of a practitioner of midwifery, or should no other person be in charge of the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of this section shall be subject to the fine of ten (10) dollars for each offense. The penalties herein provided for the violation of this section shall be in addition to any and all other penalties and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 7982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 4th 1891
4. Place of Birth, (Street and Number) Oliver Place Hampden Sta Md
5. Full Name of Mother, Mary Harper
6. Mother's Maiden Name, " Wilhelm
7. Mother's Birthplace, Md
8. Full Name of Father, Frank Harper
9. Father's Occupation, Lamplighter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Dr Smith M.D.

Address, 206 206 3rd ave Woodberry

Remarks,

89100000273

JAN 31 1891 BALTIMORE HEALTH DEPARTMENT

been conferred) its sex, color, the full name and occupation of its parents, the street and number (if any) where the birth occurred, and such other particulars as may be required by the Commissioner of Health. And every midwife or other person who shall have attended at the birth of any child shall, within the period last aforesaid, report the particulars required to be reported by the parents of such child, as to such birth, and in default of such report by the parents, or either of them, shall report the same to the Commissioner of Health. And every midwife or other person who shall have attended at the birth of any child shall, within the period last aforesaid, report the particulars required to be reported by the parents of such child, as to such birth, and in default of such report by the parents, or either of them, shall report the same to the Commissioner of Health. In case the birth of any child shall occur without the presence or attendance upon the mother, immediately after the birth, of any physician or midwife, it shall be the duty of such person to report the particulars required to be reported by the parents of such child, as to such birth, and in default of such report by the parents, or either of them, shall report the same to the Commissioner of Health. And every midwife or other person who shall have attended at the birth of any child shall, within the period last aforesaid, report the particulars required to be reported by the parents of such child to report its birth to the Commissioner of Health. And every midwife or other person who shall have attended at the birth of any child shall, within the period last aforesaid, report the particulars required to be reported by the parents of such child, as to such birth, and in default of such report by the parents, or either of them, shall report the same to the Commissioner of Health. And every midwife or other person who shall have attended at the birth of any child shall have any such person or persons who shall neglect or refuse to report as aforesaid, or who shall make any false report, shall be subject to the fine of ten (10) dollars for each offence. The penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 27845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Herman Badenhoop Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, January 16th 1891
4. Place of Birth, (Street and Number) 427 Calvin Avenue
5. Full Name of Mother, Laura Badenhoop
6. Mother's Maiden Name, Laura Biebesbach
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman Badenhoop
9. Father's Occupation, Gold Smith & Watchmaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. Wm. H. Neal

Address, Waverly, Baltimore Md.

Remarks.

1 8 9 1 0 0 0 0 2 7 4

FEB 2 1891

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 7878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White race

Date of Birth, 5 Day. January 1 o'clock A. M.

Place of Birth, (Street and Number) Baltimore City. Md. 1103 Ridgley St

Full Name of Mother, Elisabeth Feller.

Mother's Maiden Name, Elisabeth Graue

7. Mother's Birthplace, Baltimore City. Md.

8. Full Name of Father, Frank. C. Graue

9. Father's Occupation, Hostler and Driver

10. Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 711 Barre St.

Remarks,

1 8 9 1 0 C 0 0 2 7 5

BALTIMORE

RETURN OF A BIRTH. 27847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD. 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) Vincent aly No 1136

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, January 5

4. Place of Birth, (Street and Number) Vincent aly No 1136

5. Full Name of Mother, Ella Thomas

6. Mother's Maiden Name, Ella Fisher

7. Mother's Birthplace, Vincent aly

8. Full Name of Father, James Thomas

9. Father's Occupation, Waiter

10. Father's Birthplace, Baltimore

Name of Medical Attendent, or other person who makes this Return. Sarah Bowens

Address, 1610 [illegible] alley

Remarks,

8910000276

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 11-21-51

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elizabeth Margaret Schaub

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	6th January 1891
4. Place of Birth, (Street and Number)	1911 Ramsay St.
5. Full Name of Mother,	Elisabeth Schaub
6. Mother's Maiden Name,	Elisabeth Straus
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Lorenz Schaub
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Friederike Kessler Midwife
Address,	2116 West Pratt St
Remarks,	

8 9 1 0 0 0 0 2 7 7

BALTIMORE

GEO. J. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color. (if not of the white race)*	White
3. *Date of Birth,*	5th of January
4. *Place of Birth, (Street and Number)*	2141 Vine St.
5. *Full Name of Mother,*	Catharine Mauerhan
6. *Mother's Maiden Name,*	Catharine Bichler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Robert Mauerhan
9. *Father's Occupation.*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Friedrich Kuhlenschmidt
Address,	2116 Mt Pleasant St
Remarks,	

8 9 1 0 0 0 0 2 7 8

RECEIVED BALTIMORE

months, and shall be in the form prescribed by the Board of Health. The date and place of birth, and the full name and occupation of its parents, the date and place of marriage of the parents, and the number of children born to the mother, including the present one, and whether the first and subsequent births were single or multiple, shall be stated in the return. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents, and in their absence the occupant of the house, shall report the birth within the time above specified. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the time above specified, shall require the parent or parents, and in their absence the occupant of the house, to report the birth of such child to the office of the Commissioner of Health. In the manner and within the time above specified, the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

896, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 5 1891
4. *Place of Birth, (Street and Number)* 306 S. Arp. dtg
5. *Full Name of Mother,* Maggie Schneider
6. *Mother's Maiden Name,* Geiger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Schneider
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Hoy Stein

Address, 1427 E. Pratt St.

Remarks,

1 8 9 1 0 0 0 0 2 7 9

FEB 9 1891 BALTIMORE MD.

BALTIMORE CITY HEALTH DEPARTMENT

BEING AN ACT TO REQUIRE THE REGISTRATION OF BIRTHS, MARRIAGES AND DEATHS IN BALTIMORE CITY, AND TO PROVIDE FOR THE APPOINTMENT OF A REGISTRAR OF VITAL STATISTICS AND A BOARD OF HEALTH FOR BALTIMORE CITY, AND TO DEFINE THE POWERS AND DUTIES OF SAID REGISTRAR AND BOARD OF HEALTH, AND TO PROVIDE FOR THE PAYMENT OF THE EXPENSES OF SAID REGISTRATION AND OF SAID BOARD OF HEALTH.

SECTION 1. BE IT ENACTED BY THE PEOPLE OF THE STATE OF MARYLAND, That it shall be the duty of the parents, the father and mother, of every child born in Baltimore City, and in case of the death of the father or mother, or in case of their inability from sickness or other cause to perform the duty hereby imposed upon them, then it shall be the duty of the survivor, and in case both parents are dead, or in case of their inability from sickness or other cause to perform the duty hereby imposed upon them, then it shall be the duty of the person having charge of such child, to report to the Registrar of Vital Statistics, at the office of the Board of Health, in Baltimore City, the name, if any, and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said Registrar shall cause to be delivered to the person reporting the birth of such child, a certificate of the fact of such report, which certificate shall be delivered, duly signed by the practitioner in the form of a certificate to be furnished by the Registrar, to the parents of such child, if living, within the city limits, immediately thereafter; it shall become the duty of the person or parents of such child to report its birth to the Registrar of Vital Statistics, at the office of the Board of Health, in Baltimore City, within ten days after the birth of such child, and within the period above required; and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

M 887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, 1-8-91

4. Place of Birth, (Street and Number) 227 Francis st

5. Full Name of Mother, A. F. Stubb

6. Mother's Maiden Name, A F Von Sprekelson

7. Mother's Birthplace, Germany

8. Full Name of Father, Geo Stubb

9. Father's Occupation, Car driver

10. Father's Birthplace, Balto Co.

Name of Medical Attendant, or other person who makes this Return, L. F. Frey.

Address, 108 Druid Hill Av. Extended

Remarks, R. S. A. Geo.

HEALTH DEPT. FEB 2 1891 BALTIMORE MD.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1891000280

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 47855

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE MD. 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 5 January
4. Place of Birth, (Street and Number) 7019 Carl St.
5. Full Name of Mother, Wilhelmina Baumann
6. Mother's Maiden Name, = Albrecht
7. Mother's Birthplace, Bischofsheim Baden
8. Full Name of Father, Johann Baumann
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Lahr Oldenburg

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Carl Av.

Remarks,

6 9 1 0 0 0 0 2 8 1

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month, to the Commissioner of Health; and no other person having any said child under his care shall neglect to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall not thereafter procure a burial certificate for the same, unless the birth of such child shall have been reported as aforesaid, or a satisfactory reason given for the omission; and any person who shall violate any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 1785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 5 January
4. Place of Birth, (Street and Number) 1625 Saint St.
5. Full Name of Mother, Elizabeth Williamson
6. Mother's Maiden Name, Abrahl
7. Mother's Birthplace, Fallsfield Ireland
8. Full Name of Father, Conrad Williamson
9. Father's Occupation, Cooper
10. Father's Birthplace, Fallsfield Ireland

Name of Medical Attendant, or other person who makes this Return. Anna C. Ellis

Address, 928 Cal. Ave.

Remarks,

691000002 82

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, if there be one, in attendance, to the father or mother of such child, or in case of his absence from the city, to the person having charge of such child; and the said schedule shall be filled out and delivered as aforesaid within ten days after the birth of any child born without the assistance of a practitioner, and the person having charge of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and in case of the absence of the father or mother from the city, the person having charge of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 7882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	10
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 5 1891
4. *Place of Birth, (Street and Number)*	Mount St 114
5. *Full Name of Mother,*	Sara Birn
6. *Mother's Maiden Name,*	Sara Murray
7. *Mother's Birthplace,*	York [redacted] Pa
8. *Full Name of Father,*	James A Murray
9. *Father's Occupation.*	Lecturesian
10. *Father's Birthplace,*	Baltimore [illegible] Md
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	2022 Wilkens Ave
Remarks,	

+ 8 9 1 0 0 0 0 2 8 3

FEB 4 1891 BUREAU OF VITAL STATISTICS

month and shall set forth as far as the same can be ascertained, the full name of each child born alive (if any shall have been conferred) its sex, color, the full names of its parents, the date and place of birth; and the said schedule shall be delivered every month to the office of the Commissioner of Health, or should no other person be in the full of such birth, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or person authorized by the practitioner in the form of a certificate between the parents of any child born alive, it shall be the duty of the person in attendance upon the mother, immediately after the birth of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and persons who shall hereafter fail to make such report shall be subject to the fine of ten (10) dollars for each [illegible] recovered before a [illegible]. All fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 7 888.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 5th 1891
4. Place of Birth, (Street and Number) # 2844 Cedar Ave
5. Full Name of Mother, Ella N. Dandy
6. Mother's Maiden Name, Craig
7. Mother's Birthplace, Maryland
8. Full Name of Father, William G. Dandy
9. Father's Occupation, Brakeman
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Dr. C. B. Nonnemacher

Address, 326 Falls Road

Remarks,

+ 6 9 1 0 0 0 0 2 8 4

BALTIMORE CITY HEALTH DEPARTMENT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...ment, and the name of each child, if any shall have been previously born, the date and place of birth; and the said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the other person be in charge of such institution, he shall, within the period above required, and under the like penalty, report to the Commissioner of Health the name of the person or parents of such child to report its birth to the Commissioner, after fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeiture are recoverable.

RETURN OF A BIRTH

A 27886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race)

3. Date of Birth, 5 January.

4. Place of Birth, (Street and Number) 1221 Hare street

5. Full Name of Mother, Anna Gilske

6. Mother's Maiden Name, Dresbler

7. Mother's Birthplace, Germany

8. Full Name of Father, Frank Gilske

9. Father's Occupation, Lebter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Miss P Liesemann

Address, 1225 Hare street.

Remarks,

89 10000285

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive,) sex, color, the full name and occupation of its Parents, the date, place of birth and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the services of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have neglected to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPT. FEB 8 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd
2. Sex, (state whether male or female)	Female
3. Race or Color, (if not of the white race)	White
4. Date of Birth,	Jan. 6 th
5. Place of Birth, (Street and Number)	3 2 9 7 St Paul st
6. Full Name of Mother.	Bella Padgett
7. Mother's Maiden Name,	Charles County
8. Full Name of Father,	B H Padgett
9. Father's Occupation.	Colrk
10. Father's Birthplace,	Charles County
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	701 Tyson st
Remarks,	

8 9 1 0 0 0 0 2 8 6

BALTIMORE, MD. FEB 2 1891

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name, residence and occupation of the parents, the date and place of birth, and the said schedule and deliver such schedule to the office of the Registrar of Vital Statistics, in case the birth of any child shall occur without the attendance of a physician, midwife or other person, the parent or parents of such child to report its birth, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense to be recovered as fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 6th 1891.
4. Place of Birth, (Street and Number)	1722 E. Madison St
5. Full Name of Mother,	Annie E. Wheeler
6. Mother's Maiden Name,	Hill
7. Mother's Birthplace,	Balto County
8. Full Name of Father,	John F. Wheeler
9. Father's Occupation,	Stone Cutter
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	J. H. Selmer M. D.
Address,	1501 E. Eager St.
Remarks,	

1891 00002887

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex and color of the child, the date of birth, and the full name and occupation of its parents, the date of the marriage of the parents, and the place where such marriage was solemnized between the first and last of each and every month to the office of the Commissioner of Health, in the manner and form as may be prescribed by the Board of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person make such return as hereinbefore required, it shall become the duty of the person in charge of the premises where the birth occurred, within ten days after the birth shall have occurred, to report the same to the Commissioner of Health, in the manner and form as may be prescribed by the Board of Health, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth, as far as the same can be ascertained, the full name [illegible] place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and [illegible]
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the time above required, and
any such person or persons who shall hereafter fail to comply [illegible] shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered [illegible] other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 27859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE ... 1891

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jany 7 1891
4. *Place of Birth, (Street and Number)* 686 Columbia ave
5. *Full Name of Mother,* May Weisgerber
6. *Mother's Maiden Name,* " Biddison
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Weisgerber
9. *Father's Occupation,* Paper hanger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo R Graham

Address,

Remarks,

1891000288

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 27860.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 6th 91
4. Place of Birth, (Street and Number) # 1409 W. Pratt St.
5. Full Name of Mother, Mary Mauk.
6. Mother's Maiden Name, " Krüger.
7. Mother's Birthplace, Pelingde.
8. Full Name of Father, Joseph Mauk.
9. Father's Occupation, Shoemaker.
10. Father's Birthplace, Ouchemizt

Name of Medical Attendant, or other person who makes this Return, Annie Lindner

Address, # 106 S. Monroe St.

Remarks,

BAL. MORE. MD. 1910

GEO. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

5 9 1 0 0 0 0 2 8 9

RETURN OF A BIRTH

A.M. 801.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	Male W
3. Date of Birth,	Jan 31
4. Place of Birth, (Street and Number)	1413 Linn St
5. Full Name of Mother,	Mary E. Hall
6. Mother's Maiden Name,	Mary E. Knapp
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	United States
9. Father's Occupation,	Baltimore
10. Father's Birthplace,	Waiter
Name of Medical Attendant, or other person who makes this Return.	United States
Address,	Dr Attendant
Remarks,	411 Cathedral St

1891000000290

RECEIVED FEB 3 1891 REGISTRAR OF VITAL STATISTICS BALTIMORE MD.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children previously born to the mother, as near as can be ascertained, in the form of a certificate, between the first and fifth days of each and every month to the office of the Commissioners, and should no other person do so, such duty shall devolve upon the undertaker employed in the burial of such child, and he shall record the same in a book to be provided for the purpose, and shall report the same to the office of the Commissioners, as required, and shall occur without the attendance of a physician, it shall be the duty of the person having charge of such child to report its birth to the Commissioners, and in case of the neglect of any person to report the birth of any child as required by this section, in addition to the penalty of fine and imprisonment, the person so neglecting shall be subjected to the fine of ten (10) dollars for each offence. In case the birth of any child shall occur without the attendance of a physician, it shall be the duty of the person having charge of such child to report its birth to the Commissioners, and in case of the neglect of any person to report the birth of any child as required by this section, in addition to the penalty of fine and imprisonment, the person so neglecting shall be subjected to the fine of ten (10) dollars for each offence. In these cases and in all cases where no other person can be found, the undertaker employed in the burial of such child shall report the same as required, and shall record the same in a book to be provided for the purpose, and shall report the same to the office of the Commissioners, as required, and shall be entitled to receive from the Commissioners, for such report, the sum of twenty-five cents; and no other fee or reward shall be allowed for the same. Any undertaker failing to report as required by this section shall be subjected to the fine of ten (10) dollars for each offence. In case the birth of any child shall occur without the attendance of a physician, it shall be the duty of the person having charge of such child to report its birth to the Commissioners, and in case of the neglect of any person to report the birth of any child as required by this section, in addition to the penalty of fine and imprisonment, the person so neglecting shall be subjected to the fine of ten (10) dollars for each offence. In these cases and in all cases where no other person can be found, the undertaker employed in the burial of such child shall report the same as required, and shall record the same in a book to be provided for the purpose, and shall report the same to the office of the Commissioners, as required, and shall be entitled to receive from the Commissioners, for such report, the sum of twenty-five cents; and no other fee or reward shall be allowed for the same. Any undertaker failing to report as required by this section shall be subjected to the fine of ten (10) dollars for each offence. Penalties and forfeitures are recoverable

J. S. SHLAWY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

Apr. 8 97.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First-

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 6-91

4. Place of Birth, (Street and Number) 1906 E Madison

5. Full Name of Mother, Rose A. Grey

6. Mother's Maiden Name, " Woolen

7. Mother's Birthplace, Balto

8. Full Name of Father, John L. Grey

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary A. Allwell

Address, 912 Mc Donogh

Remarks,

FEB 3 1891

1 8 9 1 0 0 0 0 2 9 1

been conferred) Its sex, color, the full name and occupation of its parents, the time and place of birth, and such other facts as may be required by the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father or head of the family in which such child is born, or the person in charge of the premises where such birth occurs, shall report its birth to the Commissioner of Health within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as forfeitures are recoverable.

GEO. J. C. CULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4
2. *Sex, (state whether male or female)* girl
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* 2 January
5. *Place of Birth, (Street and Number)* 1209 E. Oliver st.
6. *Full Name of Mother,* Mary Rehmann
7. *Mother's Maiden Name,* Stallmeyer
8. *Mother's Birthplace,* Balt. Md.
9. *Full Name of Father,* John Rehmann
10. *Father's Occupation,* upholsterer
11. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return. Emma Hoch

Address, 321 Cook Ave.

Remarks,

+ 8 9 1 0 0 0 0 2 9 2

BALTIMORE, MD.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

278 64

HEALTH DEPARTMENT, RECEIVED BALTIMORE, MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
2. Sex, (state whether male or female) Boy
3. Race or Color, (if not of the white race)
4. Date of Birth, 5 January
5. Place of Birth, (Street and Number) 1 to 27 Stanford Ave.
6. Full Name of Mother, Ella Tabling
7. Mother's Maiden Name, Wilmoore
8. Mother's Birthplace, Ball, city
9. Full Name of Father, William Thomas Tabling
10. Father's Occupation, Builder
11. Father's Birthplace, Ball city

Name of Medical Attendant, or other person who makes this Return, Jesse Hall

Address, 1228 Cal. Ave.

Remarks,

6911000002 93

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name, residence, and occupation of its parents, the date and place of birth; and the full name, residence, and occupation of the informant; which certificate shall be duly signed by the practitioner in the form of a certificate between the live child and the mother, and every midwife or other person who shall attend upon any woman in labor, shall deliver a like certificate to the father, or if he be not present, to some other person of the family of each and every month to the office of the Commissioner of Health, or shall pay any other person he is shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such attendance upon the mother, to report the case to the Commissioner of Health, in the manner and within the period above required, and child, to make such certificate and report as aforesaid. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of not less than ten (10) dollars nor more than fifty (50) dollars for each offense, and forfeitures are recoverable, and in case of the refusal or neglect of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 27861.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 7th

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Jan 4 1891
4. *Place of Birth*, (*Street and Number*) 2143 Riverdale St
5. *Full Name of Mother*, Susan Frock
6. *Mother's Maiden Name*, Brown
7. *Mother's Birthplace*, Balto Co
8. *Full Name of Father*, Joshua Frock
9. *Father's Occupation*, Policeman
10. *Father's Birthplace*, Balto Co

Name of Medical Attendant, or other person who makes this Return. Chas E Hadlle M.D.

Address, 2100 Druid Hill Ave

Remarks,

891000029 4

month, after such birth, he or she can be ascertained, the full name of each child. If any shall have neglected to do so, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case there shall be no such practitioner in attendance upon the mother, or should no other person be in attendance upon the latter immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health. In the manner and within the period above recited. And any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

M 186.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex,* (state whether male or female) Male
2. *Race or color,* (if not of the white race) White
3. *Date of Birth,* January 7th 1891
4. *Place of Birth,* (Street and Number) 408 Eastern Avenue
5. *Full Name of Mother,* Amelia Brick
6. *Mother's Maiden Name,* Amelia Renner
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henry Brick
9. *Father's Occupation,* Jeweler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Dr. J. Weise

Address, Varsity of Baltimore Md.

Remarks.

1891 000295

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	2
1. Sex, (*state whether male or female*)	Male
2. Race or Color, (*if not of the white race*)	White
3. Date of Birth,	5th of January
4. Place of Birth, (*Street and Number*)	405 Pulaski St.
5. Full Name of Mother,	Rosa Strauss
6. Mother's Maiden Name,	Rosa Liblanker
7. Mother's Birthplace,	Hungary
8. Full Name of Father,	Edward Strauss
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Hungary
Name of Medical Attendant, or other person who makes this Return.	Friederike Henzen Midwife
Address,	216 West Pratt St.
Remarks,	

8 9 1 0 0 0 0 2 9 6

THE BOARD OF HEALTH BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance at the birth, then the same shall be delivered by the midwife, or should no other person be in attendance at the birth, then the same shall be delivered by the midwife, or should no other person he in shall occur without the attendance of a physician or midwife it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above recited, and shall deliver a certificate of birth, duly signed by the person making such report, as above directed. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 77868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	3d
1. Sex, (state whether male or female)	Female
2. Race or Color. (if not of the white race)	
3. Date of Birth,	8 Jan 1891
4. Place of Birth, (Street and Number)	1122 Johnson St
5. Full Name of Mother,	Mary Undutch
6. Mother's Maiden Name,	Auer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph Undutch
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Yewell
Address,	436 Fort Ave
Remarks,	

8910000297

[illegible] name (if any has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall immediately thereafter become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 7869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

Race or Color, (if not of the white race)

Date of Birth, January 8 1891

4. Place of Birth, (Street and Number) 1002 Eastern Ave

5. Full Name of Mother, Elisetti Valentine

Mother's Maiden Name, Augustina

7. Mother's Birthplace, Italia

8. Full Name of Father, Mosca Valentine

9. Father's Occupation, Carpenter

10. Father's Birthplace, Italia

Name of Medical Attendant, or other person who makes this Return, Mary Shire

Address, 1021 E Fait. St.

Remarks,

89 10000298

FEB 2 1891

BILL NO.

SEC. NO.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 1890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan. 8 1891

4. Place of Birth, (Street and Number) 302 S. Inn Lt.

5. Full Name of Mother, Lizzie J Wemhoff Sull

6. Mother's Maiden Name,

7. Mother's Birthplace, Evans B. Wemhoff

8. Full Name of Father, Laborer

9. Father's Occupation, Baltimore

10. Father's Birthplace, Harry Stein

Name of Medical Attendant, or other person who makes this Return.

Address, 424 E Fait St.

Remarks,

8 9 1 0 0 0 0 2 9 9

FEB 1891 BOARD OF HEALTH

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 27871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 3 1891 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 8 1891
4. Place of Birth, (Street and Number) Wilhelm st 2123
5. Full Name of Mother, Agustia Haw
6. Mother's Maiden Name, Agustia Hurran
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Haw
9. Father's Occupation. Labour
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs S. Kelley

Address, 2022 W. Mern Av

Remarks,

8910000300

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 8th 19
4. Place of Birth, (Street and Number) 805 Sharp Balto Md
5. Full Name of Mother, Lena A Leutner
6. Mother's Maiden Name, " Hopkins
7. Mother's Birthplace, Dorchester Co Md
8. Full Name of Father, Wm F Leutner
9. Father's Occupation, Glassblower
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Catherine Albrecht

Address, 804 Eastern Ave

Remarks,

B 9 1 0 0 0 0 3 0 1

278 17.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said scholastic shall be delivered, duly signed by the practitioner in the form of a certificate be with the first and third day of each and every month to the office of the Commissioner of Health, in case there shall be no midwife or nurse in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 3 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 8 90.
4. Place of Birth, (Street and Number)	303 Eyrmit Ave
5. Full Name of Mother,	Jane Burslem
6. Mother's Maiden Name,	" Jordan
7. Mother's Birthplace,	England
8. Full Name of Father,	Wm Burslem
9. Father's Occupation,	Stone cutter
10. Father's Birthplace,	England
Name of Medical Attendant, or other person who makes this Return.	J H Robinson M.D.
Address,	176 E. Preston St.
Remarks,	

8 9 1 0 0 0 0 3 0 2

been conferred) to sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children, if any, previously born to the mother, and whether the child was born alive or dead. In the case of the birth of any child after the first and before the end of the second month, and in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, then it will become the duty of the person or parents of such child to report the particulars required by this section, within the time above specified, to the Commissioner of Health, who is empowered to cause the statements made in this section shall be subscribed and sworn to before him. Any person or persons who shall hereafter violate any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other misdemeanors and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. 27874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d.
2. *Sex, (state whether male or female)* Female,
3. *Race or Color, (if not of the white race)* White,
4. *Date of Birth,* January 9th,
   Place of Birth, (Street and Number) No 339 Scott St,
5. *Full Name of Mother,* Ida Leimers,
6. *Mother's Maiden Name,* Russell,
7. *Mother's Birthplace,* Washington, D. C,
8. *Full Name of Father,* Henry Leimers,
9. *Father's Occupation,* Clerk,
10. *Father's Birthplace,* Balto. City,

Name of Medical Attendant, or other person who makes this Return. Dr. Ernest L. Sanderlin

Address, No. 721 Columbia Ave

Remarks,

8910000303

BALTIMORE, MD.

said schedule shall be delivered, duly signed by the prac... third day of each and every month to the office of the ... shall occur without the attendance of a physician or ... attendance upon the mother, the Commissioner of Healt... cause such inquiry to be made. And any physician or ... any such person or persons who shall hereafter fail t... jected to the fine of ten (10) dollars for each offense, to ... recovered as other fines and forfeitures are recoverable.

GEO. A. O. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Jan 9 1891
4. Place of Birth, (Street and Number)	1108 Carroll st
5. Full Name of Mother,	Mary Warner
6. Mother's Maiden Name,	" Cargile
7. Mother's Birthplace,	New York
8. Full Name of Father,	Chas Warner
9. Father's Occupation.	Draughtsman
10. Father's Birthplace,	Cuba
Name of Medical Attendant, or other person who makes this Return.	Geo R Mahoney M.D.
Address,	
Remarks,	

6 9 1 0 0 0 0 3 0 4

Return to be made by the attendant at the birth, or by the householder, or by the nearest relative present, or by the person having charge of the child, within three days after the birth, and before the burial of the child. Such return shall state the name, color, sex, and occupation of the parents, the date and place of birth, and the name (if any has been conferred) of the child. If any person shall refuse or neglect to make such return, he shall forfeit and pay for each offense the sum of ten dollars, to be recovered as debts of like amount are recoverable.

Every midwife, or other person who shall hereafter attend upon the mother during her confinement, shall, within three days after the birth of any child, or within three days after the commencement of any confinement which may result in the birth of any child dead or alive, make a return of such birth, or confinement, to the office of the Commissioner of Vital Statistics, and shall state the name, color, sex, and occupation of the parents, the date and place of birth, and whether the child was born alive or dead. Every physician who shall hereafter attend upon the mother during her confinement, shall, within three days after the birth of any child dead or alive, or within three days after the commencement of any confinement which may result in the birth of any child dead or alive, make a return of such birth, or confinement, to the office of the Commissioner of Vital Statistics, and shall state the name, color, sex, and occupation of the parents, the date and place of birth, and whether the child was born alive or dead. And the said midwife shall be delivered with the return required of her by this section, or in default thereof shall forfeit and pay for each offense the sum of ten dollars, to be recovered as debts of like amount are recoverable. And every physician who shall hereafter attend upon the mother, immediately after the birth of any child dead or alive, without the attendance of a physician or midwife, shall be entitled to receive from the Commissioner of Vital Statistics the fee of one dollar for the return of such birth, and for his attendance upon the mother. Immediately after the birth of any child dead or alive, without the attendance of a physician or midwife, the householder, or the nearest relative present, or the person having charge of the child, shall report its birth to the Commissioner of Vital Statistics, and shall state the name, color, sex, and occupation of the parents, the date and place of birth, and whether the child was born alive or dead. Every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

ENGD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, January 9th 1891
4. Place of Birth, (Street and Number) 602 N Calvert
5. Full Name of Mother, Annie G. Callahan
6. Mother's Maiden Name, Annie Weingarten
7. Mother's Birthplace, Penn.
8. Full Name of Father, Peter Callahan
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. F. E. Chatard

Address, 516 Park Ave

Remarks,

FEB 9 1891

1 8 9 1 0 0 0 0 3 0 5

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no one in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the form of a certificate between the first and shall neglect or refuse to make such report as aforesaid, he shall forfeit and pay for each offense, to be recovered as other fines and forfeitures are recoverable.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 11-23-55

RETURN OF A BIRTH. A 77577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph Edward Rosendale

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	January 9th 91
4. Place of Birth, (Street and Number)	#120 S. Fulton St.
5. Full Name of Mother,	Mary Rosendale
6. Mother's Maiden Name,	" Roemer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Chas. Rosendale
9. Father's Occupation,	Furniture Dealer.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	#106 S. Monroe St.
Remarks,	

S 9 1 0 0 0 0 3 0 6

month, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been registered. Sec. 2. And be it further enacted, That it shall be the duty of the physician, midwife or other person in attendance upon the mother, immediately after the birth of any live or still born child, to make a return of such birth to the office of the Commissioner of Health. In case the birth of any such child occurs where there is no physician, midwife or other person in attendance upon the mother, then it shall be the duty of the person or parents of such child to make the return of such birth as herein before set forth. Sec. 3. And be it further enacted, That any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 3 1891 BALTIMORE

1. *No. of Child of Mother.* (state whether 1st, 2d, 3d, &c.) 2 Child
2. *Sex.* (state whether male or female) Female
3. *Race or Color.* (if not of the white race)
4. *Date of Birth,* January 9th 91
5. *Place of Birth,* (Street and Number) #323 Smallwood St.
6. *Full Name of Mother,* Maggie Miller
7. *Mother's Maiden Name,* " Ritter.
8. *Mother's Birthplace,* Rodenkirchen.
9. *Full Name of Father,* Bonafacc Miller.
10. *Father's Occupation,* Shoemaker
11. *Father's Birthplace,* Hessen.

Name of Medical Attendent, or other person who makes this Return. Annie Lindner

Address, #106 S. Monroe St.

Remarks,

6 9 1 0 0 0 0 3 0 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

months, this shall not set forth as far as the same can be ascertained the full name of each child born to any adult have been conferred; the full name of the parents of such person; the date and place of birth; and the said Register shall be entitled to receive from the parent or parents of any child, or from any person having the control of such child, the sum of fifty cents for each certificate by him issued and delivered to the office of the Commissioner of Health, in which no other person be in attendance upon the mother, immediately after the birth, and within the period above required, shall neglect to report in writing to the said Register all the particulars required to be reported in relation to such birth, as aforesaid, shall forfeit and pay for every such offence a sum not exceeding fifty dollars, to be recovered before any justice of the peace of this State, on the information of the said Register, or any other person, and paid over to the Commissioner of Health, for the use of the Board of Health of Baltimore City.

RETURN OF A BIRTH. A 77879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1 Jan
4. Place of Birth, (Street and Number) 513 Short St
5. Full Name of Mother, Frances Fisher
6. Mother's Maiden Name, " Hoffman
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank Fisher
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Wm A [illegible]

Address, 822 Holland St

Remarks,

691000030 8

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 7880.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White,
3. Date of Birth, January 10th.
4. Place of Birth, (Street and Number) No. 1139 Sassafras St,
5. Full Name of Mother, Margaret Gray,
6. Mother's Maiden Name, Heathorn,
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Zacariah Gray,
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto. Co,

Name of Medical Attendant, or other person who makes this Return. Thos. J. Eddleston M.D.

Address, No 721 Columbia Ave.

Remarks,

8910000309

such an inquiry as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered within five days after the date of a certificate between the first and third days after each birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth, to the Board shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 7881.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 10th
4. Place of Birth, (Street and Number) 1111 South Paca St.
5. Full Name of Mother, Anna Bertha ~~Wm~~ Sporke Wiegand
6. Mother's Maiden Name,
7. Mother's Birthplace, Saxony Germany
8. Full Name of Father, Henry Oswald Sporke
9. Father's Occupation, Piano maker
10. Father's Birthplace, Saxony Germany

Name of Medical Attendant, or other person who makes this Return. Jno. Boyce

Address, 711 Lorvia St.

Remarks,

+ 8 9 1 0 0 0 0 3 1 0

Every child born in the City of Baltimore, whether white or colored, shall be registered, and the name, sex, color, date and place of birth, and the name, residence and occupation of its parents the date and place of birth; and the said schedule shall be delivered to the undertaker in the employ of the undertaker in the firm of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person or some member of such family within the period above required, and child to report the birth to the Commissioner of Health, and in default thereof to comply with the provisions of this section shall be subject to the penalties and forfeitures as herein prescribed and otherwise provided. Any person who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each case, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

GEO. J. O. DELANY & CO., CITY PRINTERS AND STATIONERS

27785

month, [illegible] set forth in so far as the same can be ascertained [illegible]
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Jan 10th 1891

4. *Place of Birth, (Street and Number)* 48 S Fulton Ave

5. *Full Name of Mother,* Ida A Carr

6. *Mother's Maiden Name,* " " Bast

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* A Ross Carr

9. *Father's Occupation,* Machinist

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo R Salan

Address, 725 Columbia ave

Remarks,

89100003111

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 7783.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 10th Jan 1891

4. Place of Birth, (Street and Number) 1406 Covington St

5. Full Name of Mother, Annie E Yates

6. Mother's Maiden Name, Benton

7. Mother's Birthplace, Baltimore

8. Full Name of Father. George F Yates

9. Father's Occupation. Laborer

10. Father's Birthplace. Wilmington Del

Name of Medical Attendant, or other person who makes this Return. Elizabeth Agnell

Address, 436 Fort Ave

Remarks,

8910000312

RECEIVED JAN 13 1891 BALTIMORE MD

Rounds, and will be set off as the same can be described, by the full name of each child of the mother, and the full name and occupation of its parents, the date and place of birth, and the maiden name of the mother, as far as the same can be ascertained by the practitioner in the form of a certificate, which shall be delivered, duly signed by the practitioner in the form of a certificate, which shall be delivered, duly signed by the practitioner in the form of a certificate, to the person who shall register the birth of any child within ten days after the birth, and every such practitioner who shall neglect or refuse to deliver such certificate, or who shall certify falsely in the premises, shall forfeit and pay a sum not exceeding twenty dollars, to be recovered as other fines and forfeitures are recoverable. Every midwife or other person (not being a practitioner of medicine) who shall attend the birth of any child, shall report the same within the time and in the manner required of practitioners of medicine by this section, and shall be entitled to receive from the person employing her for each birth reported by her, fifty cents, and no more; and any such midwife or other person who shall neglect or refuse to report such birth to the Commissioner of Health, as required by this section, shall be subject to the penalties imposed upon practitioners of medicine by the preceding section. Every such person or persons who shall neglect or refuse to report as required by this section, shall forfeit and pay for each offence, a sum not exceeding ten dollars, to be recovered as other fines and forfeitures are recoverable. Jecked to the fine of ten (10) dollars for each offence.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 17884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10th January 1891
4. *Place of Birth, (Street and Number)* Madeira Court 2215
5. *Full Name of Mother,* Barbara Reinert
6. *Mother's Maiden Name,* " Kleiner
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Adolph Reinert
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mrs. Bihler

8910000313

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 7784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
Sex, (state whether male or female)	Female.
Race or Color, (if not of the white race)	White.
Date of Birth,	January 10, 1891.
Place of Birth, (Street and Number)	923 Huntingdon ave.
5. Full Name of Mother,	Sarah Jane Hughes.
6. Mother's Maiden Name,	" " Chaffman.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Edward Everett Hughes.
9. Father's Occupation,	Stone cutter.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks.	

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BALTIMORE MD.

been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth; and the said return shall be signed by the physician in the case of a certificate between the first and second births, and every month to the office of the Registrar of Vital Statistics, and no other person be liable for omission to make such return, or for making a false return, unless the physician or person in attendance shall neglect or refuse to comply with the provisions of this section, and forfeitures are recoverable.

MM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 10. 91
4. *Place of Birth, (Street and Number)*	1117 William St
5. *Full Name of Mother,*	Emma L Brown
6. *Mother's Maiden Name,*	Emma L Ludwig
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Jasper R Brown Jr
9. *Father's Occupation,*	Letter Carrier
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return.	Calhoun Wyatt
Address,	805 Eadenhall St
Remarks,	

8 9 1 0 0 0 0 3 1 5

months, and shall not be [illegible] unless a permit for the burial of such child shall have been conferred; it is [illegible] color, the full names of its parents, the date and place of birth; and the said schedule shall be filled [illegible] by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. And should no other person be in charge of such child after the birth thereof, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall become the duty of the person or parents of such child to report all the particulars required by this section to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENGD. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 27887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1st

1. Sex, (*state whether male or female*) Girl

2. Race or Color, (*if not of the white race*) White

3. Date of Birth, Jan 10th 1894

4. Place of Birth, (*Street and Number*) 9 S. Arlington Ave

5. Full Name of Mother, Anna Dorf

6. Mother's Maiden Name, Anna Lee Cherry

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Richard Lee Cherry

9. Father's Occupation, Clerk for B & O R.R. Co.

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Emma Eaney, Acadia

Address, 730 Madison Ave

Remarks,

6 9 1 0 0 0 3 1 6

Murphy & Co., City Printers and Stationers.

...ths which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been registered, its sex, color, and the day and year of its birth, the place of birth, and the said schedule shall be delivered at the office of the Commissioner of Health. In case the parents of any child shall secure within the time aforesaid a certificate of birth from a Physician or practitioner of midwifery, or should such child be in attendance upon the Commissioner of Health, in the manner aforesaid, no report of such child shall be required of the person in charge of the premises, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of Ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st,

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 10 91

4. Place of Birth, (Street and Number) 115 No. Fulton Ave,

5. Full Name of Mother, Lydia Krantz

6. Mother's Maiden Name, " Martin

7. Mother's Birthplace, Maryland

8. Full Name of Father, G. A. Krantz,

9. Father's Occupation, Salesman

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. J. N. Robinson M.D.

Address, 726 E. Fayette St.

Remarks,

8910000317

...ion of ... the date and place of birth, and the ... with the ... first ... shall be delivered, duly signed by the ... to the ... Health, ... cause the birth of any child ... third day of each and every month to the office of the ... and every ... would no other person be in ... shall occur without the attendance of ... Within ... cause the birth of such ... shall occur within the ... of any ... person or parents of such ... shall neglect or refuse to ... the ... of such birth, in the manner ... this section shall be ... any such person or persons who shall ... to comply with the ... of this section shall be ... jected to the fine of ten (10) dollars for each offense, to be ... as other ... are recoverable.

BALTIMORE CITY HEALTH DEPARTMENT RECEIVED JAN 13 1891

...ED. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 111

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th January 1891
4. Place of Birth, (Street and Number) 1 Castle St 231
5. Full Name of Mother, Kate George Koch
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto
8. Full Name of Father, Conrad Koch
9. Father's Occupation, Workman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Wm Bickler

Address,

Remarks,

1891000318

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the time and place of birth; and the said schedule shall be delivered, duly filled out, to the Registrar of the City of Baltimore within ten days after the birth of each child. Any person who shall wilfully fail to comply with the requirements of this section, or any such person who shall wilfully make any false statement in the premises of such schedule, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars for each offense. It shall be the duty of the physician or practitioner in attendance upon the mother, immediately thereafter, to make out in the manner and within the time required, and deliver or cause to be delivered to the parent or other person having charge of such child, a certificate setting forth the particulars required to be reported in the case of births, and any such physician or practitioner who shall wilfully fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are now recovered.

BALTIMORE MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B 7896

BALTIMORE CITY DEPARTMENT OF HEALTH

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* January 11th 1891
   Place of Birth, (Street and Number) 1036 Huntington Ave. B.V.
5. *Full Name of Mother,* Laura Virginia Barton
6. *Mother's Maiden Name,* Ford
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John Thomas Lee Barton
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. C. B. Nourse M.D.

Address, 820 Falls Road

Remarks,

8 9 1 0 0 0 0 3 1 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the full name and occupation of its parents, the date of birth, and the sex of each child, whether the child was born alive or delivered dead, and whether the first and said child or children, and every month to the office or practitioner in charge of any child shall occur without the attendance of a physician or practitioner, the parent or parents of such child or children shall report the same to the Commissioner of Health, in the manner and for the period above required, and attendance upon births to the Commissioner of Health, in accordance with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-2-55

RETURN OF A BIRTH.

A 178871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katie G. Schlimm

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan. 11 1891

4. Place of Birth, (Street and Number) 313 S. Exeter St.

5. Full Name of Mother, Minnie Schlimm

6. Mother's Maiden Name, Keck

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Louis Schlimm

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo. Clare

Address, 1422 E. Pratt St.

Remarks,

+ 8 9 1 0 0 0 0 3 2 0

BALTIMORE MD FEB 7 1891

months, and shall set forth as far as the same can be ascertained, the full names, color, sex, and occupation of the parents, the date and place of birth; and the number of the child of the mother, and the name given to the child, if any. Such return shall be made in the form of a certificate between the first and fifteenth days of each and every month to the office of the Commissioner of Health, or should no other person be in attendance at the birth, then the mother shall make such return. Such return shall be signed by the person or parents of such child, if able to write, and if not able to write, shall be signed by the person who shall have been in attendance upon the mother. In the event of the death of the mother, the person who shall have been in attendance upon the mother shall report the fact of such death to the Commissioner of Health, in the manner and within the period above required, and shall report all the facts in his or her power which should be stated in the return of the birth of such child to report. Any person who shall neglect or refuse to comply with this provision, or who shall after fault to comply with this provision, shall be guilty of a misdemeanor, and upon conviction thereof shall be subjected to a penalty of not less than five dollars nor more than ten dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-19-60

RETURN OF A BIRTH

A 30897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	William Decatur Barrett 2nd.
1. Sex, (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Jany 11th 91
4. Place of Birth (Street and Number),	421 Jefferson St "Homestead"
5. Full Name of Mother,	Effie L.
6. Mother's Maiden Name,	Norris
7. Mother's Birthplace,	Carroll Co. Md.
8. Full Name of Father,	Frank M. Barrett
9. Father's Occupation,	Stenographer
10. Father's Birthplace,	Boston. Mass.
Name of Medical Attendant, or other person who makes this Return.	D.H. Monmonier
Address,	634 Gorsuch Ave.
Remarks,	

HEALTH DEPARTMENT JAN 24 1891 BALTIMORE MD.

Section 14. Be it enacted, That the full name and occupation of the parents the date and place of birth and the said schedule shall be filled out by the practitioner in the form of a certificate and the said schedule or certificate shall be sworn to before some person authorized by the Commissioner of Health, and third day of each and every month, or other person be in attendance at the birth of any child, it shall be the duty of the attendance of a physician or practitioner at such birth, to report the birth of such child to the Commissioner of Health. In the manner and within the period above provided, and any such person or persons who shall hereafter fail, refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recovered.

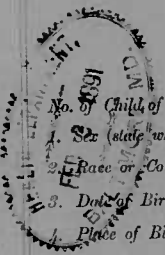
Baltimore Publishing Co., City Printers and Stationers

1891000321

RETURN OF A BIRTH. A 27873

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 11. 1891
4. Place of Birth (Street and Number)	1042 W. Pratt St
5. Full Name of Mother	Maggie Scullen
6. Mother's Maiden Name	Maggie Clark
7. Mother's Birthplace	Ireland
8. Full Name of Father	John F. Scullen
9. Father's Occupation	Laborer
10. Father's Birthplace	Penna
Name of Medical Attendant, or other Person who makes this Return.	W. Warfield. M.D.
Address	719 N. Howard St
Remarks	

1 8 9 1 0 0 0 0 3 2 2

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED, 1-9-56

RETURN OF A BIRTH. A 27894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alvina Klein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11 January 1891
4. *Place of Birth, (Street and Number)* Hannover Street. 1000
5. *Full Name of Mother,* Carlotte ~~Lande~~ Klein.
6. *Mother's Maiden Name,* Carlotte Lander.
7. *Mother's Birthplace,* Celle Prov. Hannover (Germanie)
8. *Full Name of Father,* Friedrich Albert Klein.
9. *Father's Occupation,* Basketmaker.
10. *Father's Birthplace,* Zwenkau b. Leipzig. (Sachsen)

Name of Medical Attendant, or other person who makes this Return. C. Hedwig Winck

Address, 810 Leadenhall St.

Remarks,

FEB 3 1891 BALTIMORE MD.

891000323

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

97895.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st
2. Sex, (state whether male or female) male
3. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 12th 1891
4. Place of Birth, (Street and Number) 564 Orleans st
5. Full Name of Mother, Eliza Peters
6. Mother's Maiden Name, " " Peirgo
7. Mother's Birthplace, Balto city
8. Full Name of Father, William Peters
9. Father's Occupation, Waiter
10. Father's Birthplace, Balto md

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Gibson

Address, 767 Tyson st

Remarks,

1891000324

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, and the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in ... between the first and third day of each and every month to the office of the Commissioner ... birth of any child shall occur without the attendance of a physician or practitioner ... person be in attendance upon the mother, immediately thereafter it shall ... child to report its birth to the Commissioner of Health. In the ... with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recoverable.

HEALTH DEPARTMENT FEB 3 1891 BALTIMORE, MD.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 7896.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 2nd January 1891.
4. Place of Birth, (Street and Number) 1111 Ruther St
5. Full Name of Mother, Lillie Cornell
6. Mother's Maiden Name, Lewis
7. Mother's Birthplace, Chesterton Co
8. Full Name of Father, Wattigue Cornell
9. Father's Occupation, Waiter
10. Father's Birthplace, West River

Name of Medical Attendant, or other person who makes this Return. Taylor Wilson

Address, 1 Preston Street

Remarks,

BALTIMORE MD. JAN 3 1891

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ORIE. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

AK D SAFETY FILM

RETURN OF A BIRTH 1891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
Date of Birth,	1-17-91
Place of Birth, (Street and Number)	215 Salem st
Full Name of Mother,	Elna A. Coville
Mother's Maiden Name,	Elna A. Lautenschlk
Mother's Birthplace,	Germany
Full Name of Father,	C. A. Coville.
Father's Occupation,	Car driver
Father's Birthplace,	England
Name of Medical Attendant, or other person who makes this Return.	C. F. Frey M.D.
Address,	108 Druid Hill Ave. Cylinded.
Remarks,	C. B. A. Jno.

HEALTH DEPARTMENT BALTIMORE MD. FEB 2 1891

1 6 9 1 0 0 0 0 3 2 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Note.—The Physician, Midwife or other person in attendance upon the mother, immediately after the birth of each child, or any child born dead after the fifth month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex; color; the full name and occupation of its parents, the time and place of its birth and the number of children born to the present mother, including the dead and the living, and the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the head of the family where such birth occurs, and any such person or persons who shall hereafter be in attendance upon the mother, immediately thereafter, to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 7898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* thirteen
2. *Sex, (state whether male or female)* female
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* January 12th 1891
5. *Place of Birth, (Street and Number)* Baltimore 1219 Scott street
6. *Full Name of Mother,* Sophia Hayslup
7. *Mother's Maiden Name,* Sophia Fowler
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* Thomas Hayslup
10. *Father's Occupation,* laborer
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bowers

Address, 1219 Scott St

Remarks,

+ 89 | 0 0 0 0 3 2 7

BALTIMORE MD.

month, and shall set forth as far as the same can be ascertained, each child, if any, that have been conferred) its sex, color, the full name and occupation of the parents, and the place where the first and said schedule shall be delivered, duly signed by the ... or other person who ... the birth of any child third day of each and every month, ... the birth of any child ... or practitioner of ... shall ... no other person be in attendance upon the mother, immediately ... or in any ... the person required, and child to report its birth to the Commissioner of ... to comply with the ... of this section shall be subject to the fine of ten dollars for each offense ... recovered as other fines and forfeitures are recoverable.

GEO. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 27899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 12/91
4. Place of Birth, (Street and Number) 424 Wilkins
5. Full Name of Mother, Lizzie Gray
6. Mother's Maiden Name, Lizzie Smith
7. Mother's Birthplace, Va
8. Full Name of Father, Geo Gray
9. Father's Occupation. Waiter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

† 8 9 1 0 0 0 0 3 2 8

Penalty. That it shall be the duty of the same can to ascertain the facts required to be stated in each case, and any attending physician, midwife or other person who shall refuse or neglect to make such return, or to furnish such information as he may possess, shall forfeit and pay for each offence a sum not exceeding ten dollars, to be recovered before any justice of the peace of this State, on the complaint of the Commissioner of Health. In case the head of any family, or other person having charge of such child, shall refuse or neglect to report its birth to the Commissioner of Health within the time hereinbefore specified, he shall forfeit and pay for each offence a sum not exceeding five dollars, to be recovered before any justice of the peace of this State, on the complaint of the Commissioner of Health. In case the father or mother of any child shall be unable, from sickness or other cause, to make the return required by this section, the duty shall devolve upon the physician in attendance upon the mother, immediately thereafter, to make and deliver a return of the birth of such child in the manner and within the period above required, and any such physician who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

498. J. C. DUFFY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, June 2/91
4. Place of Birth, (Street and Number) 222 Vincent Ave
5. Full Name of Mother, Lizzie Smith
6. Mother's Maiden Name, Lizzie Smith
7. Mother's Birthplace, Va
8. Full Name of Father, John Thomas
9. Father's Occupation, Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

8 9 1 0 0 0 0 3 2 9

month, until such birth shall have been registered in the office of the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 77901.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 19th. 1891.
4. Place of Birth, (Street and Number)	907 Harford Ave.
5. Full Name of Mother,	Nellie Kelley
6. Mother's Maiden Name,	Nellie Brennan
7. Mother's Birthplace,	Long Green Baltimore Co.
8. Full Name of Father,	James Kelley
9. Father's Occupation,	Brass Finisher
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	W R Perry M.D.
Address,	621 E&C Lane St
Remarks,	

FEB 1891

1 8 9 1 0 0 0 0 3 3 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 13th Jan 1891
4. Place of Birth, (Street and Number) 1078 Font Ave
5. Full Name of Mother, Amanda Kubl
6. Mother's Maiden Name, Hubbard
7. Mother's Birthplace, Dorchester Co Md
8. Full Name of Father, Wm L Kubl
9. Father's Occupation, Piano Maker and Wood Worker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yewell

Address, 436 Font Ave

Remarks,

6 9 1 0 0 0 0 3 3 1

BALTIMORE CITY BOARD OF HEALTH
FEB 7 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

77903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 13 1891
4. Place of Birth, (Street and Number) 1427 E Baltimore St.
5. Full Name of Mother, Lizzie Jourke
6. Mother's Maiden Name, Appel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adolph Jourke
9. Father's Occupation, Trunk Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Harry Stein

Address, 1427 E Baltimore St.

Remarks,

8 9 1 0 0 0 0 3 3 2

month and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Board of Health. In case the birth of any child shall occur without the attendance of a practitioner, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

FEB 2 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

1902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Jan 13th 1891
4. Place of Birth (Street and Number), 1013 Fawn St Place
5. Full Name of Mother, Mrs Catherine Kenny
6. Mother's Maiden Name, Shaughnessy
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Emerson Chiny
9. Father's Occupation, Policeman
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Jas Burke Boyle

Address,

Remarks,

8 9 1 0 0 0 0 3 3 3

HEALTH DEPARTMENT, JAN 20 1902 BALTIMORE, MD.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 1905.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 January 1891
4. Place of Birth, (Street and Number) Maryland ave Balto County
5. Full Name of Mother, Catherine Greamer
6. Mother's Maiden Name, Catherine Greamear
7. Mother's Birthplace, Balto City
8. Full Name of Father, John. Greamer
9. Father's Occupation, Caster
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. Mrs Bangl

Address, 711 Eutaw St.

Remarks,

1891 0000334

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex, color, and date and place of birth, and the full names and occupation of the parents of such child. Such return shall be made in the form of a certificate between the birth of any child and the end of the next succeeding month, and shall be delivered, duly signed by the person making the same, to the Commissioner of Health, or should no other person be living in the house at the time of the birth of such child, then the midwife or physician in attendance upon the mother shall become and within the period above specified shall be authorized and required to make such return. Any person who shall neglect or refuse to make such return as aforesaid, or who shall make a false return, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE CITY

WM. A. C. HALLAM & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

1906.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	1
1. Sex, (*state whether male or female*)	female
2. Race or Color, (*if not of the white race*)	White
3. Date of Birth,	1891 – 13th of January
4. Place of Birth, (*Street and Number*)	1904 Lombard St.
5. Full Name of Mother,	Mary Brückner
6. Mother's Maiden Name,	Mary Schwarzmüller
7. Mother's Birthplace,	26 January
8. Full Name of Father,	Henry Brückner
9. Father's Occupation,	Bäcker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Friederike Bender Midwife
Address,	216 West Pratt St.
Remarks,	

8 9 1 0 0 0 0 3 3 5

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been christened, the name and surname of the father and mother, the address and place of birth; and the name and surname and residence of the person who shall attend at the birth of any child shall, within five days after the birth, cause the same to be registered, duly signed by the practitioner, midwife or other person in attendance, with the Registrar of Vital Statistics, at the office of the Board of Health, and every such practitioner, midwife or other person who shall neglect or refuse to comply with the provisions of this section shall forfeit and pay for every such neglect or refusal the sum of ten (10) dollars, to be recovered as debts of like amount are recoverable. And every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as aforesaid. (1898, ch. 123.)

BALTIMORE CITY

698. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 1907.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, January 13th 1907

4. Place of Birth, (Street and Number) 1407 Lemmon St.

5. Full Name of Mother, Maggie Schnitzlein

6. Mother's Maiden Name, Franz.

7. Mother's Birthplace, Oberspranken

8. Full Name of Father, Fred. Schnitzlein

9. Father's Occupation, Butcher.

10. Father's Birthplace, Middlespranken.

Name of Medical Attendant, or other person who makes this Return. Annie Lindner.

Address, 1061 Monroe St.

Remarks,

8910000336

WESTERN DISTRICT BALTIMORE

Every physician or midwife in attendance upon a birth shall, within ten days after the birth, report to the Registrar of Vital Statistics the name of each child (if any), and the sex, color, the date and place of birth, the full name and occupation of the parents, the date and place of the first and last marriage of the parents, and such other facts as may be required in the form of a certificate for the birth of any child which may be delivered by the Registrar of Vital Statistics, or should no other person report such birth, the undertaker who shall bury the body of any child for which no certificate of birth has been registered, and the attendant upon the mother, if any there be, shall make and within the period of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MSS. J.C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 7 1908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Mulatto
3. Date of Birth,	Jan 14 1891
4. Place of Birth, (Street and Number)	705 Gold St
5. Full Name of Mother,	Julia Terry
6. Mother's Maiden Name,	Lane
7. Mother's Birthplace,	Bath
8. Full Name of Father,	Chas Terry
9. Father's Occupation,	Stone Cutter
10. Father's Birthplace,	Bath
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadtler
Address,	2100 Druid Hill Ave
Remarks,	

8 9 1 0 0 0 0 3 3 7

FEB 2 1891

BALTIMORE

Section 1. Be it enacted by the General Assembly of Maryland, That from and after the passage of this Act the full name, sex, color, date and place of birth, and the full name, age and occupation of its parents, the date and place of birth; and the full name and residence of every child born within the limits of any city or county in this State, shall be recorded in the office of the Registrar of Vital Statistics, or other person be in charge of such office, within ten days after such birth shall occur without the attendance of a physician or midwife, the duty of recording such birth shall devolve upon the mother, if living, and if not, upon the father, if living, and if not, upon the person in charge of the house in which such birth occurred, and it shall be the duty of the Registrar of Vital Statistics, or other person in charge of such office, to furnish to the mother, father or person in charge of the house in which such birth occurred, a certificate of birth, and it shall be the duty of the mother, father or person in charge of the house in which such birth occurred, to procure such certificate from the Registrar of Vital Statistics, or other person in charge of such office, and to present the same to the physician or midwife in attendance upon the next birth which shall occur in such family, before such physician or midwife shall be entitled to receive any fee for his or her services in connection with such birth; and it shall be the duty of such physician or midwife to fill out and sign such certificate, and deliver the same to the mother, father or person in charge of the house in which such birth occurred, before he or she shall be entitled to receive any fee for his or her services in connection with such birth; and it shall be the duty of such physician or midwife to file such certificate with the Registrar of Vital Statistics, or other person in charge of such office, within ten days after the birth to which such certificate relates. Section 2. And be it enacted, That any person or persons who shall hereafter fail to comply with the provisions of this Act shall be subjected to the fine of ten (10) dollars for each offense, to be recovered with costs of suit, in any court of competent jurisdiction.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 77969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) Femal[e]

2. Race or Color, (if not of the white race) Whit[e]

3. Date of Birth, [illegible] 1891

4. Place of Birth, (Street and Number) [illegible]

5. Full Name of Mother, [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, [illegible]

8. Full Name of Father, [illegible]

9. Father's Occupation, [illegible]

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks,

6910000338

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner [illegible] attendance upon the mother, immediately thereafter [illegible] child to report its birth to the Commissioner of Health, [illegible] any such person or persons who shall hereafter fail to [illegible] jected to the fine of ten (10) dollars for each offense, to [illegible] are recoverable.

RETURN OF A BIRTH. A. 37910.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Girl
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
3. *Date of Birth,*	June 14th 91
4. *Place of Birth, (Street and Number)*	1118 Laurens st
5. *Full Name of Mother,*	Mrs Eldine
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Wm. Eldine
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Dr's Batchelor & Spence
Address,	Presbyterian Hospital 632 W. Baltimore st
Remarks,	

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BALTIMORE, MD.

month as shall set forth as far as the same can be ascer... been conferred, the full name and occupati... said schedule shall be delivered, or transmitted by ... third day of each and every month to the office of the ... child to report la birth to the Commissioner of Health, in ... any such Person or persons who shall hereafter fail to m... jected to the fine of ten (10) dollars for each offense, to be ... of Midwifery ... a manner ... Section ... person be in ... required ... shall be ... offense, ... section ... recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 7 1891 BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 14 1891
4. Place of Birth, (Street and Number) 1201 Frasher Alley
5. Full Name of Mother, Jennie Orme
6. Mother's Maiden Name, Orme
7. Mother's Birthplace, West Point
8. Full Name of Father, Charles Orme
9. Father's Occupation, Laboring
10. Father's Birthplace, West Point

Name of Medical Attendant, or other person who makes this Return. Wesley Coolidge

Address, 809 Preston Street

Remarks

1 8 9 1 0 0 0 0 3 4 0

month, &c., which fact is to be ascertained by the Registrar from the parent or each child, if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, as above required, and pay such fee as is now or may hereafter be established by ordinance of the Mayor and City Council of Baltimore. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. The required certificates are to be furnished gratuitously, and the forfeitures are recoverable.

888. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 7918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 14th 91
4. *Place of Birth, (Street and Number)*	# 344 Woodyear St.
5. *Full Name of Mother,*	Katie Kammer.
6. *Mother's Maiden Name,*	" " Ehm.
7. *Mother's Birthplace,*	Pohsenahs
8. *Full Name of Father,*	George Kammer.
9. *Father's Occupation,*	Carpenter.
10. *Father's Birthplace,*	Bayern.
Name of Medical Attendant, or other person who makes this Return,	Louis Lindner.
Address,	#106 S. Monroe St.
Remarks,	

FEB 1891 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been entered) its sex, color, and place of birth; and the full name, residence, color, and occupation of its parents, the date and place of birth; and the said certificate shall be duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case there is no such practitioner in attendance upon the mother or child, then the certificate shall be made by some other person in attendance upon the mother or child, or if there shall be no such person, then by the parent or parents of such child, or some one of them, or by the householder in whose house such child shall be born, within the time and in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such return as aforesaid, or who shall make a false return, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st January 1891
4. Place of Birth, (Street and Number) 1832 Fayette St.
5. Full Name of Mother, Mary Kelley
6. Mother's Maiden Name, Flier
7. Mother's Birthplace, Brooklyn N. Y.
8. Full Name of Father, Aug. Flier
9. Father's Occupation, Workman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Fisher

Address,

Remarks,

8 9 1 0 0 0 0 3 4 Midwife

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

mon[illegible], and [illegible] set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 77914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 14 Jan 1891
4. *Place of Birth, (Street and Number)* 1124 Low St
5. *Full Name of Mother,* Barbara Dittman
6. *Mother's Maiden Name,* " Hess
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Dittman
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs R Ulrig

Address, 1302 Holland St

Remarks,

6910000343

Wm. J. C. Dulany & Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name [illegible] and the date and place of birth; and the [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 7791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD. FEB 2 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 15th Jan 1891
4. Place of Birth, (Street and Number) 1441 Covington St
5. Full Name of Mother, Caroline Simmons
6. Mother's Maiden Name, Miltenburger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Simmons
9. Father's Occupation, House Carpenter
10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yewell

Address, 1436 Fort Ave

Remarks,

8910000344

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A M916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 20 1891 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 15th 1891

4. Place of Birth, (Street and Number) 326 S. Freemont

5. Full Name of Mother, Sophia Meyer

6. Mother's Maiden Name, " Schmidt

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Meyer

9. Father's Occupation, Machinist

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. C. L. Baddenbohn

Address, 418 S. Paca st.

Remarks,

18910000345

J. G. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 77417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Jany 15 / 91
4. Place of Birth (Street and Number),	50 Gorsuch Av. Ten
5. Full Name of Mother,	Anna Kleinschmidt
6. Mother's Maiden Name,	Kirchner
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Henry Kleinschmidt
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	L. T. Monmonier
Address,	634 Gorsuch Ave.
Remarks,	

BALTIMORE, MD.

and shall set forth as far as the same can be ascertained the name of each child, if any, which has been born of the mother up to the said time, the sex, color, the full name and occupation of the parents, the number of the house, and the street in which the birth occurred, and the day of the month and year when each child was born, which return shall be delivered, duly signed by the practitioner or person in attendance, to the Registrar of Vital Statistics within ten days after the birth of any child; and every practitioner or person in attendance upon any case of birth to each and every month in the year, or oftener if required by the Commissioner of Health, a return of all births which may have occurred in the practice or attendance of such practitioner or person during the month next preceding the time of such return, and shall hereafter fail to comply with the requirements of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 27918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Jan 15 1891
4. Place of Birth, (Street and Number)	1106 Washington ave
5. Full Name of Mother,	Kate Lorbeck
6. Mother's Maiden Name,	" Carney
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Chas Lorbeck
9. Father's Occupation,	machinist
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Leo N Hatem
Address,	
Remarks,	

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HEALTH FEB 3 1891 BALTIMORE MD.

month and child not born alive the same can be ascertained, the full name and address of the undertaker who buried the body; and in case the child was born alive, but died before the return was made, the date and place of death must be given. Any physician or midwife, or other person required by this section to report a birth, who shall neglect to make such report within the time prescribed, shall forfeit and pay for each offense the sum of five dollars, to be recovered as other penalties are recovered; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other penalties are recovered.

898. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 7919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 15th 1891
4. Place of Birth, (Street and Number) 174 N. Carrollton Ave.
5. Full Name of Mother, Mary Smith
6. Mother's Maiden Name, " McCann
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Smith
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, J. D. Gilbert

Address, 1214 Linden Ave Balto.

Remarks,

1 8 9 1 0 0 0 0 3 4 8

month, and shall set forth as far as the same can be ascertained, the name, sex, color, the date and place of birth, the parentage and residence of the child, and such other information required by the provisions of this ordinance as may be directed by the Commissioner of Health; and in case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons occupying the house in which said birth occurs, to report the same within the time and in the manner aforesaid, and in case the birth shall occur in any other house, it shall become the duty of the person or persons in charge of such house, within the time and in the manner aforesaid, to report the same to the Commissioner of Health. In the event of the inability of the parents, or either of them, to report the birth of their child, it shall be the duty of the physician, midwife or person in attendance upon the mother immediately after the birth, to report the same to the Commissioner of Health. In the event of the inability of any such person to report, he shall be subject to the same penalty as is herein provided for the parents. Any person who shall hereafter fail to comply with the provisions of this ordinance, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 4 1891 BALTIMORE CITY

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) third
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) white
4. Date of Birth, 15 January 1891
5. Place of Birth, (Street and Number) Patuxent 124
6. Full Name of Mother, Katy Earl
7. Mother's Maiden Name, Katy Everhardt
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Charles Everhardt
10. Father's Occupation, Can Maker
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs P Lizzie Mason

Address, 1225 Clare street

Remarks,

1891 0000349

month, and shall set forth as far as the same can be ascertained the full nature of each child, if any shall have been conferred) his sex, color, the full name and occupation of his parents, the date and place of birth; and the child's name if it shall have been named; and the number of children born to the mother, and the number of the living child of each; and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, and any person who shall neglect or refuse to make such report, or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, by other suits and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 7921.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 15 Jan - 1891
4. Place of Birth, (Street and Number) 1731 Orleans St
5. Full Name of Mother, Maggie Weyler
6. Mother's Maiden Name, " Wehline
7. Mother's Birthplace, Balto.
8. Full Name of Father, August Weyler
9. Father's Occupation, Baker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs R Gillig

Address, 1302 Holland St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month, and by the Coroner in the case of death; and every midwife or other person who shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report to the Registrar of Vital Statistics, the particulars required above, and within the period above required, and any such person or persons who shall neglect or refuse to make such report as aforesaid, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

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RETURN OF A BIRTH.

A 2797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Grace Levena ~~Rukland~~ 1st
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	white
3. Date of Birth,	January 15th, 1891
4. Place of Birth, (Street and Number)	422 E. Fort ave
5. Full Name of Mother,	Martha Rukland
6. Mother's Maiden Name,	" Hester
7. Mother's Birthplace,	City
8. Full Name of Father,	Henry Rukland
9. Father's Occupation,	Sap. Maker
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	J C Bunch M D
Address,	511 Hanover st
Remarks,	OTHER NAME ADDED. 4-24-53

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BALTIMORE MD.

month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the sex and color of each child born alive during the preceding month, the full name and place of birth of the parents, and the number of children born to the present mother, and the number of any child born dead, and every such return shall be signed by the person in attendance at the birth, or in case there was no such person in attendance, by the father or mother of the child, if able to do so, and if not able, then by the householder of the district where the birth occurred. And no other person shall be entitled to the fee hereinafter provided for making such return. Any person who shall neglect or refuse to make such return as herein required, or who shall make a false return, or who shall neglect or refuse to report the birth of any child born in his or her house or premises, or who shall neglect or refuse to report the birth of any child born elsewhere than in his or her house or premises, when the mother of such child has no place of residence, shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B 7993

HEALTH DEPARTMENT FEB 1891 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Jan. 16th 1891
Place of Birth, (Street and Number)	14 E. Chestnut Ave
Full Name of Mother,	Minnie McCuskie
Mother's Maiden Name,	" "
Mother's Birthplace,	Bath Co.
8. *Full Name of Father,*	Unknown
9. *Father's Occupation,*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	Wm H Feldman
Address,	14 E Chestnut Ave
Remarks,	

1 8 9 1 0 0 0 0 3 5 2

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said physician or midwife shall be present in person at the birth of each child he shall attend, and shall every month to the office of the Commissioner of Health a certificate between the first and fifth days of each month, stating the number of cases in which he has rendered professional attendance during the preceding month, and the number of cases in which he has been present at the birth of any child and did not render professional attendance; and if he shall neglect to report the birth of any child he shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. S. ABLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. 7194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE MD. FEB 1 1891

No. 1. Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 16th 1891

4. Place of Birth, (Street and Number) #816 Bunting's Alley N. W.

5. Full Name of Mother, Annie Hoppe

6. Mother's Maiden Name, Martin

7. Mother's Birthplace, Maryland

8. Full Name of Father, Robt W. Hoppe

9. Father's Occupation, Laundry Porter (formerly Carpenter)

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. A. E. Norman M.D.

Address,

Remarks,

1 8 9 1 0 0 0 0 3 5 3

month, and shall set forth as far as the same can be ascertained the full name of each child, if it be living, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name conferred (if any), which information may be supplied in the form of a certificate between the first and second columns of the said schedule, and the certificate in the form of a certificate between the first and said schedule shall be delivered, duly signed, by the undertaker or person having charge of the funeral of any child to the sexton or other person in charge of the burial ground or place of interment, before the burial of any child shall be permitted therein; and the sexton or other person in charge of the burial ground or place of interment shall return to the Commissioner of Health, at least once in every week, the certificate of the attendance of a physician or practitioner of midwifery upon the mother, or the certificate of the undertaker or person having charge of the funeral of such child, or a certificate that no such certificate has been delivered to him, as the case may be, and shall make such other returns as may be required by the Commissioner of Health. Immediately thereafter it shall become the duty of the undertaker or person having charge of the funeral of such child to report its birth to the Commissioner of Health, and any person who shall fail to comply with the provisions of this section shall be subject to a fine of fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 7797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	16th Jan 1891
4. Place of Birth, (Street and Number)	401 Fawn St Cross
5. Full Name of Mother,	Mary Vogelsang Hill
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Lewis Vogelsang
9. Father's Occupation,	Waterman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Agnew
Address,	438 Fawn Ave
Remarks,	

6910000354

month, and shall set forth as far as the same can be ascertained, the full name of each child of which she shall have been confined; its sex, color, the full name of its parents, the date and place of birth; and the said midwife shall be liable to the penalty of one hundred dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ORS. J. D. GULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

27976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Jany 16 91
4. Place of Birth (Street and Number),	209 Washington St Homestead
5. Full Nome of Mother,	Christina Sherwood
6. Mother's Maiden Name,	Lindergeld
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Henry Sherwood
9. Father's Occupation,	Printer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Dr Monmonier
Address,	634 Gorsuch Av.
Remarks,	

BALTIMORE. JAN 28 1891

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born forth; its sex; color; the full name and occupation of the father and the full name and maiden name of the mother; and shall also state whether it be the first or a certain number between the first and third day of each and every month to the office of the Commissioner of Health. In case the child shall occur without the attendance of a physician or practitioner of midwifery, or [illegible] as aforesaid to [illegible] notice. Immediately thereafter it shall become the duty of the [illegible] to report the birth to the Commissioner of Health, within [illegible] required, under the penalty of ten (10) dollars who shall hereafter fail to comply with the provisions of this section, shall be subjected to the [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

1891000000355

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 2797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 16th 1891
4. *Place of Birth, (Street and Number)* 904 Boyd St.
5. *Full Name of Mother,* Emilie Auguste Friedrich
6. *Mother's Maiden Name,* " " Birkholz
7. *Mother's Birthplace,* Neuenburg Preussen
8. *Full Name of Father,* Carl Gustav Friedrich
9. *Father's Occupation,* Box maker
10. *Father's Birthplace,* Preusch Holland, Preussen

Name of Medical Attendant, or other person who makes this Return, Mrs. Seebach.

Address, 904 Boyd Str. City

Remarks, " " " " " "

1891000035 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 1992.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) B
4. Date of Birth, Jan 16th 1891
5. Place of Birth, (Street and Number) Baltimore City 1148 Ridgley
6. Full Name of Mother, Maggie Conley
7. Mother's Maiden Name, Maggie Waxsmoth
8. Mother's Birthplace, Baltimore City
9. Father's Occupation, William Conley
10. Father's Birthplace, Paper Hanger Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs M. Shuffler

Address, No 716 N. West St

Remarks,

1891000357

BALTIMORE, MD.

...shall neglect for the space of ten days after the birth of any child to report the same as required by this section, the name of each child, if any shall have been given, the full name and occupation of its parents, the date and place of birth, and the sex of such child, shall be delivered, duly signed by the person reporting, to the Registrar of Vital Statistics, and every such person who shall neglect for the space of ten days after the birth of any child to report the same as required by this section, and every physician, midwife or other person who shall neglect without the aforesaid time to report the birth of any child which he shall have attended in its birth, shall forfeit and pay for each offence a sum not exceeding ten dollars, and every such person who shall neglect for the space of thirty days after the birth of any child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 7979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Female.
Race or Color, (if not of the white race)	White.
3. Date of Birth,	January 16, 1891.
4. Place of Birth, (Street and Number)	321 Roland ave.
5. Full Name of Mother,	Ida May Salter.
6. Mother's Maiden Name,	Cornelius.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Elisha Bradford Salter.
9. Father's Occupation,	Blacksmith.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell, M.D.
Address,	291 Chestnut ave.
Remarks,	

1891 0000358

BALTIMORE MD.

...been conferred) its sex, color, the full name and ... of its parents, the date and place of birth, and the ... said schedule shall be delivered, duly signed by ... Baltimore, a form of a certificate between the first and ... shall occur without the attendance of a ... Commissioner of Health, in case the birth of any child ... attendance upon the mother, immediately ... child to report the birth to the Commissioner of Health, ... sixty days, the person whose duty it shall be to report ... neglect to the line of ten (10) dollars for each offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 7930.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 9 1891 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 16th 1891

4. Place of Birth, (Street and Number) 1325 W Druid st

5. Full Name of Mother, Amelia R. ~~Voglsang~~ Eckenrode

6. Mother's Maiden Name, " " Voglsang

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Fr Eckenrode

9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Wallerburg Germany

Name of Medical Attendant, or other person who makes this Return, Dr J Lucas

Address, 339 S Broadway

Remarks, Living child.

1891 0 0 0 0 3 5 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex and color, the name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the parent or parents of such child to cause the same to be registered as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. Certificates are to be corrected as directed, and blanks will be furnished on application to the Commissioner of Health. Physicians and midwives are requested to report births promptly, as directed by section 6 of the ordinance, and certificates are convertible.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. a.m. 7931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, January 16th 91
4. Place of Birth, (Street and Number) 1826 George St.
5. Full Name of Mother, Mary A Rehman
6. Mother's Maiden Name, A. Frankena
7. Mother's Birthplace, Bremen.
8. Full Name of Father, William Rehmann.
9. Father's Occupation, Tailor
10. Father's Birthplace, Westphalen.

Name of Medical Attendent, or other person who makes this Return. Annie Lindner

Address, 106 S. Monroe St.

Remarks,

NOTICE.—It shall be the duty of the parent or parents, or in case of their absence, the guardian or other person having charge of any child born in the City of Baltimore, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

1 6 9 1 0 0 0 0 3 6 0

RETURN OF A BIRTH 1902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	16 January 1891
4. *Place of Birth, (Street and Number)*	1087 Harrison Edle.
5. *Full Name of Mother,*	Lisse Dorn.
6. *Mother's Maiden Name,*	Krig.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Mike Dorn.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	De Baltimore
Name of Medical Attendant, or other person who makes this Return.	Miss P. Liersemann
Address,	1225 Hare Lane.
Remarks,	

8 9 1 0 0 0 0 3 6 1

FEB 3 1902

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, the date and place of its birth, the name and occupation of its parents, the date and place of their marriage, and the number of children of the present mother born alive previously, and the number now living; and every midwife or other person who shall be employed in any case of birth, shall within the time aforesaid, make and deliver to the parent or parents, guardian or other person having charge of any child born without the attendance of a physician, a certificate containing the substance of this section, and every midwife or other person who shall neglect or refuse to make such certificate, shall forfeit and pay for every such offence the sum of ten dollars, to be recovered by the State's Attorney, in the name of the State, before any court having competent jurisdiction, and shall be subject to the fine of ten (10) dollars for each week's neglect to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 17933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 16 1891
4. *Place of Birth, (Street and Number)*	Bruce st 322
5. *Full Name of Mother,*	Mary Garbick
6. *Mother's Maiden Name,*	Mary McKones
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles T Garbick
9. *Father's Occupation,*	Labarer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs O Kelley
Address,	2022 Wilkens Ave
Remarks,	

8 9 1 0 0 0 0 3 6 2

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have occurred without the city, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered by the collector of the city, in the form of a certificate between the first and third day of each and every month to the officer of the Board of Health, and the said collector shall cause the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should neither parent be living, the child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 27934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 7 1891 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, if any child have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, to the officer of the Corporation of Health. In case the birth of any child third day of each month, or if there be no such person in attendance upon the mother, immediately thereafter, it shall be the duty of the person in charge of the premises where such birth occurs, or of the parents, if such birth occurs elsewhere than in a house, to report such birth to the Commissioners of Health, and for the period above required, and child to report its birth to the Commissioners of Health, as required by this section, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 17 1891
4. Place of Birth, (Street and Number)	Mother Sheet 1226
5. Full Name of Mother,	Eliza McGaul
6. Mother's Maiden Name,	Eliza O'neill
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Caleb McGaul
9. Father's Occupation,	Salesman
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	C. H. McClelland M.D.
Address,	109 Penn St
Remarks,	

8910000363

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 7993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 17th 1891
4. Place of Birth, (Street and Number) 2nd House Calvin st
5. Full Name of Mother, Mary Rigney
6. Mother's Maiden Name, Williams
7. Mother's Birthplace, Md
8. Full Name of Father, William Rigney
9. Father's Occupation, Hostler
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Dr Smith M d

Address, 206 3rd ave Woodberry

Remarks,

1 8 9 1 0 0 0 0 3 6 4

BALTIMORE MD.

JAN 1891

Section 1. And be it further enacted, That the same can be ascertained the full name of each child, if any shall have been given it, and all the particulars required to be stated concerning such parents, the date and place of birth, and the sex of each child born alive within the city of Baltimore after the passage of this act, it shall be the duty of the attending physician, midwife or other person having charge of the case, to make a certificate between the first and third day of each and every month to the commissioner of health, in the manner and with the particulars hereinafter directed, which certificate shall be delivered, duly signed by the practitioner in charge, or a certificate between the first and third day of each and every month to the commissioner of health, in the manner and with the particulars hereinafter directed, which certificate shall be delivered, duly signed by the practitioner in charge, or in case there was no such practitioner, by the person present at the birth, or in case there was no such person present, by the parent or parents of such child, or in case there was no such person present, by the person or persons occupying the house in which such birth shall occur without the attendance of a physician or midwife, which certificate shall contain the name and residence of the person or parents of such child to report its birth to the commissioner of health, in the manner and within the period required, and any such person or persons who shall be after fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. Penalty and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A79256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 17 1891 BALTIMORE

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, January 17th 1891
5. Place of Birth, (Street and Number) 1311 E. Eager St
6. Full Name of Mother, Caroline Serrod
   Mother's Maiden Name, Burkenbine
7. Mother's Birthplace, Germany
8. Full Name of Father, F. Wm Serrod
9. Father's Occupation, Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. S. W. Schroder M.D.

Address, 1501 E Eager St.

Remarks,

6910000365

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the person making the same, within the first and third day of each month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent having charge of such child to report its birth to the Commissioner of Health, and with his report to comply with the provisions of this section shall be subjected to the fine or ten dollars for each offense, to be recovered as other forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 37937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 17th 1891.
4. Place of Birth, (Street and Number) 184 Hanover Ave
5. Full Name of Mother, Kate Kurz
6. Mother's Maiden Name, Mueller
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank E. Kurz
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, D. H. Seldner M.D.

Address, 1501 E Fager St.

Remarks,

8 9 1 0 0 0 0 3 6 6

RECEIVED JAN 21 1891 BOARD OF HEALTH

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Section 1. It is hereby made the duty of every person in charge of any lying-in institution, or of any midwife, or other person in attendance upon any birth which may occur, to make, or cause to be made, a return of such birth to the Commissioner of Health, in the manner and within the period required and prescribed by the ordinances of the Mayor and City Council of Baltimore, and any person who shall neglect or refuse to make such return shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 7 9 38

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
2. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 17th 1911
4. Place of Birth, (Street and Number) #342 Elm Ave
5. Full Name of Mother, S. Virginia Tyson
6. Mother's Maiden Name, Eagle
7. Mother's Birthplace, Maryland
8. Full Name of Father, James A. Tyson
9. Father's Occupation, Machinist
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. R. B. Nourse M.D.

Address, 820 Falls Road

Remarks,

8910000367

month, and shall set forth as far as the same can be ascertained the full name of each child of such mother born since the last preceding return, the date of birth of each child, the sex of each child, the color or race of each child, the place of birth of each child, the full name of the mother, her maiden name, her birthplace, the full name of the father, his occupation and his birthplace, and such other information as may be required by the Commissioner of Health. The medical attendant or other person who shall make the certificate required by this section shall be entitled to receive from the mother, father or other person having charge of such child a fee of twenty-five cents for each certificate by him signed and delivered, which fee shall be paid by the Commissioner of Health out of the appropriation for the current year. Any such certificate shall be delivered, duly signed by the practitioner or person in charge, to the office of the Commissioner of Health within the time above specified, and no other person be allowed or entitled to demand or receive any fee for the same. Any person who shall wilfully cause the birth of any child to be concealed, or who shall wilfully cause the birth of any child to be falsely certified, or who shall wilfully neglect or refuse to report the birth of any child as required by this section, or who shall wilfully cause the birth of any child to be reported falsely, and any midwife who shall neglect or refuse to report the birth of any child attended by her within the time above specified, and no other person be in attendance, shall be guilty of a misdemeanor, and on conviction thereof shall be punished by a fine not exceeding one hundred dollars, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 27939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Jany 7 1891
4. Place of Birth, (Street and Number) 1576 Baker E
5. Full Name of Mother, Minnie Anders
6. Mother's Maiden Name, Minnie Kreiner
7. Mother's Birthplace, Balto
8. Full Name of Father, Jesse R Anders
9. Futher's Occupation, Carriage
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. A C Pole

Address, Madison ave Bond E

Remarks,

1891 0000368

Joan Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2-d
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 17th 1891
4. *Place of Birth, (Street and Number)*	20 E. West St
5. *Full Name of Mother,*	Ann Donnell
6. *Mother's Maiden Name,*	" Welsh
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John Donnell
9. *Father's Occupation,*	Glass Flatter
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	L. C. Bandel MD
Address,	811 Hanover St
Remarks,	

+ 8 9 1 0 0 0 0 3 6 9

BALTIMORE FEB 19 1891

months, and shall set forth in the manner as aforesaid, the name of such child, if any, and the full name, residence and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the duty of delivering such certificate as aforesaid shall devolve upon the householder in which such birth occurs, and become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before any court of competent jurisdiction.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 7941.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 17th June January 1891
4. Place of Birth, (Street and Number) No 1806 N Baltimore st.
5. Full Name of Mother, Annie Rose Fisher
6. Mother's Maiden Name, " " Esler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Fisher
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Bathsheba Wyand

Address, 200 Bradenhall St.

Remarks,

8 9 1 0 0 0 0 3 7 0

SEE J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Section 3. And it shall be the duty of the father of each child born in this city, and in case of his absence, or inability from any cause, the duty of the mother, and in case of the absence of both parents, or their inability from any cause, the duty of the householder in whose house the birth shall occur, and in case of the absence of such householder, the duty of the person having charge of such child, to report its birth to the Commissioner of Health, at the office of the Commissioner of Health, in the manner and within the period above required, and said schedule shall be delivered, filled out and signed by the person reporting the birth, as above provided; and it shall be the duty of each and every person who shall assist at the birth of any child, or who shall be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and circumstance upon the mother, immediately thereafter, to report its birth to the Commissioner of Health, in the manner and within the period above required, and said schedule shall be delivered, filled out and signed by the person reporting the birth, as above provided; and it shall be the duty of each and every person who shall assist at the birth of any child, or who shall be in attendance upon the mother, immediately thereafter, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons as aforesaid hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 7991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 17-91
4. *Place of Birth, (Street and Number)*	730 N. Chester
5. *Full Name of Mother,*	Mary J. Walson
6. *Mother's Maiden Name,*	" " Russell
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	James H. Walson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
Address,	912 Mc Donogh
Remarks,	

8 9 1 0 0 0 0 3 7 1

REG.

Every person who shall neglect to report the birth of any child, as required by this section, or who shall report any false statement touching the birth of any child, or who shall neglect or refuse to report the sex, color, the full name and occupation of its parents, the date and place of birth, and the fact of the marriage of the parents, or either of them, or who shall report any false statement touching the same, when required so to report by the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, shall be subjected to a fine of not less than five (5) dollars nor more than fifty (50) dollars for each offense. In case the birth of any child shall occur upon the premises of any person who shall have been in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of this section, and any such person or persons who shall have failed to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th. Child

1. *Sex (state whether male or female),* male.
2. *Race or Color (if not of the white race),* white.
3. *Date of Birth,* 15. January. 1891
4. *Place of Birth (Street and Number),* Baltimore, 1012 Sharp Street.
5. *Full Name of Mother,* Nora Louise Hartleb.
6. *Mother's Maiden Name,* Nora Louise Bartz.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Bernhard Benjamin Hartleb.
9. *Father's Occupation,* Pianomacher.
10. *Father's Birthplace,* Osnabrück, Germany.

Name of Medical Attendant, or other person who makes this Return. Wilhelmine Bentz

Address, 516 W. Lee St.

Remarks,

8 9 1 0 0 0 0 3 7 2

The Health Law, Sec. 42, of this State, requires that the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the medical attendant shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a medical practitioner, it shall be the duty of the father, mother, householder, or other person present at the birth, to report the same within the time and to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 29954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child.
1. Sex, (state whether male or female).	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	January 18th 91
4. Place of Birth, (Street and Number)	# 346 Smallwood St.
5. Full Name of Mother,	Christina Schlüter
6. Mother's Maiden Name,	" Wagner.
7. Mother's Birthplace,	Bavaria
8. Full Name of Father,	Charles Schlüter
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendent, or other person who makes this Return,	Annie Lindner
Address,	# 186 S. Bond St.
Remarks,	

month, and shall set forth as far as the same can be ascertained, the full name of each child of any and every female who shall have been conferred the name, color, the full name and occupation of the father, and the date and place of birth of each child, and shall also state the number of children to which such female shall have given birth, and the date of each and every such birth; and it shall be the duty of each and every midwife, or other person not a physician or practitioner of midwifery, who shall attend upon any female during her travail, to make a return to the office of the Commissioner of Health of the birth of any child which shall occur without the attendance of a physician or practitioner of midwifery, or shall be under the attendance of such midwife, or other person, within ten days after the birth of such child, in the manner and within the period above required, and any such midwife or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

REGISTERED JAN 31 1891 REGISTRAR OF VITAL STATISTICS BALTIMORE

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WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 1. Child of Mother, (state whether 1st, ~~2d~~, 3d, &c.)

2. Sex, (state whether ~~male~~ or female)

3. Race or Color, (if not of the white race)

13. Date of Birth, 18 January 1911.

4. Place of Birth, (Street and Number) 2 Elmo Alley

5. Full Name of Mother, Hattie Ethel

6. Mother's Maiden Name, Wine

7. Mother's Birthplace, Germany

8. Full Name of Father, Augustus C.

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Edward L. Mauch

Address, 800 Fadenhall St.

Remarks,

1 8 9 1 0 0 0 0 3 7 4

1795.

Filed Dec 1911

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, &c., the date and place of birth, the full name and occupation of its parents, the date of their marriage, and such other information as may be required by the Commissioner of Health, in the form of a certificate to be furnished by him. Any person who shall refuse or neglect to make such return, or who shall not be the first and only person making the same, or who shall refuse or neglect to furnish the information required by the said schedule shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not more than twenty dollars for each and every month he shall so refuse or neglect to make such return after the third day of each month, and it shall be the duty of the person or parties required, and above mentioned, to make such return, to do so within three days after the birth of any child without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the occupier of the house in which such birth shall occur shall immediately thereafter (and within the period above mentioned) report the birth to the Commissioner of Health, and any such person who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as penalties and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A.77946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 18 - 1891
4. Place of Birth, (Street and Number) 707 S. Glen Ave.
5. Full Name of Mother, Anna Gertrude Schmidt
6. Mother's Maiden Name, Queens
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, John F. Schmidt
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1417 E. Fath St.

Remarks,

+ 6 9 1 0 0 0 0 3 7 5

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the time and place of birth; and the said schedule shall be delivered, duly signed, to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other lines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

7947.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
Sex, (state whether male or female)	Female
Race or color, (if not of the white race)	White
Date of Birth,	January 18th 1891
Place of Birth, (Street and Number)	No 3 — Wilson Avenue
Full Name of Mother,	Sarah L. Richardson
Mother's Maiden Name,	L. F. Gemmell
Mother's Birthplace,	Frankletown Balto Co. Md
Full Name of Father,	Charles J. Richardson
Father's Occupation,	Plumber and Gas Fitter
Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	C. Shaw M.D.
Address,	Govans Baltimore Md
Remarks,	

FEB 2 1891

BALTIMORE MD.

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J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 7058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Jany 18th 1891
4. Place of Birth (Street and Number), 316 S Bond St
5. Full Name of Mother, Emma Overcash
6. Mother's Maiden Name, Davis
7. Mother's Birthplace, South Carolina
8. Full Name of Father, Thos N Overcash
9. Father's Occupation, Tin Smith
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return. W J Hooks MD

Address, 1519 E Baltimore St

Remarks,

...shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

A 7949.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) male

Race or Color, (if not of the white race) White

3. Date of Birth, Jan 18 "91

4. Place of Birth, (Street and Number) 809 Cleveland St

5. Full Name of Mother, Mrs Walker

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Batchelor & Dr Powell

Address, Free Lying-in Hospital 637 W Lombard St

Remarks,

BALTIMORE

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...ath, and shall set forth as far as the same can be ascertained, the name of each child, if any, ... been conferred) its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the ... third day of each and every month, to the Commissioner ... attendance upon the mother, immediately thereafter, ... child to report its birth to the Commissioner, and ... any such person or persons so required to make ... jected to the fine of not less than ... dollars for each offense, to be recovered as other fines ...

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT. JAN 30 1891 BALTIMORE, MD.

Name: Ann Maria Suit

2 nd

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female
2. Sex, (state whether male or female), Mobile
3. Race or Color (if not of the white race), Jan 18th 1891
4. Date of Birth, 907 Aisquith St.
5. Place of Birth (Street and Number), Wm. Wells Suit
6. Full Name of Mother, Kelly
7. Mother's Maiden Name, Prince Geo's Co. Md
8. Mother's Birthplace, Edgar Suit
9. Father's Occupation, Laborer
10. Father's Birthplace, Prince Geo's Co. Md

Name of Medical Attendant, or other person who makes this Return. Jno. Rhoda Bay

Address, near Mt. Oak P.O.

Remarks,

8 9 1 0 0 0 0 3 7 9

nal shall not forth as far as the same can be ascertained the full name of each child, if any shall have been born of such mother, the sex and color of each child, the date and place of birth, and the said schedule shall be delivered, duly verified by the oath of the person making the same, to the Commissioner of Health, or to such other person as the Commissioner may authorize to receive the same, within ten days after the birth of any child shall occur upon the premises or within the limits of the district to which the person making the return is assigned; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A7957.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 18th 1891
4. Place of Birth (Street and Number)	1516 Alice Anne st
5. Full Name of Mother,	Maggie Röhner
6. Mother's Maiden Name,	Jacobs
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	John Röhner
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	L. L. Bardenheier
Address,	418 S. Paca st.
Remarks,	

8 9 1 0 0 0 0 3 8 0

Month, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been still-born, such fact shall be stated. It shall be the duty of each physician or midwife who shall be present at the birth of any child, or who shall have been called to visit the mother of such child before or after birth during the period above required, and said schedule shall be delivered, duly signed by the practitioner or midwife present at the birth, to the Commissioner of Health. In case the birth of any child occur without the presence of a physician or midwife, or should no other person be in attendance, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THE J. C. BULLEY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 79-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 30 1891
BALTIMORE MD.

No. of Child, of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	1
Sex, (*state whether male or female*)	Female
Race or Color, (*if not of the white race*)	Col'd
Date of Birth,	Jan 19/91
Place of Birth, (*Street and Number*)	42 & 9½ Alley
Full Name of Mother,	Hannie Woodland
6. Mother's Maiden Name,	Hannie Gray
7. Mother's Birthplace,	Md
8. Full Name of Father,	Geo. Woodland
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return,	Jane Woodland
Address,	
Remarks,	

8 9 1 0 0 0 0 3 8 1

Month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born alive) and the sex and color of such child, the date and place of birth, and the full name, age and occupation of its parents, the date and place of their marriage, and the said schedule shall be delivered, duly signed by the physician or midwife in attendance, or if there be none, then within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall report the birth of such child, the mother of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1891, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* Jan 19 1891
5. *Place of Birth, (Street and Number)* 1929 Lanvale St.
6. *Full Name of Mother,* Agnes Keth
7. *Mother's Maiden Name,* Franke
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* Henry Keth
10. *Father's Occupation,* Labarer
11. *Father's Birthplace,* Switzerland

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1927 Eutaw St.

Remarks,

1891 0000382

BALTIMORE CITY

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and residence of the parents, date and place of birth; and the said schedule shall be verified by the oath or affirmation of the informant, which may be administered by the said Commissioner in the form of a certificate between the first and second folios of said schedule. And the said Commissioner shall deliver such schedule to the Registrar of Vital Statistics, or his deputy, on the first day of every month to the office of the Board of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, it shall be the duty of the father or mother of such child to report the same to the said Commissioner of Health within the period above required, and in case the mother is medically attended, the name of the physician who shall have attended her shall be reported by him with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as a penalty, fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Dupl

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Louise Siemon

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race)
4. Date of Birth, Jan. 19 1891
5. Place of Birth, (Street and Number) 1136 E. Lombard St.
6. Full Name of Mother, Josephine (~~Simon~~) Siemon
7. Mother's Maiden Name, Clayton
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Henry (~~Simon~~) Siemon
10. Father's Birthplace, Barber
    Name of Medical Attendant, or other person who makes this Return. Baltimore
    Address, Mary Stein
    Remarks, 1427 E Baltimore St.

FEB 2 1891 BALTIMORE

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month, and shall set forth as far as the same can be ascertained the full names of each child (if any) shall have been conferred) last so, color, the full names of its parents, the date and place of birth; and the said schedule shall be verified by the practitioner in the form of a certificate between the first and every month to the office of the Commissioner of Health. In case the attendance of a practitioner upon the mother shall not be required, the duty of the person or parents of such child to report, as aforesaid, shall devolve upon the person who shall perform the office of midwife in such attendance upon the mother. Immediately on the birth of a child, the parent or parents, or other person who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 279541/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1891 – 19th of January
4. Place of Birth, (Street and Number) 1027 Parrish St
5. Full Name of Mother, Mage Leuttke
6. Mother's Maiden Name, Mage Lehmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Leuttke
9. Father's Occupation, Restaurant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Priscilla Beale Midwife

Address, 214 West Pratt St

Remarks,

8 9 1 0 0 0 0 3 8 4

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been named, the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered by the attendant or practitioner in the form of a certificate between the first and the tenth day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 7995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, January 19th 1891

4. Place of Birth, (Street and Number) 1206 St Paul Street

5. Full Name of Mother, Barbara Rebecca Miller

6. Mother's Maiden Name, Barbara Rebecca Pillsburg

7. Mother's Birthplace,

8. Full Name of Father, John Henry Miller

9. Father's Occupation, Railroad Business

10. Father's Birthplace, Old Point Comfort — Virginia

Name of Medical Attendant, or other person who makes this Return, H. P. Hildebrandt M. D.

Address, 574 Park Avenue

Remarks,

1 8 9 1 0 0 0 0 3 8 5

HEALTH DEPARTMENT BALTIMORE MD

...ten concerned its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, by the person required to make the return, to the Registrar within thirty days after the birth, and every such person who shall refuse or neglect to deliver such schedule, or shall without the attendance of a physician or practitioner of midwifery, or the person or parents of such child, or other person required to make the return, fail to report the birth within the period above required, and attendance upon the mother immediately thereafter, in such manner and within the period above required, and any such person who shall refuse or neglect to deliver such schedule, or shall without the attendance of a physician or practitioner of midwifery, or the person or parents of such child, or other person required to make the return, fail to report the birth within the period above required, and any such person who shall refuse or neglect to deliver such schedule, or shall otherwise fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable

RETURN OF A BIRTH A. 27956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 19th 1891
4. Place of Birth, (Street and Number) 1218 Sharp st
5. Full Name of Mother, Ann Sullivan
6. Mother's Maiden Name, A Sheahan
7. Mother's Birthplace, Boston
8. Full Name of Father, John Sullivan
9. Father's Occupation, Fireman at furniture factory
10. Father's Birthplace, Boston

Name of Medical Attendant, or other person who makes this Return. L C Bauch M D

Address, 571 Hanover

Remarks,

8 9 1 0 0 0 0 3 8 6

BALTIMORE MD 1891

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 2797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 19, 1891.
4. Place of Birth, (Street and Number) No. 118 Harford road.
5. Full Name of Mother, Ellen Hargett.
6. Mother's Maiden Name, Ellen Whalen.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Andrew Hargett
9. Father's Occupation, Luther
10. Father's Birthplace, Maryland

Name of Medical Attendent, or other person who makes this Return. Wm. H. Lewell, M.D.

Address, 1741 Harford ave.

Remarks,

1 8 9 1 0 0 0 0 3 8 7

CALLED FOR

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name of each child (if any shall have been conferred) its sex, color, the full names and residence of its parents, the date and place of birth; and the said schedule shall be delivered to the Commissioner of Health, in case no other person be in charge of such birth, within ten days after the expiration of the month to which it relates. In case no other person be in charge of such birth, the physician or midwife in attendance upon the mother immediately after the birth, is the manner and within the period above required, and shall certify without the attendance of a physician or midwife, the parent or parents of such child to report its birth to the Commissioner of Health, the penalty for each offence to be recovered as other penalties are recoverable.

Any person who shall wilfully refuse or neglect to comply with the provisions of this section, shall forfeit and pay to the use of the city of ten (10) dollars for each offence to be recovered as other penalties are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	January 19 1891
4. *Place of Birth, (Street and Number)*	Chapel St 518.
5. *Full Name of Mother.*	Anni Sanden
6. *Mother's Maiden Name.*	Anni Feddler
7. *Mother's Birthplace.*	Baltimore Md.
8. *Full Name of Father.*	Charli Sanden
9. *Father's Occupation.*	Labourer
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Ellen Smith
Address,	113 Eastern Ave
Remarks.	

DEPARTMENT OF HEALTH BALTIMORE MD.

...NY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 27959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 19. 1891
4. Place of Birth, (Street and Number) 34. E. West St
5. Full Name of Mother, Lizzette Kemp
6. Mother's Maiden Name, Lizzett Stockman
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Antone Kemp
9. Father's Occupation, Fireman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Wiemyer

Address, 800 Eastern Ave

Remarks,

+ 8 9 1 0 0 0 0 3 8 9

...month, and shall set forth as far as the same can be ascertained the full name of each child (if any) that shall have been delivered, the sex, color, the full name and occupation of its parents, the date of birth, and the number of the child between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, to the person required to report the birth of any child as aforesaid, at the time of the visit next after the birth of such child, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person required, and authorized to report the birth of such child, to notify the Commissioner of Health, in writing, of the failure of any such person or persons to comply with the provisions of this section, which notice shall be subject to the fine of ten (10) dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

892.—J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, June 20. 1910

4. Place of Birth (Street and Number), 10 Montgomery St.

5. Full Name of Mother, Annie Scarbrough

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Balto.

8. Full Name of Father, Wm. Scarbrough.

9. Father's Occupation, Police

10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return: Mrs. Scarbrough.

Address, 12 Montgomery St.

Remarks,

B 9 1 0 6 0 0 0 3 9 0

The Baltimore Publishing Co., City Printers and Stationers

This schedule shall remain a part of the birth which have received under his or her care during the month, and shall set forth as far as known the full name of each child, if any shall have been born, sex, color, full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs upon the standing of a physician or midwife, and no such person is present at such birth, the duty of the mother of such child to report such birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recovered by law.

RETURN OF A BIRTH. A. 7961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 1891 BALTIMORE MD

1. No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5 Child
2. Sex. (state whether male or female) Female
3. Race or Color. (if not of the white race)
4. Date of Birth, January 20th 91
5. Place of Birth, (Street and Number) #1320 Pratt St.
6. Full Name of Mother, Kunigunda Stock.
7. Mother's Maiden Name, " " Lorenz
8. Mother's Birthplace. Baltimore
9. Full Name of Father. Lorenz Stock.
10. Father's Occupation. Oil Dealer
    Father's Birthplace, Hessen
    Name of Medical Attendent, or other person who makes this Return. Annie Lindner
    Address, #100 S. Monroe St.
    Remarks,

691000003911

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Sec. 3. The said Registrar shall record all of the facts which have occurred under his observation, and all which have been certified to him, in a book or books to be provided for that purpose, and shall set forth as far as the same can be ascertained the full name of each child born living within the city, the sex, color, the full name and occupation of the parents, the date and place of birth, and the maiden name of the mother. Such record shall be made in the form of a certificate between the first and second days of each month, and shall be signed by the Registrar, or some one of his assistants duly appointed for that purpose, and sworn to before the Commissioner of Health. In case the birth of any child shall occur within the limits of the city, and no certificate thereof shall be delivered to the Registrar within the period above required, and the Registrar shall have no knowledge of the same from any other source, it shall be the duty of such Registrar to report the fact to the Commissioner of Health, who shall cause the parents of such child, or the occupant of the house where such birth occurred, to be notified to appear before him and show cause why they should not be punished for such neglect of duty; and if it shall appear that such birth occurred within the knowledge of the parents, or occupant of the house, and that they have neglected or refused to report the same, they shall be punished by a fine of not more than ten dollars for each offense.

Sec. 4. Be it further enacted, That it shall be the duty of the physician or midwife in attendance upon the mother, immediately thereafter to make a return of such birth to the Registrar within the district in which the birth occurred, and any such physician or midwife who shall fail to make such return within ten days after the birth occurs, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as aforesaid.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the name of each child, if any shall have been given, the full name and residence of the parents, the sex and color of each child, the time of birth, and said schedule shall be delivered, duly signed by the attending physician or midwife, at the office of the Registrar of Vital Statistics, on or before the third day of each and every month to the office of the Registrar of Vital Statistics, and every month to the office of the Registrar of Vital Statistics, on or before the third day of each and every month thereafter. In case there is no attending physician or midwife in attendance upon the mother at the birth of any child, the duty of reporting such birth shall devolve upon the father, mother, householder or other person present at the birth, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered before any Justice of the Peace, in the manner that other fines and forfeitures are recoverable.

BALTIMORE, MD.
HEALTH DEPT.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, January 20th 1891.

Place of Birth, (Street and Number) 924 N. Washington St

Full Name of Mother, Fannie Thomas

6. Mother's Maiden Name, Mahlschläger

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Thomas

9. Father's Occupation, Machinist

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. S. N. Dellinger M. D.

Address, 501 E. Eager St

Remarks,

8 9 1 0 0 0 0 3 9 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 7963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Bolton st no 2218

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, January 20, 1891
4. Place of Birth, (Street and Number) Bolton st no 2218
5. Full Name of Mother, Clara Jackson
6. Mother's Maiden Name, Clara Moore
7. Mother's Birthplace, Baltimore marland
8. Full Name of Father, Joseph A Jackson
9. Father's Occupation, work at the Buchers
10. Father's Birthplace, virginia

Name of Medical Attendent, or other person who makes this Return. Carrie Lowens 1610

Address, vincin alley

Remarks,

891000393

...Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...MORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 11964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Caroline ~~Hartig~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

Sex, (state whether male or female) Female Caroline

2. Race or Color, (if not of the white race)

3. Date of Birth, 20 d of January 1891

4. Place of Birth, (Street and Number) 418 Robert Street City

5. Full Name of Mother, Marie Hartig

6. Mother's Maiden Name, Marie Wigand

7. Mother's Birthplace, Cronberg im Taunus Germany

8. Full Name of Father, August Hartig

9. Father's Occupation, Bootmaker

10. Father's Birthplace, Denkelshausen Germany

Name of Medical Attendant, or other person who makes this Return. Lina Lang

Address, 1904 Fort Av Locust Point

Remarks,

8 9 1 0 0 0 0 3 9 4

FEB 2 1891 HEALTH DEPT BALTIMORE MD

month, and shall set forth as near as may be the number of the births which have occurred under his or her care during the month, and the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the number of each child, if born alive, and if dead, the cause of death, and the number of children born alive and dead; and shall deliver the said schedule to the Commissioner of Health or to some one of his assistants, at the office of the Commissioner of Health, on or before the third day of each and every month, or within such further time as may be allowed by the Commissioner of Health, and shall attend at such office in person or by substitute, if required, for the purpose of verifying the same by affidavit, if necessary. Any physician, midwife or other person who shall neglect to report the birth of any child in attendance upon the mother, immediately thereafter in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense; one-half of which fines are recoverable.

RETURN OF A BIRTH A 2796.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 20th of January 1891
4. Place of Birth, (Street and Number) 1467 Garrett Ave Locust Point
5. Full Name of Mother, Marie Brauns
6. Mother's Maiden Name, Marie Kühne
7. Mother's Birthplace, Wilsleben Saxony Germany
8. Full Name of Father, Gustav Brauns
9. Father's Occupation, Tapenter
10. Father's Birthplace, Magdeburg Saxony Germany

Name of Medical Attendant, or other person who makes this Return, Lina Lang

Address, 1704 Locust Point (Fort Ave)

Remarks,

8 9 1 0 0 0 0 3 9 5

RECEIVED BIRTH STATEMENT

Health. This certificate shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the name of each child born, the sex, color, parentage, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. SLOANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	16 th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	January 20 th 91
4. Place of Birth (Street and Number),	155 Hamburg St
5. Full Name of Mother,	Maria Stephney
6. Mother's Maiden Name,	Maria Chancellor
7. Mother's Birthplace,	Omit George Co Md
8. Full Name of Father,	Philip Stephney
9. Father's Occupation,	Seaman
10. Father's Birthplace,	Annapolis Md
Name of Medical Attendant, or other person who makes this Return,	Wallace H Griffith
Address,	H P E. Montgomery St.
Remarks,	

8 9 1 0 5 0 0 3 9 6

Registered
DEC 5 1891
BALTIMORE MD

Publishing Co. City Printers and Stationers.

RETURN OF A BIRTH. 7967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1891 - 20th of January
4. *Place of Birth, (Street and Number)*	111 Caldwell Alley
5. *Full Name of Mother,*	Clara Feale
6. *Mother's Maiden Name,*	Clara Egelhart
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father.*	John Feale
9. *Father's Occupation.*	Blacksmith
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Friederike Hauler Midwife
Address,	2116 West Pratt St.
Remarks,	

8 9 1 0 0 0 0 3 9 7

RECEIVED FEB 23 1891 REGISTRAR

Act of 1888, Section 3. All persons who shall attend the birth of any child (if any child) born in this city, shall, within the first week of each month, and shall set forth as far as the same can be ascertained the full name of each child (if any child) have been omitted) its sex, color, the full name and occupation of the parents, and the number and street where the birth occurred; and shall make a return in the form of a certificate between the first and said schools of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the person or persons having charge of the house in which the birth occurred, and within the period above required, and shall so report. Any physician or midwife, or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. m968.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD. FEB 4 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 20, 1891.
4. *Place of Birth, (Street and Number)* 154 Cedar ave.
5. *Full Name of Mother,* Amanda Miller.
6. *Mother's Maiden Name,* Appleby.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William A. Miller.
9. *Father's Occupation,* Motor engineer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell.

Address, 291 Chestnut ave.

Remarks,

8910000398

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

No. 17967.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under [illegible] the month, and shall set forth as far as the same can be ascertained the full name of each child, the [illegible] born on the same day, the full name and residence of the Parents, the date and place of birth; and said schedule shall be delivered, duly signed by the [illegible] to the Commissioner of Health, within the first seven days of each and every month to the officer [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or should no other person [illegible] attendance within the time aforesaid, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the time above required, and any such person or persons who shall hereafter fail to comply with the [illegible] above shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	January 20th 1891
4. Place of Birth, (Street and Number)	3014 Elliott St Baltimore
5. Full Name of Mother,	Ellie Collins
6. Mother's Maiden Name,	Ellie H. Loughlin
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Thomas Collins
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Miss P. Linnane
Address,	1325 Hanover street.
Remarks,	

891000039 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME READDED 6-22-66 OF A BIRTH. A 17970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: NATHAN ULLMAN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 20 Jan 1891
4. *Place of Birth, (Street and Number)* 827 N. Gay St
5. *Full Name of Mother,* Eliza Ullman
6. *Mother's Maiden Name,* " Millheiser
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Samuel Ullman
9. *Father's Occupation,* Shoe maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs R. Allig

Address, 1302 Holland St

Remarks,

891000000400

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A7997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), White

3. Date of Birth, January 20th 1891

4. Place of Birth (Street and Number), 346 W. Biddle St.

5. Full Name of Mother, Emilie Walburga Wintz

6. Mother's Maiden Name, Emilie Walburga Kopp

7. Mother's Birthplace, Vienna (Austria)

8. Full Name of Father, Edward Wintz

9. Father's Occupation, Cook.

10. Father's Birthplace, Strasbourg (Alsace)

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Baensch

Address, 516 W. Lee St.

Remarks,

8 9 1 0 0 0 4 0 1

BALTIMORE MD.

Any person who shall refuse or neglect to comply with the provisions of Section 4 of the Act of 1890, Chapter 123, relating to the Registration of Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the Christian and surname of each child, (if any child shall not be named at the time of such return, then the name and date of birth of such child shall be returned as soon as the name is given), the sex of each child, whether male or female, the color or race of each child, whether white or of some other color or race, the date of birth of each child, the name and surname of the father and mother of each child, the place of birth of the father and mother of each child, the name and surname of the mother of such child before her marriage, the age of the father and mother of each child, the residence of the parents at the time of the birth of each child, the trade, occupation or profession of the father of each child, and the name and residence of the attendant upon the birth of each child, which return shall be made in writing and signed by the person making the same, and shall be delivered every month to the officer of the Board of Health appointed to receive the same, or mailed to his office, postage paid, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered by law.

GIVEN NAME ADDED 12-19-55

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William French Wilcox	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Jan 20 - 91
4. Place of Birth, (Street and Number)	1405 Aisquith
5. Full Name of Mother,	Annie T. Wilcox
6. Mother's Maiden Name,	" " Coleman
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Samuel R. Wilcox
9. Father's Occupation,	Trimer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Adams
Address,	912 M'Donogh
Remarks,	

+ 6 9 1 0 0 0 0 4 0 2

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Boys and girls are to be registered under the names by which they are commonly known, and the full name and occupation of its parents, the date and place of birth; and the number of children born to the mother, including the child for which a certificate between the first and last births, must be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the person or parents of such child refuse to report the same, it shall become the duty of the person or parents of such child to report the same immediately thereafter; and within the period above required, and attendance upon the birth of such child, to report the same to the Commissioner of Health, in the manner with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M973

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Jan 21/94

4. Place of Birth, (Street and Number) 622 W. Lombard St

5. Full Name of Mother, Laura Fox

6. Mother's Maiden Name, Laura Fox

7. Mother's Birthplace, Baltimore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Dr. H. B. Batchelor

Address, Free Lying-in Hospital 622 W. Lombard St

Remarks,

8910000403

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 17974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT, FEB 1891 BALTIMORE, MD.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c*.) 2

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth*, January 21. 1891
4. *Place of Birth*, (*Street and Number*) 455 West Monument St
5. *Full Name of Mother*, Fanny Tilghman
6. *Mother's Maiden Name*, Wallace
7. *Mother's Birthplace*, Baltimore Md
8. *Full Name of Father*, Charles Tilghman
9. *Father's Occupation*, Porter
10. *Father's Birthplace*, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Hester Clarke

Address, 519 Preston Street

Remarks,

8910000404

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 1891.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother*, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 9
2. *Sex*, (*state whether male or female*) male
3. *Race or Color*, (*if not of the white race*) colored
4. *Date of Birth*, January 21. 1891.
5. *Place of Birth*, (*Street and Number*) 104 Cathedral Street
6. *Full Name of Mother*, Rebecca Lancy Taylor
7. *Mother's Maiden Name*,
8. *Mother's Birthplace*, Baltimore Md.
9. *Full Name of Father*, Edward Lancy
10. *Father's Occupation*, Waiter
11. *Father's Birthplace*, Baltimore
12. *Name of Medical Attendant*, or other person who makes this Return. Hester Coleman
13. *Address*, 319 Preston St.
14. *Remarks*,

8 9 1 0 0 0 0 4 0 5

month, and shall set forth as far as the name can be ascertained, the full name and occupation of the parents, the full place of birth; and the sex, and shall set forth as far as the name can be ascertained, the full name and occupation of the parents, the full place of birth; and the sex, color, the full name and occupation of the physician or midwife, if any, present at the birth, and the date between the first and color, the full name and occupation of the physician or midwife, if any, present at the birth, and the date between the first and fifteenth days of each and every month of a physician or practitioner of midwifery, or person acting as midwife, or other person, or parents of such fifteenth days of each and every month of a physician or practitioner of midwifery, or person acting as midwife, or other person, or parents of such child, which shall be delivered, duly signed by the Commissioner of Health, or by the Registrar of Vital Statistics, or other person be in child, which shall be delivered, duly signed by the Commissioner of Health, or by the Registrar of Vital Statistics, or other person be in charge of such office, which certificate shall be delivered to the Commissioner of Health, or Registrar of Vital Statistics, or other person in or parents of such child, which certificate shall be delivered to the Commissioner of Health, or Registrar of Vital Statistics, or other person in charge of such office, which shall be kept open for the inspection of the public during the usual business hours of the day; and no other person be in charge of such office, which shall be kept open for the inspection of the public during the usual business hours of the day; and no other person shall make any such certificate, or grant any such certificate of birth, except as herein provided. Every such certificate shall make any such certificate, or grant any such certificate of birth, except as herein provided. Every such certificate shall be delivered, duly signed by the Commissioner of Health, or by the Registrar of Vital Statistics, or other person in charge of such office, within the period above required, and shall contain all the information above required, and shall be made out in accordance with the provisions of this section. And if any child shall occur without the city, immediately thereafter, if such child shall be brought into the city, or if any child shall occur within the city, and the parents thereof shall remove therefrom before the birth of such child is reported as aforesaid, the parents shall, within the period above required, and in the manner above provided, report the birth of such child to the Commissioner of Health, or Registrar of Vital Statistics, or other person in charge of such office, and shall comply with the provisions of this section. And if any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverible.

BALTIMORE MD.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 1. 7976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 21 1891
4. Place of Birth, (Street and Number) No 25 Madison Street
5. Full Name of Mother, Lilly Harrison
6. Mother's Maiden Name, Lilly Bryan
7. Mother's Birthplace, Prince George county
8. Full Name of Father, Edward Harrison
9. Father's Occupation, Laborer
10. Father's Birthplace, Prince George county

Name of Medical Attendant, or other person who makes this Return. Elizabeth Price

Address, Arnold post office Balto co

Remarks,

8 9 1 0 0 0 0 4 0 6

BALTIMORE MAR 21 1891 D.

GEO. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 27977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 3 Child

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* January 21st. /91
4. *Place of Birth,* (*Street and Number*) 1020 Browns Lane
5. *Full Name of Mother,* Barbara Rauch
6. *Mother's Maiden Name,* " " Hann
7. *Mother's Birthplace,* Freiburg Bayern
8. *Full Name of Father,* Lorenz Rauch
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Helenbach.

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, # 106 S. Monroe St.

Remarks,

... month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

8910000407

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 27978.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th Child

1. Sex, (state whether male or female) Female Child
2. Race or Color, (if not of the white race) White Child
3. Date of Birth, Jan 21 1891
4. Place of Birth, (Street and Number) Cor Mount & Reese St City
5. Full Name of Mother, Jochanna Laterfield
6. Mother's Maiden Name, Jochanna Mitchell
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Andrew Laterfield
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Margret Hinkel

Address, No 28 Mount St m Valley Balto City

Remarks,

HEALTH LIBRARY BALTIMORE

FEB 6 1891

8910000408

Which, by the [illegible] of the city, is made a penal offence. Every physician, midwife or other person who shall neglect or refuse during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Commissioner of Health, in the manner and within the period above required, and shall certify whether the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 7979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Jan 21st 91

4. Place of Birth, (Street and Number) 1811 N. Mahtison St.

5. Full Name of Mother, Mary E. Hazlehurst

6. Mother's Maiden Name, Mary E. Lovell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Franklin Hazlehurst

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. H. Tiedtke

Address, 200 Cathedral St

Remarks,

8 9 1 0 0 0 0 4 0 9

month, and shall set forth as far as the same can be ascertained, the full name of each child, if it shall have been conferred, the date and place of birth, and the full name of its parents, the date and place of their marriage, and the occupation of its parents, the full name, and the residence of the physician or midwife in attendance upon the birth of any child in the form of a certificate to be delivered to the parents of such child; and every physician or midwife who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as debts of like amount are recoverable.

FEB 1891 REGISTERED

THE A. S. ABLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 7980.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* Girl
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* 27 January 1891
5. *Place of Birth, (Street and Number)* 6. Lombard 1128
6. *Full Name of Mother,* Ella Clarence
7. *Mother's Maiden Name,* Stock
8. *Mother's Birthplace,* Balto
9. *Full Name of Father,* Aeds Stock
10. *Father's Occupation.* workman
11. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs Lieber 2336 d Washington ave

Remarks,

1 8 9 1 0 0 0 0 4 1 0

BALTIMORE MD. 1891

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person making the return, to the Commissioner of Health, or his duly authorized agent, at the office of the Commissioner of Health, in the City Hall, within ten days after the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person in charge of such attendance upon the mother, immediately thereafter it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health in the manner and form above prescribed, and any person who shall neglect or fail to comply with the provisions of this Section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 27981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 21 1891
4. Place of Birth, (Street and Number) No 42 Kaufmans Court
5. Full Name of Mother, Annie Clayton
6. Mother's Maiden Name, Annie Byroth
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Charles Clayton
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine A Mungle

Address, 100 Eadenhall St

Remarks,

89 10000411

month, and shall set forth as far as the same can be ascertained the full name of each child, by any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly verified, to the office of the Commissioner of Health. In case the other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 27957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Jan 21-91
4. Place of Birth, (Street and Number)	2029 Mura St
5. Full Name of Mother,	Georganna Dieterly
6. Mother's Maiden Name,	Abbott
7. Mother's Birthplace,	Balto
8. Full Name of Father,	August Dieterly
9. Father's Occupation,	Driver
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 Mc Donough
Remarks,	

8910000412

FEB 3 1891

month, and shall set forth as far as the same can be ascertained, the full name, sex and color of each; and the date and place of birth; and the name, residence and occupation of its parents, the date and place of their marriage, and the number of children born to the mother, including the first and last born, whether living or dead, and the number of children born alive now living. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or persons residing in the house where such birth occurs, to report the same to the Commissioner of Health, in the manner and within the time prescribed, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 21 1891
4. Place of Birth, (Street and Number) Gilmor st 300
5. Full Name of Mother, Rosey Klimper
6. Mother's Maiden Name, Rosey Schnitter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph B Klimper
9. Father's Occupation. Saloon Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelley

Address, 2022 Wilkens Ave

Remarks,

8 9 1 0 0 0 0 4 1 3

FEB 25 1891

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been configed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or such other person as he shall designate for the purpose, and the practitioner or midwife who shall neglect to make such return or to attend upon the mother, immediately thereafter shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11th
2. *Sex, (state whether male or female)* Boy
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* 22 January 1891
5. *Place of Birth, (Street and Number)* 1 W. Washington Ave St 136.
6. *Full Name of Mother,* Waldburga Dorothea Winkler
7. *Mother's Maiden Name,* Hinkler
8. *Mother's Birthplace,* Germania
9. *Full Name of Father,* Alvin Winkler
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return. Mrs Fisher

Address, Midwife

Remarks,

E 7 1 0 0 0 0 4 1

FEB 5 1891

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the passage of this ordinance, it shall be the duty of the Registrar of Vital Statistics, Board of Health, Baltimore City, to procure a sufficient number of blank forms of Returns of Births, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been given) the sex and color, the date and place of birth, the full name, birthplace, occupation and residence of the parents, and such other information as may be required by the Board of Health, and shall furnish the same to the physicians, midwives and other persons who are required by this ordinance to report births. Every such blank shall be in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father, or in his absence the mother, and in the absence of both father and mother, the householder or other person having knowledge of the birth, shall within ten days after the birth of such child report the birth to the Commissioner of Health, in the manner and form provided in this section, and any such person or persons who shall hereafter fail to faithfully comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 37995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 22 1890
4. Place of Birth, (Street and Number) Battle 16 10 Fremont st
5. Full Name of Mother, Louisa Elizabeth Gerhart
6. Mother's Maiden Name, Kallus
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Wm Gerhart
9. Father's Occupation, Baster
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr E H Kurtz

Address, 1013 Eastern Ave

Remarks, Health

8910000415

FEB 1891 BALTIMORE MD. HEALTH DEPT.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the date of birth, the name and residence of the parents, the color of the child, and the said schedule shall be delivered, duly signed by the practitioner in the case, or certified by the mayor, at the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who would be required to report the same, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, within ten days thereafter, in the manner and with the particulars required of any such person or persons who shall have charge of such birth, under the provisions of this section shall be subject to the fine of ten (10) dollars for each offense. Fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 27986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Dark Complexion

Date of Birth, Jan 22nd 1891

4. Place of Birth, (Street and Number) Richard St. Court

Full Name of Mother, Mary Louise Harriman

6. Mother's Maiden Name, Stone

7. Mother's Birthplace, Joseph Louise

8. Full Name of Father, Dufour

9. Father's Occupation, Washington

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Lucas Lane

Address, #642 Jefferson St

Remarks,

1 8 9 1 0 0 0 0 4 1 6

JAN 31 1891 BALTIMORE MD.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), the sex, the color, the full name and occupation of the parents, the date and place of birth; and the said above of each and every month to the Commissioner of Health. In case the birth of a certificate between the first and all occur without the attendance of any physician or midwife, the father, mother or other person in charge of such attendance upon the mother shall immediately thereafter report the birth to the Commissioner of Health, and shall comply with the provisions of this section as to the child to report such birth to the Commissioner of Health, and shall comply with the provisions of this section as to the said above mentioned, or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to a penalty of not less than five (5) dollars nor more than ten (10) dollars for each offense, and all other fines and forfeitures are recoverable.

GEO. J. B. DILLON & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 7987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, BALTIMORE, MD. JAN 31 1891.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

3. Date of Birth, January 22nd 1891.

4. Place of Birth, (Street and Number) 1202 N. Broadway

5. Full Name of Mother, Mary E. Jenkins

6. Mother's Maiden Name, Linton

7. Mother's Birthplace, Scott Co. Ind.

8. Full Name of Father, Joseph C. Jenkins

9. Father's Occupation, Clerk

10. Father's Birthplace, Indiana

Name of Medical Attendant, or other person who makes this Return. S. W. Schlosser M.D.

Address, 1501 E. Eager St.

Remarks,

691000417

Any person who shall wilfully refuse or neglect to make the return required by this section, or who shall make a false return, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than ten dollars nor more than fifty dollars for each offense. The return required by this section shall be made within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person in the parents of such child to report the birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. Penalties and forfeitures are recoverable.

GEO. J. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 7988.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan. 22 1891

4. Place of Birth, (Street and Number) 107 North Market Space

5. Full Name of Mother, Annie Cunningham

6. Mother's Maiden Name, Roan

7. Mother's Birthplace, Boston Mass

8. Full Name of Father, Joseph Cunningham

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Thein

Address, 427 E. Pratt St.

Remarks,

691000041 8

month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and residence of the parents, the date of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter provided, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the father or mother of the child shall be required and it is hereby made the duty of the father or mother of such child to report its birth to the Commissioner of Health, and the particulars required to be stated as aforesaid, to any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. The recovered as other fines and forfeitures are recoverable.

ANN. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 1987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 3 1891

BOARD OF HEALTH

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
2. Sex, (state whether male or female) male
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, 22 January
5. Place of Birth, (Street and Number) 919 Pen Alley
6. Full Name of Mother, Matilda Owens
7. Mother's Maiden Name, ... Tyler
8. Mother's Birthplace, Balto City
9. Full Name of Father, Charles Owens
10. Father's Occupation, Laborer
11. Father's Birthplace, Balto City
12. Name of Medical Attendant, or other person who makes this Return, Mrs Anna Johns
13. Address, 704 Tyson St
14. Remarks,

8 9 1 0 0 0 0 4 1 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, born since the last preceding return, and the sex, color, the full name and occupation of its parents, and the date of birth of each child (if there has been no birth to report he shall so state in the form of a certificate between the first and said schedule shall be delivered each week to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner as aforesaid, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person supplying the period above required, and child to report the birth to the Commissioner of Health. In all cases where a return of births is required, and such return shall not be made by the person who shall thereafter fail to make such return, he shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 77990

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 3 1891 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Femal

2. Race or Color, (if not of the white race) Color

3. Date of Birth, Jany 22nd

4. Place of Birth, (Street and Number) 628 West Biddle st

5. Full Name of Mother, ~~William Wells~~ Rebecca Wells

6. Mother's Maiden Name, Johnson

7. Mother's Birthplace, Balto city

8. Full Name of Father, William Wells

9. Father's Occupation, Porter

10. Father's Birthplace, Howard County

Name of Medical Attendant, or other person who makes this Return. Mrs Ann Johnson

Address, 701 Tyson st

Remarks,

1 8 9 1 0 0 0 0 4 2 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 27991.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	22nd Jan 1891
4. Place of Birth, (Street and Number)	732 Hunt Ave
5. Full Name of Mother,	Sarah Bowman
6. Mother's Maiden Name,	Hazelton
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Phillip Bowman
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Reynolds
Address,	1765 Hunt Ave
Remarks,	

8 9 1 0 0 0 0 4 2 1

month, and shall set forth as far as the same can be ascertained the full name of each child of any such above been conferred) its sex, color, &c. full name and residence of its parents, the date and place of birth; and the said schedule and every month to the office of the Commissioner of Health, in the manner and within the period above required; and shall report in like manner the fact of every birth which shall occur without the attendance of a physician or midwife, and it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required; and attendance upon the mother immediately after the birth, shall make and deliver to the Commissioner of Health a like report in writing of such birth, and any person or persons who shall hereafter fail to comply with the provisions of this section shall severally forfeit and pay for each offense, to be recovered as other penalties and forfeitures are recoverable, jected to the fine of ten ($10) dollars for each offense.

RECEIVED BALTIMORE CITY BOARD OF HEALTH SEP 4 1891

MFG. J. C. DELANY & CO., CITY PRINTERS AND STATIONERS.

over

RETURN OF A BIRTH. A 17997

HEALTH DEPARTMENT 1891 BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. Name Hyland Bruce Stewart Jr.
2. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
3. Sex (state whether Male or Female) Male.
4. Race or Color (if not of the white race)
5. Date of Birth January 22 1891
6. Place of Birth (Street and Number) 2018 N. Calvert St.
7. Full Name of Mother. Jennie R. Stewart
8. Mother's Maiden Name Jennie R. Adams.
9. Mother's Birthplace Virginia
10. Full Name of Father Hyland R. Stewart
11. Father's Occupation Lawyer
12. Father's Birthplace Maryland. Kent Co. — Md.

Name of Medical Attendant, or other Person who makes this return J. A. Badow M.D.

Address 2105. N. Calvert St. — Balto Co.

Remarks —

1 8 9 1 0 0 0 0 4 2 2

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 22d of January

4. Place of Birth, (Street and Number) 1442 Decatur St Locust Point

5. Full Name of Mother, Lizzie Waselneck

6. Mother's Maiden Name, Lizzie Lemes

7. Mother's Birthplace, Curland City of Mitau Russia

8. Full Name of Father, John Waselneck

9. Father's Occupation, Showcasemaker

10. Father's Birthplace, Curland City of Mitau Russia

Name of Medical Attendant, or other person who makes this Return. Lina Lang

Address, 1404 Fort Av Locust Point

Remarks,

8 9 1 0 0 0 0 4 2 3

FEB 1891 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 17990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	2 te
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	25th of January
4. *Place of Birth*, (*Street and Number*)	18 Orleans Line
5. *Full Name of Mother*,	Pauline Schlenk
6. *Mother's Maiden Name*,	Pauline Finkler
7. *Mother's Birthplace*,	Germany
8. *Full Name of Father*,	John Schlenk
9. *Father's Occupation*,	Butcher
10. *Father's Birthplace*,	Germany
Name of Medical Attendant, or other person who makes this Return.	Friedericke Heide Midwife
Address,	216 West Pratt St
Remarks,	

8 9 1 0 0 0 0 4 2 4

Health, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been still-born, that fact shall be stated.) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent or parents of any child born under the circumstances aforesaid, or to the undertaker employed to bury the body of any child born as aforesaid, or to the sexton or proprietor of a burying ground in which any such child is buried, or if there be no such undertaker, sexton or proprietor of a burying ground, then to the person in charge of the house in which the birth occurs, or if there be no such person, then to the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed in this section, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 7995.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 23 1891
4. Place of Birth, (Street and Number) 1137 E Baltimore
5. Full Name of Mother, Kate Esender
6. Mother's Maiden Name, Kate Jacoby
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Theodor Esender
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1127 E Pratt St.

Remarks,

1 8 9 1 0 0 0 0 4 2 5

BALTIMORE MD. JAN 27 1891

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full names of its parents, the date and place of birth; and the said schedule shall be signed by the practitioner in attendance, if there be one, and if not, by the nurse in attendance upon the mother. Immediately after the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health. The physician, midwife, nurse or other person who shall neglect or refuse to report the births at the end of each month, as required by this section, shall be subject to the fine of ten (10) dollars for each and every birth not so reported, which forfeitures are recoverable,

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 7996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 2 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	
3. Date of Birth,	23d Jan 1891
4. Place of Birth, (Street and Number)	428 E Fort Ave
5. Full Name of Mother,	Helena Frank
Mother's Maiden Name,	Hoot
7. Mother's Birthplace,	Frederick Md
8. Full Name of Father,	William H Frank
9. Father's Occupation,	Cooper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Mensell
Address,	436 E Fort Ave
Remarks,	

8910000426

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Every physician or midwife in attendance upon a birth shall write or cause to be written in a book to be furnished by the Registrar of Vital Statistics, the full name of each child if one shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and shall set forth as far as the same can be ascertained the full name of each child if one shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and shall sign and deliver the same to the Registrar of Vital Statistics within the period above required, and shall certify in every such case whether he was in attendance upon the mother, immediately thereafter a child because the duty of the person otherwise required by this section to make such return shall cease. Every such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be collected as other penal forfeitures are recoverable.

RETURN OF A BIRTH.

A 27997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 23 — 1891
4. Place of Birth, (Street and Number) 255 S. Dallas St.
5. Full Name of Mother, Elizabeth Sturla
6. Mother's Maiden Name, Royal
7. Mother's Birthplace, England
8. Full Name of Father, Lawrence Sturla
9. Father's Occupation, Laborer
10. Father's Birthplace, New Orleans

Name of Medical Attendant, or other person who makes this Return. Harry Klein

Address, 1497 E. Oraft St.

Remarks,

8 9 1 0 0 0 0 4 2 7

FEB 2 1891

HEALTH. This section shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as near as can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the street and number of the residence of the parents. Such return shall be delivered, duly signed by the practitioner in the form and manner and within the time prescribed by the Commissioner of Health. In case the birth occurred without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the time prescribed, and subjected to the fine of ten (10) dollars for each offense. Any person who shall hereafter fail to comply with the provisions of this section shall be liable to be recovered as other fines and forfeitures are recoverable.

GEO. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) Colored
3. Date of Birth. January 23. 1890
4. Place of Birth. (Street and Number) 1 Stat. Ave Baltimore
5. Full Name of Mother. Mary Blair
6. Mother's Maiden Name. Edward Blair
7. Mother's Birthplace, House in Baltimore
8. Full Name of Father, Edward Blair
9. Father's Occupation, Yard Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Miss Harriet Jackson

Address, 129. E. East Street Balto

Remarks,

1891000004288

RECEIVED FEB 2 1891 BOARD OF HEALTH BALTIMORE MD.

J. D. ELLIOTT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 27949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT. BALTIMORE, MD. FEB 1891

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 & 2
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) white
4. Date of Birth, January 23. 1891.
5. Place of Birth, (Street and Number) 215 S. Fleigh St.
6. Full Name of Mother, Rosa Liptziz
7. Mother's Maiden Name,
8. Mother's Birthplace, Europe
9. Full Name of Father, Moses Liptziz
10. Father's Occupation. Tailer
11. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cacilie Bernstein

Address, 122 S. Exeter St.

Remarks,

8 9 1 0 0 0 0 4 2 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Every midwife or person who shall be employed in any case of birth, shall report the same to the Commissioner of Health, within ten days after the birth shall occur, stating the full name and occupation of the parents, the sex, color, and place of birth, and the name of the child, if named; and if the midwife or person who shall be employed in any case of birth, shall neglect or refuse to report such birth to the Commissioner of Health, in the manner and within the time above specified, such midwife or person shall thereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties under this article are recoverable.

RETURN OF A BIRTH.

A 27999 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 1891 BALTIMORE MD

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* female
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* January 23. 1891.
5. *Place of Birth, (Street and Number)* 1425 E. Lombard st.
6. *Full Name of Mother,* Rosa Susmanowitz
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Europe
9. *Full Name of Father,* Chatzky Susmanowitz
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter st.

Remarks,

1 8 9 1 0 0 0 0 4 3 0

...the name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health, to whom every birth occurring within the said city shall come within the knowledge of the person or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be collected as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eight (5th)
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 23 - 1891
4. Place of Birth, (Street and Number)	404 Folsom St
5. Full Name of Mother,	Mrs Margaret Markey
6. Mother's Maiden Name,	Margaret Kleinfelter
7. Mother's Birthplace,	Pennsylvania
8. Full Name of Father,	Wm H. Markey
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	B F Phillips
Address,	719 W Fayette St
Remarks,	

1 8 9 1 0 0 0 0 4 3 1

MORE OR LESS

month, and shall set forth as far as the same can be ascertained, the full name and residence of the parents, the date of birth, and whether it be the first or other child born of the mother, and if not the first child, the number of children previously born to her, and the number now living, and shall have been conferred) its sex, color, the full name and residence of the parents, the date of birth, and whether it be the first or other child born of the mother, and if not the first child, the number of children previously born to her, and the number now living, and said schedule shall be delivered, duly filled out, to the office of the Commissioner of Health. In case of the birth of any child still dead, or of such a character as to render it doubtful whether it was born dead or alive, the physician or person in attendance upon the mother, or if there be no physician or person in attendance, then the midwife or nurse, or if there be no midwife or nurse, then the householder or owner of the premises where such birth occurs, shall report the birth to the Commissioner of Health, as required by this section, and shall also report in like manner the death of such child, with or without the attendance of a physician or person in charge, or should no such person be present at the birth, then the mother herself shall in such case report such birth and also report in like manner the death of such child, with or without the attendance of a physician or person in charge, and within the time and in the manner required, and child to report the birth to the Commissioner of Health, as required by this section, and shall also report in like manner the death of such child, with or without the attendance of a physician or person in charge, and within the time and in the manner required, and any such person or owner who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered, with costs, before any justice of the peace of this State.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 25007.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE FEB 7 1891 HEALTH DEPARTMENT

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Colored

2. Race or Color, (if not of the white race) Female

3. Date of Birth, January 23. 1891

4. Place of Birth, (Street and Number) 1014 Park Avenue

5. Full Name of Mother, Henry Pindar

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Prince George Co

8. Full Name of Father, Charles Pindar

9. Father's Occupation, Laboring

10. Father's Birthplace, Charles Co

Name of Medical Attendant, or other person who makes this Return. Healey Eskine

Address, 509 Preston Street

Remarks,

8910000432

month, and [illegible] red on this or the succeeding page, to ascertain and the full name of each child of any such female [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, midwife, or other person in attendance, to the parent or guardian of such child, within ten days after the birth; and the practitioner, midwife, or other person in attendance upon the mother, immediately after the birth of any child, shall deliver to the parent or guardian of such child a certificate stating the time and place of birth of such child, and the name, sex, and color of the child, and the full name and residence of the parent or parents of such child, and the number of children born to such parent or parents, including the child last born, and the number of children of such parent or parents living at the time of such birth; and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and every such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; to be recovered before any justice of the peace. All forfeitures are recoverable.

898. J. D. ENLANY & CO., CITY PRINTERS AND STATIONERS.

[illegible] as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

F 28007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 23. 1891.

4. Place of Birth, (Street and Number) 235 N. Exeter st.

5. Full Name of Mother, Sara Marx

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Salomon Marx

9. Father's Occupation, Tailor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter st.

Remarks,

1891000433

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 28003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 23rd 91
4. *Place of Birth, (Street and Number)*	# 1818 Mchenry St.
5. *Full Name of Mother,*	Annie Weidner
6. *Mother's Maiden Name,*	" Ruis
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Weidner
9. *Father's Occupation,*	Upholsterer.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendent, or other person who makes this Return.	Annie Lindner
Address,	# 106 S Monroe St
Remarks,	

months, and shall set forth in so far as practicable the full name of each child of any sinal have been conferred (its sex, color, the time and place of birth; and the full name, residence and occupation of its parents, the state and place of birth; and the full name of each and every physician, midwife or other person in attendance at such birth; in the order of the circumstances under which the birth occurred. And it shall be the duty of the person or parents of such child, or in the absence of the parents, the duty of the person having charge of such child to report the facts required by the preceding section in the form of a certificate between the first and third day of each month, and every such person who shall neglect, refuse or fail within the period above required, and shall neglect without the attendance of a physician or midwife, to become satisfied of the facts required to be reported by this section, and to report the same in the manner herein required, shall be subject to the fine of ten (10) dollars, to be recovered before any magistrate of Baltimore City, by any person who will sue for the same, one-half of which shall be paid to the informer, and one-half to the Health Department; and it shall be the duty of all magistrates before whom such person or persons who shall be convicted of neglecting to report as aforesaid, are convicted, to certify the same to the Register of Vital Statistics, and such persons shall be subject to the fine of ten (10) dollars, to be recovered as aforesaid. Any midwife or physician who shall neglect to report as aforesaid, shall forfeit five dollars for each offence. All fines and forfeitures are recoverable.

BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

5910000434

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 3 1891

4. Place of Birth, (Street and Number) 24 Weston

5. Full Name of Mother, Barbara Seidel

6. Mother's Maiden Name, Gotthel

7. Mother's Birthplace, Balto City

8. Full Name of Father, Jacob Seidel

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Dr Gladding

Address, 1117 Broadway

Remarks,

FEB 3 1891

1 8 9 1 0 0 0 0 4 3 5

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

If any child born within the limits of Baltimore City shall not have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons in attendance upon the mother immediately thereafter, if she be able, and if not able, then of the mother as soon as able, to report the birth to the Commissioner of Health, in the manner and within the period required, and such report shall be verified by the oath of the person making the same. The provisions of this section shall be subject to the fine of ten dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan. 23d, 91
4. Place of Birth, (Street and Number) 234 S. Calhoun St.
5. Full Name of Mother, Ella Ray Ensor
6. Mother's Maiden Name, Burdette
7. Mother's Birthplace, Lisbon, Howard Co. Md.
8. Full Name of Father, Geo. A. Ensor
9. Father's Occupation, Paperhanger
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. H. H. Webner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor.

8 9 1 0 0 0 0 4 3 6

FEB 2 1891

HEALTH DEPT. BALTIMORE

been conferred. Its sex, color, the full name and occupation of its Parents, the date and place of birth, and the name and residence of the Medical Attendant or other person who makes this Return, shall be entered in a record to be kept for that purpose in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and such person or parents shall be subject to the penalties hereinafter provided for a failure to comply with the provisions of this section, which penalties shall be recovered as fines and forfeitures are recoverable.

Every person who shall neglect or refuse to make the return required by this section shall be subjected to the fine of ten dollars for each offence, to be recovered as fines and forfeitures are recoverable.

J. B. EHLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 24th 1892
4. Place of Birth, (Street and Number) 432 Cross Street
5. Full Name of Mother, Jane Irene Baxter
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, Cumberland, Md
8. Full Name of Father, Robert C. Baxter
9. Father's Occupation, Glass Blower
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Bandel

Address, Frederick St

Remarks,

8910 0043

RETURN OF A BIRTH.

A 2100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	3
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	Col'd
3. *Date of Birth*,	Jan 24/91
4. *Place of Birth*, (*Street and Number*)	243 Bruce St
5. *Full Name of Mother*,	Martha Thomas
6. *Mother's Maiden Name*,	Martha Smith
7. *Mother's Birthplace*,	Md
8. *Full Name of Father*,	Thomas Thomas
9. *Father's Occupation*,	Lab'r
10. *Father's Birthplace*,	Md
Name of Medical Attendant, or other person who makes this Return.	Dr. Woodland
Address,	
Remarks,	

1 8 9 1 0 0 0 0 4 3 8

Health. But it shall not be lawful for any person other than the legal or duly appointed attendant upon the mother, immediately thereafter, to be present at the birth of any child, or to be concerned in the sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third hour after the birth of the child, or as soon thereafter as practicable. And no certificate shall be required when a child is born dead, unless it has reached the age of twenty-four weeks, or shall appear without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and such report shall be verified by the oath of the person making the same, and shall state the cause of death. Any person failing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

28 508.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 2 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female Ana Martha Caroline

Race or Color, (if not of the white race)

2. Date of Birth, 24 of January

3. Place of Birth, (Street and Number) 1109 Caoksie Street Locust Point

4. Full Name of Mother, Elisabeth Shwanke

5. Mother's Maiden Name, Elisabeth Völker

6. Mother's Birthplace, Wenckberg Hessen Nassau Germany

7. Full Name of Father, August William Shwanke

8. Father's Occupation, Steveclore

9. Father's Birthplace, Friedeberg Provins Brandenburg Germany

10. Name of Medical Attendant, or other person who makes this Return. Lina Lang

Address, 1704 Fort Av Locust Point

Remarks,

8 9 1 0 0 0 0 4 3 9

month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of the mother, the date and place of birth, and the full name and residence of the attending physician or midwife, if any; and there shall be a like return in the form of a certificate between the first and fifteenth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth, it shall be the duty of the mother, within the period above required, and in the manner and form above prescribed, to comply with the provisions of this section; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 28004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 24th
4. Place of Birth, (Street and Number) 1821 Orleans at
5. Full Name of Mother, Lizzie Wagner
6. Mother's Maiden Name, Grimmel
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jerry Wagner
9. Father's Occupation, Stone-Mason
10. Father's Birthplace, Grant Co. Ind.

Name of Medical Attendant, or other person who makes this Return. C. L. Braddock

Address,

Remarks,

1891 000440

RECEIVED FEB 25 1891 REGISTRAR'S OFFICE

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, the date of birth, and the name, sex, color, the full name and occupation of its father, and the maiden name of its mother, which shall be entered in the office of the Commissioner of Health. In case a certificate between the first and third days of each month, and every person who shall neglect to make such return, or shall make a false return, shall forfeit and pay for each offense not less than five nor more than one hundred dollars. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, be in attendance upon the mother, immediately thereafter, it shall become the duty of the person occupying the house in which such birth occurs, and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78010.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	24th of January
4. *Place of Birth, (Street and Number)*	1134 Baltimore St
5. *Full Name of Mother,*	Johana Wiegand
6. *Mother's Maiden Name,*	Johana Jandsch
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Wiegand
9. *Father's Occupation,*	Bibinmacher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Friederike Hentschel midwife
Address,	216 West Pratt St.
Remarks,	

1891000044 1

FEB 1891

months, and shall set forth the name and surname and residence of each child, the name of such child, and the full name and occupation of its parents, the date and place of birth, and the full name and occupation of the person who shall have been present at the birth, and who shall certify the same, and such other particulars as may be required by the Commissioner of Health. In the manner and within the period of time prescribed by the Commissioner of Health, in the case of any birth which shall occur without the attendance of a duly registered physician or midwife, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, and it shall be the duty of each and every midwife to report to the office of the Commissioner of Health, on or before the third day of each and every month, all births attended by her during the preceding month, and if any birth shall occur without the attendance of a duly registered physician or midwife, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, and it shall be the duty of each and every midwife to report to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother at the birth of any child, then the mother herself shall be required to report the birth of any child to the Commissioner of Health, and any midwife, physician or other person who shall neglect or refuse to report any birth as required by this section, or who shall knowingly report any false statement touching any birth required to be reported by this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 28011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BAL. MORE MD. DEC 2 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 24 1891
4. Place of Birth, (Street and Number) 113 Mosher St
5. Full Name of Mother, Rosine Lepkin
6. Mother's Maiden Name, Fenker
7. Mother's Birthplace, Germany
8. Full Name of Father, Karl Lepkin
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Klein

Address, 1127 Fait St.

Remarks,

8910000442

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 or
2. Sex, (state whether male or female) Mall
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, Jenay 24 th
5. Place of Birth, (Street and Number) 1223 Eutting st
6. Full Name of Mother, Susan Coats
7. Mother's Maiden Name, ... Higl
8. Mother's Birthplace, Frederick County Md
9. Full Name of Father, Charles Coats
10. Father's Occupation, Cook
11. Father's Birthplace, Frederick County Md

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Johns

Address, 704 Tyson st

Remarks,

1891000443

FEB 3 1891 BALTIMORE MD

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

From and after Jan. 1st, 1874, no fee in the same can be ascertained the full name of each child, if any shall have been entered its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any physician or midwife, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines, and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7801

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 24 - 1891

4. Place of Birth, (Street and Number) 1021 Eastern Ave.

5. Full Name of Mother, Elizabeth Finley

6. Mother's Maiden Name, Schmid

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Frank Finley

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1127 E Fleet St.

Remarks,

8 9 1 0 0 0 0 4 4 4

BALTIMORE CITY HEALTH DEPARTMENT DEC 2 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said midwife shall be delivered, duly signed by the Coroner, one of the certificates herein required to be given by the said midwife; and the said midwife shall report to the Commissioner of Health, within ten days, the name of every child to which she may have been in attendance during the month, and if she shall neglect the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the time prescribed by this section, said midwife shall forfeit and pay for every such neglect the sum of five dollars; and all penalties and forfeitures under this section shall be collected by the Commissioner of Health, and recovered as debts of like amount are recoverable. Any midwife who shall practice midwifery without the attendance of a physician, or who shall neglect to call a physician when necessary, or should no other person be in attendance upon the mother immediately after the birth of the child, shall secur without the attendance of a physician, or who shall neglect to call a physician when necessary, or should no other person be in attendance upon the mother immediately after the birth of the child, shall secure such attendance, or who shall neglect to report the birth of the child within the time prescribed by law, shall be subjected to the fine of ten (10) dollars for each offense. All prosecutions for such offenses and forfeitures are recoverable.

RETURN OF A BIRTH. 2800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 3 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Jan 24 - 91
4. Place of Birth, (Street and Number)	1513 Federal
5. Full Name of Mother,	Emma E. Hamilton
6. Mother's Maiden Name,	" " Wooden
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Louis H. Hamilton
9. Father's Occupation,	Tanner
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Accurso
Address,	912 Mc Donogh
Remarks,	

8 9 1 0 0 0 0 4 4 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said midwife shall deliver, within ten days after the birth of such child, a certificate between the first and said date with the particulars required to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person having charge of such child to report the birth to the Commissioner of Health within the period hereinbefore required, and such person shall furnish the information required by this section. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 28016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
2. Sex, (state whether male or female) Male.
3. Race or Color, (if not of the white race) White.
4. Date of Birth, January 24, 1891.
5. Place of Birth, (Street and Number) 212 Carroll St
6. Full Name of Mother, Susie Mason Hunt.
7. Mother's Maiden Name, Eddington.
8. Mother's Birthplace, Va.
9. Full Name of Father, George W. Hunt.
10. Father's Occupation, Laborer.
11. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut-ave.

Remarks,

8 9 1 0 0 0 0 4 4 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

7806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 & 9

1. *Sex (state whether male or female),* Males
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Jan 24
4. *Place of Birth (Street and Number),* 1923 Ething St
5. *Full Name of Mother,* Alice V. Meads
6. *Mother's Maiden Name,* Alice V Hall
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James H. Meads
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. M. L. Schell MD

Address, 1941 Druid Hill ave

Remarks, Twins

BALTIMORE MD. FEB 1931

69100000447

Keene, the Sun Job Print. Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d &c.) 4th
2. Sex, (state whether male or female) Girl
3. Race or Color, (if not of the white race) white
4. Date of Birth, 24 January 24 1897
5. Place of Birth, (Street and Number) 28 S. Amer[illegible] St. 506
6. Full Name of Mother, Mary Williams
7. Mother's Maiden Name, Mary Mahoney
8. Mother's Birthplace, Balto
9. Full Name of Father, John Mahoney
10. Father's Occupation, Clerk
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Wm Bickler

Address,

Remarks,

+ 8 9 1 0 0 0 0 4 4 8

been conferred) its sex, color, the full name and occupation of its father, the date and place of birth, and the maiden name of its mother, which certificate shall be duly signed by the physician or midwife in attendance upon the birth, or the householder, in the absence of such attendants; and the physician, midwife or householder shall report the birth of any child still-born after the end of the seventh month of pregnancy, or which shall have been born dead, to the Commissioner of Health, or to such other person as he may designate for the purpose, within ten days after the occurrence of such birth. And it shall be the duty of the undertaker or other person in charge of any burial or removal of a dead body, to ascertain whether a certificate of birth has been filed in respect to the child whose body is to be buried or removed, and if not, he shall before such burial or removal report the facts to the Commissioner of Health, or to such other person as he may designate for the purpose, and no burial or removal shall occur without the attendance of a physician or midwife, or the householder, unless such report shall have been made. And it shall be the duty of every physician, midwife or householder in attendance upon the mother, immediately after the birth of any child, to report the same to the Commissioner of Health, or to such other person as he may designate for the purpose. Any physician, midwife or householder who shall hereafter fail to report any birth or still-birth as herein required, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* N
4. *Date of Birth.* Jan 24
5. *Place of Birth, (Street and Number)* 550 Wilkens
6. *Full Name of Mother.* Emma Myerly
7. *Mother's Maiden Name.* Bittle
8. *Mother's Birthplace.* Balto
9. *Full Name of Father.* George Myerly
10. *Father's Occupation.* Clerk
11. *Father's Birthplace.* Balto

Name of Medical Attendant, or other Person who makes this Return — Henry Chandlee

Address. 1019 Linden

Remarks,

FEB 8 1 1899 BALTIMORE MD.

3 9 1 0 0 0 0 4 4 9

... CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 28019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 24th 91
4. Place of Birth, (Street and Number) # 126 S. Fulton Ave
5. Full Name of Mother, Sophia W. Dunkler
6. Mother's Maiden Name, " " Rosener
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph G. Dunkler
9. Father's Occupation. Traveling Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, # 1063 S. Bond St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or certificate thereof, to the first said officer or clerk as aforesaid, within ten days after the birth of such child; and in case any such birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the aforesaid officer or clerk, and to supply with the particulars above required, and in such cases such person shall be entitled to the same fees as the practitioner or midwife would be, and subject to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WILLIAM PINKNEY HOWARD HEALTH COMMISSIONER BALTIMORE

M. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

C 9 1 0 0 0 0 0 4 5 0

RETURN OF A BIRTH.

A 78070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 24 Jan
4. Place of Birth, (Street and Number) 1725 Jefferson St
5. Full Name of Mother, Mary Barleck
6. Mother's Maiden Name, " Price
7. Mother's Birthplace, Balto.
8. Full Name of Father, Chas Barleck
9. Father's Occupation, Printer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs R. Mills

Address, 1302 Holland St

Remarks,

| 8 9 1 0 0 0 0 4 5 1 |

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: James Raymond Price

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 11 91.
4. Place of Birth, (Street and Number) 713 E Biddle St
5. Full Name of Mother, Marie N. Price
6. Mother's Maiden Name, Marie N. Younger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James R. Price
9. Father's Occupation, Foreman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. J. A. Bowman M.D.

Address, 716 E. Preston St.

Remarks,

691000452

Sec. 3. If the sex, color, the full name and occupation of the parents, the date and place of birth, and the name and address of the attendant are not given in the certificate of birth, or if a certificate between the first and said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall duly without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter (said) become aware of the same, such child to report its birth to the Commissioner of Health within the period above required, and any person so neglecting or refusing shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense. 10-28-11 Cor. Forfeiture fines and forfeitures are recoverable.

FEB 5 1891

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother*, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 8
2. *Sex*, (*state whether male or female*) Male
3. *Race or Color*. (*if not of the white race*)
4. *Date of Birth*, Jan 25 1891
5. *Place of Birth*, (*Street and Number*) 1117 Gough St.
6. *Full Name of Mother*, Kate Heitler
7. *Mother's Maiden Name*, Kingsbury
8. *Mother's Birthplace*, Baltimore
9. *Full Name of Father*, Charles Heitler
10. *Father's Occupation*, Tailor
11. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1121 E. Fourth St.

Remarks,

8910000453

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Penalty for neglect.—It shall be the duty of the parents, the date and place of birth; and the said certificate shall be signed by the physician in attendance at the birth, or if there be no physician in attendance, then the nearest relative present, or the person in charge of the house where the birth occurred, or the midwife who shall attend upon the mother, immediately thereafter. It shall become the duty of the person or persons herein named to report the birth of any child which may be born hereafter, within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 28073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race)
4. Date of Birth, Jan 25 1891
5. Place of Birth, (Street and Number) 215 North Wolfe Street
6. Full Name of Mother, Mary Ann Wenzel
7. Mother's Maiden Name,
8. Mother's Birthplace, Germany
9. Full Name of Father, Peter Paul
10. Father's Occupation, Laborer
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Klein

Address, 425 E 10th St.

Remarks,

6910000454

been entered in a book, the full name and occupation of its parents, the date and place of birth; and the said return shall be delivered, duly signed by the practitioner in charge, or certified by the person or one of such persons who shall attend upon the mother at the birth of any child, to the office of the Registrar of said City, or should no other person be in attendance upon the mother at the birth of a child, then the person or one of such persons who shall occur within the limits thereof, and within the time hereinafter required, and shall become the duty of each and every such person to make the duty of the person or persons required, and attendance upon the mother at the birth of a child to comply with the provisions of this section shall be subject to the same penalties as other fines and forfeitures are recoverable. Jected to the fine of ten (10) dollars for each offense.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 2 1891 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 25 1891

4. Place of Birth, (Street and Number) * 108 N. Gilmor St

5. Full Name of Mother, Mrs. Estell M. Norfolk

6. Mother's Maiden Name, Miss Estell M Hobbs.

7. Mother's Birthplace, Emmettsburg Md

8. Full Name of Father, John E. Norfolk

9. Father's Occupation, Night Watchman

10. Father's Birthplace, Calvert Co Md.

Name of Medical Attendant, or other person who makes this Return. D. W. Slater M.D.

Address, 1637 W. Fayette St

Remarks,

1891 0000155

Wm. J. D. Dulany & Co., City Printers and Stationers

Every birth of a child in the city of Baltimore shall be registered, and the parent, householder, physician, midwife, or other person having charge of such child, if any, shall have said child registered within ten days after the birth thereof, and shall furnish the information required by the Commissioner of Health, and no certificate of burial shall be issued by the Commissioner of Health, or any of his assistants, for any child over ten days old, unless a certificate of birth shall have been delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or person professionally engaged in midwifery, the parent or householder in charge of the premises where such birth occurs shall report the same to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter violate the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as the Baltimore City ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 3 1891

No. Of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Jan. 25
4. Place of Birth, (Street and Number)	2010 Brent st
5. Full Name of Mother,	Mary Lyle Mealey
6. Mother's Maiden Name,	....
7. Mother's Birthplace,	St Mary's county
8. Full Name of Father,	George Lyles
9. Father's Occupation,	Laborer
10. Father's Birthplace,	St Mary's county
Name of Medical Attendant, or other person who makes this Return.	Mrs Amil Johnson
Address,	910 N Tyson st
Remarks,	

8 9 1 0 0 0 0 4 5 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said school; and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and form above required; and child to report the facts as above required, he shall incur a like penalty; and every physician or midwife who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as aforesaid.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

28026

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. *No. of Child of Mother.* (state whether ~~1st, 2d, 3d, &c.~~) 9th
2. *Sex.* (state whether male or female)
3. *Race or Color.* (if not of the white race) Colored
4. *Date of Birth,* Dec 2nd 91
5. *Place of Birth,* (Street and Number) 808 Stirling St
6. *Full Name of Mother.* Matilda Lewis
7. *Mother's Maiden Name,* Matilda Fields
8. *Mother's Birthplace,* Virginia
9. *Full Name of Father.* Clay Lewis
10. *Father's Occupation,* Farm
11. *Father's Birthplace,* Baltimore Co
12. *Name of Medical Attendant,* (or other person who makes this Return) Geo L Taylor M.D
13. *Address,* 1254 N. Broadway
14. *Remarks,*

BALTIMORE CITY

Number 1 8 9 1 0 8 0 0 8 4 5 7

Section 24, Article 12, Public Local Laws of Maryland, passed at January Session, 1898, requires the Return of a Birth to be made within ten days after the birth, by the attending physician or midwife, or in his or her absence, by the father, mother, householder or other person present at the birth, stating distinctly the facts required to be stated, so far as they can be ascertained at the time, and the certificate of the physician or midwife, if present at the birth, shall be prima facie evidence in all courts of the facts therein stated. Any person who shall refuse or neglect to make such Return, or who shall wilfully make a false Return, shall be guilty of a misdemeanor, and shall be fined not more than fifty dollars for each offence. The Return of a Birth of a child or children born, its or their physical condition, whether still-born or not, the number of children to which the mother has given birth, including the present birth, and the residence of the parents, and the maiden name of the mother of such child or children.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 78077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 23th 1891
4. Place of Birth, (Street and Number) No 1239 Washington road
5. Full Name of Mother, Sadie Zucker
6. Mother's Maiden Name, Sadie Purple
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Zucker
9. Father's Occupation, Saloonist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Masters

Address, No 1548 Carroll Street Baltimore

Remarks,

JAN 31 1891 BALTIMORE CITY REGISTRAR'S DEPARTMENT

1 8 9 1 0 0 0 0 4 5 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur on a steamboat or other vessel, the captain or master thereof shall cause the birth of any child third day of the month next following the occurrence of such birth, to be entered in the said schedule; and every physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately upon the occurrence of such birth, shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health in the manner and within the time above required; and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the payment of ten dollars for each offense, recoverable as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 25 th

4. Place of Birth, (Street and Number) N Eutaw N 121

5. Full Name of Mother, Mary E Gent

6. Mother's Maiden Name, Hazleton

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Stephen Gent

9. Father's Occupation, Coachman

10. Father's Birthplace, Carroll Co. Md

Name of Medical Attendant, or other Person who makes this Return: Mrs Mary J Bassett

Address, 60 21 Druid Hill av

Remarks,

HEALTH DEPARTMENT BALTIMORE

1891 0 00459

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereon, or as near thereto as the circumstances will permit, to the person or persons in charge of the house in which such birth occurs, without charge, within thirty days after the birth, by the practitioner in attendance upon the mother. In the absence of a Physician or practitioner, it shall be the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 25 - 1891

4. Place of Birth, (Street and Number) 440 E. North Avenue

5. Full Name of Mother, Martha Price Ransom

6. Mother's Maiden Name, Martha Price Lucas

7. Mother's Birthplace, Ohio

8. Full Name of Father, John Clinton Ransom

9. Father's Occupation, Editor

10. Father's Birthplace, Ohio

Name of Medical Attendant, or other Person who makes this Return. Edmund Gibbs M.D.

Address, 440 E. North Avenue

Remarks, ~~Presentation~~ R. O. I. P. Position - Delivery with forceps - slight laceration of Perineum sutured

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the number of children to each mother, and the number of each born alive and now living, and the date of birth, and the said schedule shall be delivered, duly signed by the parent or parents of such child, to the registrar, between the first and third day of each and every month, to the end that a true and perfect return may be made of the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother at the birth of any child, it shall become the duty of the person or parents of such child, to report such birth to the registrar of Health, in the manner and within the time prescribed by law, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a penalty of not less than one (1) dollar nor more than five (5) dollars for each offence to be recovered as other fines and forfeitures are recovered.

FEB 12 1891 BALTIMORE

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, January 25th 1891

4. Place of Birth, (Street and Number) 29 E. Monument Street

5. Full Name of Mother. Lydia Howard DeFord

6. Mother's Maiden Name, Lydia Howard

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm DeFord

9. Father's Occupation, Sugar Broker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. H. O. Nelson M.D.

Address, 814 Park Avenue

Remarks,

1 8 9 1 0 0 0 0 4 6 1

HEALTH DEPT. BALTIMORE

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health, as aforesaid, of any child alleged to have been born within the limits of the city of Baltimore, or should no other person, be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as aforesaid, within the period above fixed, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten dollars for each offence, to be collected as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Januar 25 1891

4. Place of Birth, (Street and Number) Chapel St 415

5. Full Name of Mother, Theresia Riesner

6. Mother's Maiden Name, Theresia Lorn

7. Mother's Birthplace, Germany

8. Full Name of Father, Jules Riesner

9. Father's Occupation, Lebensmen

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Ellen Smith

Address, 913 Eastern av

Remarks.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CITY REGISTRAR'S OFFICE BALTIMORE CITY

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CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, BALTIMORE CITY. FEB 5 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Jan 25 1891
4. Place of Birth, (Street and Number) 1325 Bond st
5. Full Name of Mother, Louisa Hooks
6. Mother's Maiden Name, Graham
7. Mother's Birthplace, Balt Md
8. Full Name of Father, John Hooks
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt city

Name of Medical Attendant, or other person who makes this Return. Jno C Walker

Address, 922 E. Balt St.

Remarks,

1 8 9 1 0 0 0 0 4 6 3

been conferred (in sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, filled up and signed by the practitioner in the form aforesaid, within the first and third days of each and every month; and in case of the birth of any child without the attendance of a physician or midwife, or should no birth of any child occur during any month, it shall be the duty of the person or persons required to report such birth to the Commissioner of Health, certificate between the first and third days of the following month, that no birth has occurred in his or their practice during such month; and any person or persons who shall refuse or neglect to make such report, or shall make a false report, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. 21033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Col
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 January
4. Place of Birth, (Street and Number) 1021 Dallas st.
5. Full Name of Mother, Anna Sheldon
6. Mother's Maiden Name, McDonald
7. Mother's Birthplace, Ireland
8. Full Name of Father, William Sheldon
9. Father's Occupation, Collector
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 1021 Dallas st

Remarks,

8 9 1 0 0 0 0 4 6 4

been conferred) its sex, color the full name and occupation of its parents, the date and the ... and the ... shall be delivered, duly signed, to the Commissioner of Health, or to such ... as he may ... for the purpose, at the office of the Commissioner, within ten days after the ... such birth, and every attendance of a physician or practitioner in a case of ... shall become ... thereof, and every ... shall occur without a ... attendant, immediately thereafter, it shall be the duty of the ... mother, ... in the manner ... within the time ... of this section, to report its birth to the Commissioner, and ... fail to comply with the ... of this section, he shall ... any such person or persons ... to be recovered as other ... jected to the fine of ten (10) dollars for each offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

B 288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 20 1891
4. Place of Birth, (Street and Number) 5 W 8 Orchard St
5. Full Name of Mother, Ockey Grace
6. Mother's Maiden Name, Lomax
7. Mother's Birthplace, Baltimore
8. Full Name of Father. Keller Grace
9. Father's Occupation. Dagoner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Hosier Colance

Address, 324 Preston St

Remarks,

FEB 1891 BALTIMORE MD.

6910003465

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 28835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Jan 25- 1891
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 25- 1891
4. *Place of Birth, (Street and Number)*	1128 Laurel St
5. *Full Name of Mother,*	Lizzie Cole anderson
6. *Mother's Maiden Name,*	Lizzie anderson Colde
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Robert anderson
9. *Father's Occupation,*	Coal Driver
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	E Lizzabeth Mcdonley
Address,	
Remarks,	No 26 South Keyster St

BALTIMORE MD. FEB 7 1891

6 9 1 0 0 0 0 4 6 6

keep conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the physician, midwife or other person in attendance at the birth, and the certificate shall be delivered, duly signed by the physician, midwife or other person in attendance, to the parent or guardian of such child, or person having charge of it, within ten days after the birth. In case the birth of any child shall occur without the attendance of a physician, midwife or other person as aforesaid, then the father or mother, immediately after the expiration of the period above required, shall report the birth of such child to the Commissioner of Health, in person or by letter, with the particulars required to be reported by any such person or persons who shall neglect or refuse to make such report, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEE J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

CHILD NAME ADDED 12-29-54

RETURN OF A BIRTH A 31026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Arthur C. Foard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) White

2. Race or color, (if not of the white race)

3. Date of Birth, January 20th 1891

4. Place of Birth, (Street and Number) 1708 N. Payne St

5. Full Name of Mother, Georgetta Foard

6. Mother's Maiden Name, " Chance

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas. Foard

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. J. L. Shaw MD

Address, 8000 Loudon Ave

Remarks, 8910000467

month, and shall set forth as far as the same can be ascertained the full name of such child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner under his hand, to the person by whom he is employed within three days after the birth; and in case any child shall be born without the attendance of a physician or practitioner of midwifery, or should any such person fail in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner prescribed by this section; and if he shall any such person or persons shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence. To be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White Child
3. *Date of Birth,*	25th January 1891.
4. *Place of Birth, (Street and Number)*	Fort ave No 1702.
5. *Full Name of Mother,*	Mary Lynch
6. *Mother's Maiden Name,*	" Lynch.
7. *Mother's Birthplace,*	Ireland.
8. *Full Name of Father,*	J. Mc. Lynch.
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other person who makes this Return.	Lizzie Shurtliff.
Address,	Fort ave No 1702.
Remarks,	Lowest Point

8 9 1 0 0 0 0 4 6 8

FEB 5 1891 BALTIMORE MD. BOARD OF HEALTH

Each and every physician, midwife or person who shall become aware of the birth of any child shall report such birth to the Commissioner of Health, stating the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or person authorized as aforesaid, then it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to report such birth, shall for each offence be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth January 25th 1891

4. Place of Birth, (Street and Number) 517 Aisquith St.

5. Full Name of Mother, Ida Zutant

6. Mother's Maiden Name, Thompson

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, Geo. H. Zutant

9. Father's Occupation, Shipping clerk

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Francis A. Baumbt.

Address, 439 N. Central Ave.

Remarks,

1891 0 00469

JAN 23 1891

CASH

Wm. Murphy & Co., City Printers and Stationers.

...ascertained the full name of each child (if any shall have been transferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be signed by the practitioner in the form of a certificate between the first and third day of each month, and delivered at the Office of the Commissioner of Health. In case no physician or midwife was present at the birth, the mother, immediately thereafter, shall make such return. The person required by this section to make a return of any birth who shall neglect or refuse to do so within the time prescribed, and any such person who shall make a false return, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than ten (10) dollars nor more than fifty (50) dollars for each offence to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A. 28529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, January 25th/91

4. Place of Birth, (Street and Number) #1718 W. Pratt St.

5. Full Name of Mother, Ottilia Pflaig

6. Mother's Maiden Name, Landon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward J. Pflaig

9. Father's Occupation, Boiler Fitter

10. Father's Birthplace, Baltimore

Name of Medical Attendent, or other person who makes this Return. Annie Lindner

Address, #166 S. Monroe St.

Remarks,

89100000470

HEALTH DEPT. BALTIMORE FEB 13 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the physician or midwife, if any, present at the birth, or of the householder within whose house the birth occurred, or other person having knowledge of the birth, and the said schedule shall be delivered, duly signed, by the attending physician or midwife, or householder or parents of such child, to the Registrar of the City Board of Health, in case the birth occurs within the limits of said city, and every month to the Commissioner of Health, in case the birth occurs elsewhere within the limits of Baltimore County; and in case there is no physician or midwife in attendance upon the mother at the birth of her child, it shall become the duty of the householder or parents of such child to report the birth to the Commissioner of Health within the period above required, with the full name and residence of a physician or person present at the birth, in the manner and subject to the penalties provided in this section. Any householder or parents of such child who shall neglect or refuse to report the birth of such child as aforesaid, or any person who shall knowingly report a false birth, or any physician or midwife who shall neglect or refuse to report the birth of any child delivered by him or her, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, [illegible] and forfeitures are recoverable.

RETURN OF A BIRTH. A 78040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. FEB 9 1891 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 14

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 25 1891
4. *Place of Birth, (Street and Number)* Chalhound st 232
5. *Full Name of Mother,* Annie E Blondell
6. *Mother's Maiden Name,* Annie E McLoughlin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lemis J Blondell
9. *Father's Occupation,* Collector
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs J Kelley

Address, 2022 Wilkens Ave

Remarks,

8910000471

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 280 21

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED JAN 25 1921 REGISTRAR OF VITAL STATISTICS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 25th

4. Place of Birth, (Street and Number) 1609 W Pratt St

5. Full Name of Mother, Emma Krauss

6. Mother's Maiden Name, Sherzer

7. Mother's Birthplace, City

8. Full Name of Father, Ino. W Krauss

9. Father's Occupation, Plumber

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. J. C. Bunch M.D.

Address, 571 Hanover St

Remarks,

8 9 1 0 0 0 0 4 7 2

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or practitioner of midwifery, or should no other person be present at such birth, by the mother, immediately thereafter it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and shall secure within the period above required, and shall secure within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth January 26 1891

4. Place of Birth, (Street and Number) 139 Penna ave Extd

5. Full Name of Mother, Mamie Ruppertsberger

6. Mother's Maiden Name, Mamie Doberer.

7. Mother's Birthplace, Balt

8. Full Name of Father, Fr Ruppertsberger

9. Father's Occupation, Butcher

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return. H C Cole

Address, Madeira and Bloom Pl

Remarks,

1891 00473

The name of each child (if any shall have been) ordered to be set, added to, altered or corrected in any certificate of birth, and the date and place of birth, and the said schedule shall be returned by the practitioner in the form of a certificate before mentioned, and a certificate of the correction made shall be issued to the person or parents of such child. In case the birth of any child shall occur without the attendance of a Physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner aforesaid, and any person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Geo. Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 January
4. Place of Birth, (Street and Number) 735 Lond St.
5. Full Name of Mother, Vera Conkle
6. Mother's Maiden Name, V. O'Brien
7. Mother's Birthplace, Ireland
8. Full Name of Father, Edward Conkle
9. Father's Occupation,
10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other person who makes this Return. Anna Wilson

Address, 928 Cath. St.

Remarks,

† 8 9 1 0 0 0 0 4 7 4

BALTIMORE CITY HEALTH DEPARTMENT

been conferred) (a) sex, color, the full name and description of its parents, the date and place of birth; and the name and residence of the physician or midwife in attendance, or of the person making the certificate between the first and third days of each month, to the office of the Commissioner of Health. To cause the birth of any child born after the first day of January, 1911, to be recorded in the city register of births, and a certificate thereof issued, within ten days after such birth, and before the interment of the body of the person, without the attendance of a physician or practitioner, it shall be the duty of the parents of such child to report its birth to the undersigned Registrar of Vital Statistics, who shall be in attendance upon the mother immediately thereafter. It shall be the duty of the undertaker and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 26th 91
4. Place of Birth, (Street and Number) 1823 Frederick Ave.
5. Full Name of Mother, Mary Steel.
6. Mother's Maiden Name, " Higginbotham.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Steel.
9. Father's Occupation, Turner
10. Father's Birthplace, Baltimore

Name of Medical Attendent, or other person who makes this Return. Annie Lindner

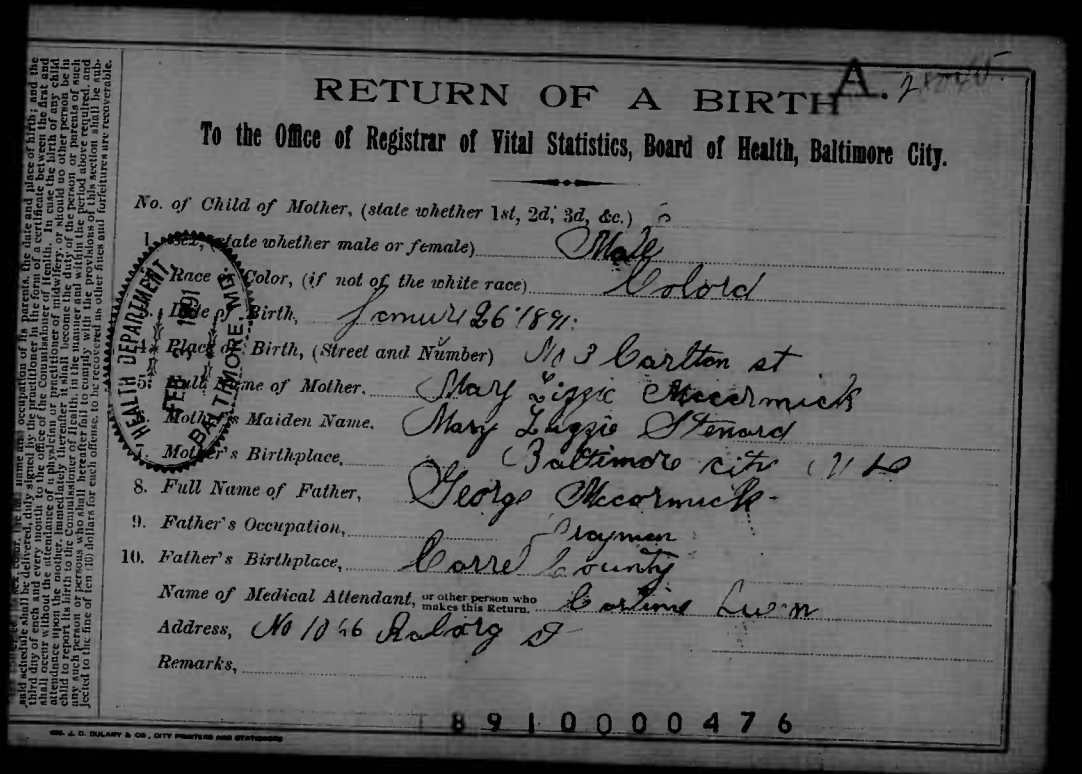
Address, 100 S. Howard

Remarks,

BALTIMORE, MD.

69 1 0 0 0 0 4 7 5

698. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.



RETURN OF A BIRTH

A. 21765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 1891 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, January 26 1891
4. Place of Birth, (Street and Number) No 3 Carlton st
5. Full Name of Mother. Mary Liggie Maccormick
6. Mother's Maiden Name. Mary Liggie Stenard
7. Mother's Birthplace, (Baltimore city (U S
8. Full Name of Father, George Maccormick
9. Father's Occupation, Drayman
10. Father's Birthplace, Carrol County

Name of Medical Attendant, or other person who makes this Return. Carline Lewis

Address, No 1046 Aisquith st

Remarks,

8 9 1 0 0 0 0 4 7 6

and schedule shall be delivered, duly signed by the mother of the child, or by the person in attendance upon the mother at the time of the birth of any child, to the Commissioner of Health, or to such other person as he may designate, within the period above required; and the Commissioner of Health shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 28006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE MD. JAN 26 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colored

Date of Birth, January 26th 1891

Place of Birth, (Street and Number) No 926 Mason Al

5. Full Name of Mother. Cornelia Durham

6. Mother's Maiden Name, " Walker

7. Mother's Birthplace, Washington D C

8. Full Name of Father. Thomas Durham

9. Father's Occupation. Waiter

10. Father's Birthplace, Easternshore Md

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 1024 Park Ave

Remarks,

8 9 1 0 0 0 0 4 7 7

been conferred.) Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, it shall become the duty of the person with whom such mother resides, or in whose house such birth occurs, to report the particulars required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 780 09

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 30 1891 BALTIMORE MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, January 24th 1891
5. Place of Birth, (Street and Number) 232 N. Paul St.
6. Full Name of Mother, Hilda Jones
   Mother's Maiden Name,
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Robert Howard
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 1024 Park Ave

Remarks,

1 8 9 1 0 0 0 0 4 7 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the attendant, if any. The certificate is to be signed by the person who attended the birth, and the said schedule shall be delivered, duly signed, at the office of the Commissioner of Health, in case there be no other person bound to report the birth, within ten days after the birth occurs, and in case there be no attendant, within the third day of each and every month. In case of the absence or inability of the person or parents of such child to report its birth to the Commissioner, as above required, and in case there be no attendant, then it shall devolve upon the mother, immediately thereafter, to make such report in the manner and within the period above required, and such report shall be verified by the oath of the mother. Any person who shall neglect or refuse to report the birth of any child to the Commissioner, as above required, or who shall hereafter fail to comply with the provisions of this section, shall be subjected to a penalty of not less than five dollars nor more than twenty dollars for each offense, and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

28078.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 2 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 26th 1891

4. Place of Birth, (Street and Number) 440 E. North Ave

5. Full Name of Mother, Ida Ransom

6. Mother's Maiden Name, Ida Knox

7. Mother's Birthplace, Ohio.

8. Full Name of Father, Wm Ransom

9. Father's Occupation, Editor

10. Father's Birthplace, Ohio (?)

Name of Medical Attendant, or other person who makes this Return. T. A. Ashby

Address, 1125 Madison ave

Remarks, Right occipito-posterior position. Forceps delivered.

8 9 1 0 0 0 0 4 7 9

The sex, color, the full name and occupation of its parents, the date and place of birth; and the said date of each and every month to the office of the Commissioner of Health. It shall be the duty of each attendance upon the child. The Commissioner of Health, in the manner and within the period above required, and shall report him to the Commissioner of Health. Every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 28049

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 31 1891
BALTIMORE, MD.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 26th 1891

4. Place of Birth, (Street and Number) David ave Woodberry

5. Full Name of Mother, Mary King

6. Mother's Maiden Name, " Ryder

7. Mother's Birthplace, Md

8. Full Name of Father, William King

9. Father's Occupation, Laborer

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Dr Smith M.D.

Address, 206 3rd ave Woodberry

Remarks,

8 9 1 0 0 0 0 4 8 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife in attendance, or the parents, to the Registrar of the district; and the third day of each and every month to the office of the Commissioner of Health. If there be any child born without the presence or attendance of a physician or midwife, or should no other person be duly required to report its birth to the Commissioner of Health, the father or mother of such child, or the occupant of the house in which such child was born, shall report the birth as above required, and any such person or persons who shall neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...and concerning its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 2805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN [illegible] 189[illegible] BALTIMORE, MD.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 7

1. *Sex,* (*state whether male or female*) Male
2. *Race or color,* (*if not of the white race*) White
3. *Date of Birth,* 26 January 1891 Baltimore City
4. *Place of Birth,* (*Street and Number*) 1905 Gough street
5. *Full Name of Mother,* Mary W Moreland
6. *Mother's Maiden Name,* Mary W Englefritz
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Harry W Moreland
9. *Father's Occupation,* Can maker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary Conner

Address, 1606 Gough street Baltimore City

Remarks,

8910000481

J. D. ... & Co., City Printers and Stationers.

RETURN OF A BIRTH A 28051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third Child

1. Sex, (state whether male or female) femaly
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 January
4. Place of Birth, (Street and Number) 600 Campbell St
5. Full Name of Mother, Emma Meinfelder
6. Mother's Maiden Name, Emma Schmidt
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Albert Meinfelder
9. Father's Occupation, Drummer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Wm Burnett

Address, 1 N Eutaw St

Remarks,

8 9 1 0 3 0 0 4 8 2

BALTIMORE, MD.

RETURN OF A BIRTH A 7805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 31 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 26th 1891.

4. Place of Birth, (Street and Number) 117 Nicholson St Hanford Rd

5. Full Name of Mother, Martha Schmidt

6. Mother's Maiden Name, Landau

7. Mother's Birthplace, Germany

8. Full Name of Father, Adam Schmidt

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. H. Dellinger M. D.

Address, 1501 E. Eager St.

Remarks,

† 8910000483

...been conferred, state color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the birth, the mother of such child shall within ten days after the birth of such child cause a return of such birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subject to the penalties and forfeitures are recoverable.

...ject to the line of ten (10) dollars for each offense; to be sued for and recovered as debts of like amount are by law recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born June 26th 1891
4. Place of Birth, (Street and Number) # 30 N. Mount St.
5. Full Name of Mother, Mrs Hattie Leopold
6. Mother's Maiden Name, Miss " Paul
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr Hermitia Leopold
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Miller

Address, 2122 E Pratt St

Remarks,

8 9 1 0 0 0 0 4 8 4

(Penalty clause: ... shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts are by law recoverable.)

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 28084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 24 th 1891
5. Place of Birth, (Street and Number) 1141 W. Lombard st
6. Full Name of Mother, Katie Hubbell Little
7. Mother's Maiden Name,
8. Mother's Birthplace, Balto
9. Full Name of Father, Frank Hubbell
10. Father's Occupation, Sign Painter
11. Father's Birthplace, Balto
12. Name of Medical Attendant, or other person who makes this Return. Susan Hunter
13. Address, 23 N Poppleton St
14. Remarks,

FEB 6 1891

1 8 9 1 0 0 0 0 4 8 5

696 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 28050.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 26 /32
4. *Place of Birth, (Street and Number)*	Lexington st 1916
5. *Full Name of Mother,*	Lillie A McCoy
6. *Mother's Maiden Name,*	Lillie A Schaf
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Mc Coy
9. *Father's Occupation,*	Undertaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelly
Address,	2022 Wilkens Ave
Remarks,	

8 9 1 0 0 0 0 4 8 6

RECEIVED JAN 29 1932

WM. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 28076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 27th
4. *Place of Birth, (Street and Number)*	30 E. West St
5. *Full Name of Mother,*	Sarah O'Hara
6. *Mother's Maiden Name,*	M Corcoran
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Jas. O'Hara
9. *Father's Occupation.*	Iron Moulder
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	L C Burch M D
Address,	511 Hanover St
Remarks,	

8 9 1 0 0 0 0 4 8 7

been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife, to the Commissioner of Health, within the first and third day of each and every month of the Commissioner of Health, within the first and third day of each and every month of the year ensuing. If no physician or practitioner, or midwife, or other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents, and in case of the absence of the parent or parents, then of the occupant of the house or tenement where such birth occurred, to report the birth of any child as above required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 28007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 27th 91
4. Place of Birth, (Street and Number) 1630 Harford Ave.
5. Full Name of Mother, Carrie France
6. Mother's Maiden Name, " Kyser
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Peter J. France
9. Father's Occupation, Cutter
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. J. B. Gardner

Address, 424 N. Greene St.

Remarks,

1891 0000 488

BALTIMORE, MD.

been contrary) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said attendant shall be delivered, duly signed by the parent or attendant, to the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the parent or parents, or other person having charge of such child, shall within the time above required, and in the manner aforesaid, report the facts of such birth to the Commissioner of Health. In the manner and under the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. Fines recovered under this section shall be paid into the City Treasury as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 78004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
2. Sex, (state whether male or female) boy
3. Race of Color, (if not of the white race)
4. Date of Birth, 27 January
5. Place of Birth, (Street and Number) 915 Hoffman St.
6. Full Name of Mother, Annie E. Wyatt
7. Mother's Maiden Name, = = Dolan
8. Mother's Birthplace, Wexford Ireland
9. Full Name of Father, Joseph E. Wyatt
10. Father's Occupation, painter
11. Father's Birthplace, Balt. Md
12. Name of Medical Attendant, or other person who makes this Return. Annie Wilkes
13. Address, 928 Carl. Ave.
14. Remarks,

1891 0000489

HEALTH DEPARTMENT BALTIMORE

The Physician, Midwife, or other person who shall have charge of any child born in the City of Baltimore, shall, within thirty days after the birth of such child, report to the Commissioner of Health the sex, color, the full name and occupation of its parents, the date and place of birth of the first and said schedule shall be delivered, duly filled out, at the office of the Commissioner of Health. In case the child of which a certificate between the first and thirty days of such birth, the said certificate shall be made out and delivered by the physician, midwife or other person in attendance upon the mother, immediately thereafter. If the mother and within the period above required, and such child, or of the person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 28009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
2. Sex, (state whether male or female)
3. Race or Color, (if not of the white race)
4. Date of Birth, 21 January 1891
5. Place of Birth, (Street and Number) 334 South Eutaw St
6. Full Name of Mother, Mrs Rosa Wildmann
7. Mother's Maiden Name, " " Vogel
8. Mother's Birthplace, Baltimore Md
9. Full Name of Father, Mr Henry Wildmann
10. Father's Occupation, Silver Beater
11. Father's Birthplace, Baltimore
12. Name of Medical Attendant, or other person who makes this Return. Wallace Wilson
13. Address, 800 Cadenhall St
14. Remarks,

1891 0000490

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 28060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex, (state whether male or female)	Boy
Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born Jan 27 th 1891
4. Place of Birth, (Street and Number)	# 2218 Frederick Ave
5. Full Name of Mother,	Mrs Katie Raulader
6. Mother's Maiden Name,	Miss " Reich
7. Mother's Birthplace,	Hessen Germany
8. Full Name of Father,	Mr Chas Raulader
9. Father's Occupation,	Brewer
10. Father's Birthplace,	Bayern Germany
Name of Medical Attendent, or other person who makes this Return,	Mrs Hiller
Address,	2127 W Pratt St
Remarks,	

8910000491

been conferred) Sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month, to the Registrar of Births of the district in which the birth occurs; and no other person shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereupon it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, at the boundary and within the period above required, and any such person who shall neglect or refuse to make such report, as aforesaid, shall for each such offence be subjected to the fine of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

JAN 28 1891

898 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

GIVEN NAME ADDED 8-19-57

28061

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Helen Cole

1. No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First
2. Sex (state whether Male or Female) Female
3. Race or Color (if not of the white race)
3. Date of Birth January 24 1891
4. Place of Birth (Street and Number) 1518 McCulloh
5. Full Name of Mother Mrs. Robert Cole
6. Mother's Maiden Name Helen Bell
7. Mother's Birthplace Balto.
8. Full Name of Father Robert Cole
9. Father's Occupation Bookkeeper
10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. Joseph T. Smith

Address 1010 Madison Ave.

Remarks

8 9 1 0 0 0 0 4 9 2

BALTIMORE, MD

advise at the birth of any child, within the City of Baltimore, which may come to his knowledge, the registrar aforesaid, within six days thereafter, stating distinctly the time and place of birth, sex and color of child, whether child or children born, its or their physical condition, whether still-born or living, the full names, surnames, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. Child
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 27 — 1891.
4. *Place of Birth, (Street and Number)*	102 West st.
5. *Full Name of Mother,*	Sophie Erhard.
6. *Mother's Maiden Name,*	Reis.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Ansel Erhard.
9. *Father's Occupation,*	Cooper.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lahuvasser Midwife.
Address,	1032 Hanover st.
Remarks,	

8 9 1 0 0 0 0 4 9 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, to the Commissioner of Health or his agent before the latter of such child. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, or his agent, and to furnish all the facts and particulars which are required to be reported by the attendant. And any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 28063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 27 January

4. Place of Birth, (Street and Number) 1115 Lanvale st

5. Full Name of Mother, Lizzie Brown

6. Mother's Maiden Name, Stallsmith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Brown

9. Father's Occupation, Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. J. Gross

Address, 1202 Linwood Ave

Remarks,

8910000494

FEB 2 1910 BOARD OF HEALTH

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 27 1911
4. Place of Birth, (Street and Number) 1419 Gough St
5. Full Name of Mother, Augusta Mueller
6. Mother's Maiden Name, Arend
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Mueller
9. Father's Occupation. Saloon-Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Fratt St

Remarks,

8 9 1 0 0 0 0 4 9 5

BALTIMORE MD. JAN 31 1911

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the person in charge of a certificate between the first and third day of each and every month of a physician or midwife, or should there be no such person present within the time aforesaid, then to the nearest justice of the peace, who shall report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parents or parents of such child shall report the same to the Commissioner of Health within the period above required, and any such person or persons who shall fail to make such report shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ORE, MD. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 27 8 P.M.
4. Place of Birth, (Street and Number) 924 Hanover Street
5. Full Name of Mother, Frances Cecilia Ryan
6. Mother's Maiden Name, Frances Cecilia Albrecht
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Francis Ryan
9. Father's Occupation, Compositor on Morning Herald
10. Father's Birthplace, Wilmington, Del

Name of Medical Attendant, or other person who makes this Return. Calpurnia Miranda

Address, 100 Baden Hall St

Remarks,

8 9 1 0 0 0 0 4 9 6

FEB 1891

Each certificate shall contain the sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month, a return of all births which may have occurred during the preceding month, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Registrar within ten days after the birth, and in default of such report by any such person or persons who shall neglect or refuse to make such report, he, she or they shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 28026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 27/891
4. Place of Birth, (Street and Number)	Pulaski st 307
5. Full Name of Mother,	Catherine Kelly
6. Mother's Maiden Name,	Catherine Stumpff
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John H Kelly
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Maryland Co Md
Name of Medical Attendant, or other person who makes this Return.	Mrs A Kelly
Address,	2022 Aisquith Ave
Remarks,	

FEB 3 1891

8 9 1 0 0 0 0 4 9 7

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 28, 1891.
4. Place of Birth, (Street and Number) 144 Chestnut ave.
5. Full Name of Mother, Lillie Elmira Williams Byerley.
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father, Benjamin Franklin Williams
9. Father's Occupation, Painter.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8910000498

FEB 4 1891 BALTIMORE MD.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be every month to the office aforesaid, unless sooner called for; and every person who shall neglect or refuse to report as aforesaid the birth of any child third day of each month, a printed schedule of such births as have occurred within his district during the preceding month, which schedule shall be every month to the office aforesaid, unless sooner called for; and every person who shall neglect or refuse to report as aforesaid the birth of any child shall forfeit and pay for each and every such offense, to the use of the Mayor and City Council of Baltimore, the sum of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable. Any such person who shall refuse or neglect to report as aforesaid the birth of any child shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 28067.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	28 Jan 1894
4. *Place of Birth, (Street and Number)*	717 Calvert Place
5. *Full Name of Mother,*	Maggie Anna Knopp
6. *Mother's Maiden Name,*	" " Baker
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return.	E Blundell M.D.
Address,	921 Cathedral
Remarks,	Instrumental Case

691000004997

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

28067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 1891 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex*, (state whether male or female)	Male
2. *Race or Color*, (if not of the white race)	White Child
3. *Date of Birth*,	28 January 1891.
4. *Place of Birth*, (Street and Number)	Garrett Ave 1401
5. *Full Name of Mother*,	Emilie Korber
6. *Mother's Maiden Name*,	" Griffasf
7. *Mother's Birthplace*,	Germany
8. *Full Name of Father*,	John Korber
9. *Father's Occupation*,	Salon Keeper
10. *Father's Birthplace*,	Germany
Name of Medical Attendant, or other person who makes this Return.	Lizzie Schuffler
Address,	16 1908 Fortare
Remarks,	

1 8 9 1 0 0 0 0 5 0 0

been conferred) the sex, color, the full name and occupation of the parents, the date and place of birth; and the name, place of residence and occupation of the physician or midwife in attendance, if any. Upon the registration of a certificate between the first and said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each and every month a like report shall be made to the Commissioner of Health of all births which shall have occurred within the said city during the preceding month, whether the same shall have been reported or not. In case of the absence or attendance upon the mother, immediately thereafter it shall become the duty of the person in attendance upon the mother, immediately thereafter it shall become the duty of such person within the period above required, and child to report its birth to the Commissioner of Health in the manner above required. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other penalties are recoverable. Jetter to the fine of ten (10) dollars for each offense, to be recovered as other penalties are recoverable.

ENG. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 11-19-52

RETURN OF A BIRTH.

28070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Muriel Longfellow Roberts

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 28 1931

4. Place of Birth, (Street and Number) 1602 E Fayette St.

5. Full Name of Mother, Sallie M Roberts

6. Mother's Maiden Name, Langan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William E Roberts

9. Father's Occupation, Pilot

10. Father's Birthplace, Wicomo Co Md

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1627 E Fayette St

Remarks,

6910000501

BALTIMORE MD. FEB 2 1931

been conferred in any case, the full name and occupation of the parents, the date and place of birth; and the name of each child shall be delivered, duly signed by the practitioner or midwife, to the Registrar of Vital Statistics of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents or person in charge of such child shall report the same within ten days thereafter; and shall become liable to the penalties hereinafter provided, unless such person or persons who shall be required as aforesaid to report such birth to the Commissioner of Health shall be able to show that the duty of reporting such birth has been performed by some other person. Any physician or midwife who shall neglect or refuse to report any birth at which he or she shall have been in attendance upon the mother, as required by the provisions of this section shall be subjected to the fine of ten (10) dollars for each and every such neglect or refusal; and such forfeitures are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 28071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 28th Jan 1891

4. Place of Birth, (Street and Number) 403 Element St

5. Full Name of Mother, Bronia Cannon

6. Mother's Maiden Name, Cannon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Eduardus Cannon

9. Father's Occupation, Watchman

10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Mcneill

Address, 1726 E Lee

Remarks,

1891000005 02

FEB 2 1891 BALTIMORE MD

been conferred) its sex, color, the full name and occupation of its parents, the place of birth, the first and last residence of the parents, and such other information as may be required in the form of a certificate between the first and second enumeration. Such certificate shall be delivered, duly signed by the physician or midwife, or other person in charge, to the person or parents of such child, or some one of them, immediately thereon, and within the period above required, and shall be evidence to the Commissioner of Health. In case the birth occurs where no physician or midwife is in attendance, the parent or parents of such child shall report its birth to the Commissioner of Health, as above provided, and shall procure a certificate from the Commissioner of Health, which shall be prima facie evidence in any court of law. Any person or persons who shall neglect or refuse to make the return required by this section, shall, upon conviction thereof, be fined for each offence not less than five dollars nor more than ten dollars, and any such person or persons who shall make a false return shall be deemed guilty of perjury, and subjected to the fine of ten (10) dollars for each offence. Fines and forfeitures are recoverable.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

ENTER NAME ABOVE LINE 4-5-56

RETURN OF A BIRTH

28892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

James E. L. Holmes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 28th 1891.

4. Place of Birth, (Street and Number) Baltimore 1208 Eutaw Place

5. Full Name of Mother, Anne Virginia Levering Holmes

6. Mother's Maiden Name, A E Levering

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, J. L. L. Holmes

9. Father's Occupation, Clergyman

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Hampstill M.D.

Address, 24 W Franklin St.

Remarks,

691000050

ascertained the full name of each child (if any shall have been born) the sex, color, the full name and occupation of its parents, the date and place of birth, and the said return every month to the Office of the Commissioner of Health. In case the certificate herein required to be given by the Physician or Midwife in attendance upon the mother, cannot be procured within ten days after the birth of any child, the fact shall be reported to the Commissioner of Health, and the person required to report its birth to the Commissioner of Health, by the provisions of this section, shall be subjected to the fine of ten (10) dollars or person who shall hereafter offend in any of the premises of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 28073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 28 - 1891
4. Place of Birth, (Street and Number) 1410 S. Eden St.
5. Full Name of Mother, Augusta Warnick
6. Mother's Maiden Name, Will
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Warnick
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Gary Stein

Address, 1421 E. Fratt St.

Remarks,

6 9 1 0 0 0 0 5 0 4

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said return shall be verified by the oath or affirmation of the person making the same, if required by the said Board or any member thereof. Any person who shall refuse or neglect to make such return, or to verify the same by oath or affirmation, when required as aforesaid, shall forfeit and pay for every such refusal or neglect the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable. And every midwife or other person who shall attend at the birth of any child shall, within ten days after the birth of such child, make a return thereof to the office of the Commissioners of Health, in the manner and within the time required, and every midwife or other person who shall attend at the birth of any child and shall neglect or refuse to make such return, or to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), colored
3. Date of Birth, Jan 28
4. Place of Birth (Street and Number), 229 Howard street
5. Full Name of Mother, Annie Augusta Thompson
6. Mother's Maiden Name, Annie Augusta Johnson
7. Mother's Birthplace, Chestertown Kent County Md
8. Full Name of Father, William Henry Thompson
9. Father's Occupation, Lumber piler
10. Father's Birthplace, Kent county Md.

Name of Medical Attendant, or other person who makes this Return. Fannie Myers

Address, 223 Clay street

Remarks,

1891000505

...e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Jan 28 1891.
4. Place of Birth, (Street and Number)	1108 Elizabeth lane.
5. Full Name of Mother,	Amelie Dorsch.
6. Mother's Maiden Name,	Westerfiller.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Andrew Dorsch
9. Father's Occupation,	Tailor.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser Midwife.
Address,	1032 Hanover st
Remarks,	

8 9 1 0 0 0 0 5 0 6

SUC. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, January 28th
5. Place of Birth, (Street and Number) 323 E. Second St
6. Full Name of Mother, Ann Hogue
7. Mother's Maiden Name, Ann Harper
8. Mother's Birthplace, Washington D.C
9. Full Name of Father, T. W. Hogue
10. Father's Occupation, Clerk
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. T. A. Archer

Address,

Remarks,

1 8 9 1 0 0 0 0 5 0 7

RECEIVED JAN 29 1891 REGISTRAR'S DEPARTMENT BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 78077.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 8 1-1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4. Child
Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born Jan 28th 1891
4. Place of Birth, (Street and Number)	# 2110 Frederick Ave.
5. Full Name of Mother,	Mrs Amalie Herchenbahn
6. Mother's Maiden Name,	Miss " Teves
7. Mother's Birthplace,	Detmald Germany
8. Full Name of Father,	Mr Ernest Herchenbahn
9. Father's Occupation,	Barber
10. Father's Birthplace,	Willmars Germany
Name of Medical Attendent, or other person who makes this Return.	Mrs Hiller
Address,	2127 W Pratt Str.
Remarks,	8 9 1 0 0 0 0 5 0 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the presence of the mother, to the first male parent or other person in attendance after the birth. In case the birth of any child shall occur without the attendance of a practitioner or midwife, or should no other person be in attendance as above mentioned, then the duty of the person or parents, with whom the mother resides, shall become the duty of the parent or person with whom the child resides, and such person or persons who shall hereafter fail to make the return required by this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

2807

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 31 1891 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 28th 1891

4. Place of Birth, (Street and Number) 420 Beech ave Hampden

5. Full Name of Mother, Marion Cox

6. Mother's Maiden Name, " Cresswell

7. Mother's Birthplace, Md

8. Full Name of Father, Thomas Cox

9. Father's Occupation, Laborer

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, D. W. Smith M.D.

Address, 206 3rd ave Woodberry Md

Remarks, 8910000509

[illegible] the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A78079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 20th 1891
4. Place of Birth, (Street and Number) 1-2 E Madison Street
5. Full Name of Mother, Dolly V. Bright
6. Mother's Maiden Name, " " Burke
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Daniel J. Bright
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr. James E. Whiteford, 819 ASQUITH STREET, BALTIMORE, MD.

Address,

Remarks, 8 9 1 0 0 0 0 5 1 0

BALTIMORE, MD.

GEO. J. G. DALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 28080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter [illegible] the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and [illegible] a penalty of not more than [illegible] for each and every violation of the provisions of this section shall be subjected to the fine of ten dollars for each and every [illegible] and forfeitures are recoverable.

JAN 31 1891 BALTIMORE CITY REGISTRATION DEPARTMENT

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro-Brown
3. Date of Birth, January 28th 1891
4. Place of Birth, (Street and Number) 620 Trinity Court-
5. Full Name of Mother, Cale Lee Galloway
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Galloway
9. Father's Occupation, Porter Steamboat
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Lawson Lee

Address, 402 Dolphin St-

Remarks, 8 9 1 0 0 0 0 5 1 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 38081.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 28. 1891.
4. Place of Birth, (Street and Number) 269 Front st
5. Full Name of Mother, Annie Hellmann
6. Mother's Maiden Name, — Joseph
7. Mother's Birthplace, Europe
8. Full Name of Father, Max Hellmann
9. Father's Occupation. Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter str.

Remarks, 8 9 1 0 0 0 0 5 1 2

BOARD OF HEALTH BALTIMORE CITY FEB 1 1891 REGISTERED

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said medicine shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. Because the birth of any child third day of each and every month to the office of practitioners in midwifery, certificates of births which shall occur without the attendance of a physician or midwife, and every such person who shall neglect or refuse to make such return as required, and shall neglect its birth to the Commissioner of Health, in writing, within ten days after the birth, and every any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence. All penalties hereby imposed or otherwise fixed or forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 280 88

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th Child

1. Sex, (state whether male or female) Male Child
2. Race or Color, (if not of the white race) White Child
3. Date of Birth, Jan 28 th 1891
4. Place of Birth, (Street and Number) Reese st nr mount st Balto City
5. Full Name of Mother, Katie A Kilduff
6. Mother's Maiden Name, Katie A Mc Carthy
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Joseph E Kilduff
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. Margret Heimbel

Address, No 28 mount st nr Valley Balto City

Remarks, 8 9 1 0 0 0 0 5 1 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said address of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, himself or herself to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. BLAMY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4
2. *Sex, (state whether male or female)* White
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* January 29 1891
5. *Place of Birth, (Street and Number)* S. Wolfe St. n Ltr
6. *Full Name of Mother,* Louise Bittner Fiedler
7. *Mother's Maiden Name,* Balto.
8. *Full Name of Father,* Geo. Fiedler
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Fiedler

Name of Medical Attendant, or other person who makes this Return. Dr. Fiedler

Address, 235 S. Washington St

Remarks, 8 9 1 0 0 0 8 3 5 Balt. Md.

been conferred) its sex, color, the full name and occupation of its parents, the place of birth, and the number of such child in order of birth; and the said schedule shall be delivered, duly filled out, to the undertaker or person having charge of the interment of the body of such child, who shall deliver the same to the Commissioner of Health, or to such other person as he shall direct, within ten days after the interment. Every physician or midwife who shall attend upon the mother, immediately before or at the birth of any child, shall report its birth to the Commissioner of Health, in the manner and within the time above provided, and shall deliver to the undertaker or person having charge of the interment of the body of such child a certificate of the cause of death, which certificate shall be subject to the same regulations as are provided for the certificate of the physician or midwife in attendance. Every undertaker or person having charge of the interment of the body of any child, who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, for the recovery of which fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan 28 1891
4. Place of Birth, (Street and Number) 1906 Vine St
5. Full Name of Mother, Catie Kelly
6. Mother's Maiden Name, " McGrath
7. Mother's Birthplace, Ireland
8. Full Name of Father, John P Kelly
9. Father's Occupation, Carter
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mary Ledley

Address, 1004 Lexington St

Remarks,

8 9 1 0 0 0 0 5 1 5

month, and shall set forth as far as the same can be ascertained, the full name, sex, color, the full name and residence of its parents, the date and place of birth, and the name and residence of the physician or midwife, if any, in attendance upon the mother, immediately after the birth of any child born in said city, and shall cause the same to be delivered to the office of the Commissioner of Health, or shall cause the same to be mailed to the said office, postage prepaid, within ten days after the birth of any child born without the attendance of a physician or midwife, and shall become the duty of the person or parents of such child to report the birth as herein required. And it shall become the duty of the person in charge of any institution where such attendance upon the mother immediately after the birth of any child born in said city, and the parents of such child are persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. O. DELANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Benjamin E. Kerr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 29th 89
4. *Place of Birth, (Street and Number)* Falls Road
5. *Full Name of Mother,* Mary Agnes Kerr
6. *Mother's Maiden Name,* Mears
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Benjamin Franklin Kerr
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Dr. Vincent Tull

Address, 316 Falls Road

Remarks, 8 9 1 0 0 0 0 5 1 6

Hours, 9 A. M. to 4 P. M. Sundays, 9 A. M. to 12 M. Every birth must be registered, and the law requires that the full name and occupation of its parents, the date and place of birth, and the name of the physician or midwife present at the birth, shall be given to the Registrar within ten days after the birth has occurred. If no physician or midwife was present, the fact should be stated. If the child has been christened, the Christian name should be given. If not christened at the time of registration, a certificate will be issued by the Registrar when the child is christened, if application be made within one year after the birth. If the child is born in a hospital, asylum, or other institution, the superintendent or other officer should report the birth. If the child is born on board a vessel, the captain should report the birth within twenty-four hours after arrival in port. If the child is born in a hotel, the proprietor should report the birth within twenty-four hours after it occurs. If the child is born in a tenement house, the owner or agent should report the birth within twenty-four hours after it occurs. If the child is born in a private house, the parent or parents should report the birth within ten days after it occurs. If the child is born in a stable, shop, or outhouse, the owner or agent should report the birth within twenty-four hours after it occurs. If the child is born in a factory, or should no other person be in attendance upon the birth, the duty of the person or parents of such child to report the birth shall become the duty of the person or persons who shall occur without the attendance of a physician or midwife. It shall become the duty of the person or parents of such child to report the birth within ten days after it occurs. If the birth shall occur without the attendance of a physician or midwife, the person with whom the mother resides shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4te
1. Sex (state whether mate or femate),	Female
2. Race or Color (if not of the white race),	Whit
3. Date of Birth,	29 of January 1891.
4. Place of Birth (Street and Number),	207 N. Castle Street
5. Full Name of Mother,	Veronika Schuttle
6. Mother's Maiden Name,	Veronika Eichhorn
7. Mother's Birthplace,	Washington D.C.
8. Full Name of Father,	Gabriel Schuttle
9. Father's Occupation,	Laborer
10. Father's Birthplace.	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs Ida Hill M.D.
Address,	207 N. Castle St
Remarks,	Baltimore Md.

8 9 1 0 0 0 0 5 1 7

BALTIMORE, MD.

Baltimore Publishing Co. (City Printers and Stationers)

RETURN OF A BIRTH. A 28087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 29th
4. Place of Birth, (Street and Number) Chapel St
5. Full Name of Mother, Carry Rice
6. Mother's Maiden Name, Carry Willmore
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Rice
9. Father's Occupation, Labor
10. Father's Birthplace, anderrandold coty
Name of Medical Attendant, or other person who makes this Return, Lucy Woolford
Address, 428 North regester st
Remarks, 8910000518

HEALTH DEP'T OF CITY, FEB 3 1891, BALTIMORE MD.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in [illegible] manner within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, [illegible] and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4/14/43

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ond William Brooks

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 29 January
4. Place of Birth, (Street and Number) 932 Argyle St
5. Full Name of Mother, Mary Ford
6. Mother's Maiden Name, Brooks
7. Mother's Birthplace, Maryland
8. Full Name of Father, George L Ford
9. Father's Occupation, Motor Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs L Ford

Address, 1902 [illegible]

Remarks,

8 9 1 0 0 0 0 5 1 9

BALTIMORE CITY HEALTH DEPARTMENT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

born registered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the Commissioner of Health, or should no other person or persons attend at the birth, the midwife or practitioner of midwifery, or should no other person or persons be in attendance, the father, immediately thereafter, shall become the duty of the person required, and shall occur without the attendance of a physician or midwife, it shall be the duty of the parent or parents to report its birth to the Commissioner of Health. In the event of the failure to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH 28089.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 3 1891 BALTIMORE MD.

Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 29 91

4. Place of Birth, (Street and Number) 1005 N. Saratoga St

5. Full Name of Mother, Mrs Mary Smith

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Dr Batchelor E Shamill

Address, Mrs Lying-in Hospital, 622 W. Lombard St

Remarks,

1 89 1 0 0 0 0 5 2 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person required to make the same, to the officer aforesaid, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the mother herself shall make the return required by this section. Any person who shall hereafter fail to report the birth of any child to the Commissioner of Health, as required by this section, shall be guilty of a misdemeanor, and any such person or persons who shall hereafter fail to report as aforesaid, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. GILDEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 25090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Jan 7 1891
5. Place of Birth, (Street and Number) 6220 W. Rockford St
6. Full Name of Mother, Lillie Calcamuso
7. Mother's Maiden Name, Lillie Calcamuso
8. Mother's Birthplace, Nevada
9. Father's Occupation.
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Dr Frederick B Batchelor

Address, Jewish Hospital 6220 W. Rockford St

Remarks, 6 1 0 0 0 0 5 2 1

BALTIMORE MD. JAN 7 1891

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 78091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 one
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	Colored
Date of Birth,	Jan. 29th
Place of Birth, (Street and Number)	1005 Druid Hill Ave
Full Name of Mother,	Alice Chambers
Mother's Maiden Name,	~~....~~ Reeves
Mother's Birthplace,	Washington D C
Full Name of Father,	George Chambers
Father's Occupation,	Labor
Father's Birthplace,	Fairfax County Va
Name of Medical Attendant, or other person who makes this Return,	Mrs Annie Johnson
Address,	704 Tyson st
Remarks,	

1 8 9 1 0 0 0 0 5 2 2

HEALTH DEPT. FEB 2 1891 BALTIMORE, MD.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 78092

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth Dec 29
4. Place of Birth, (Street and Number) 1615 Olive St
5. Full Name of Mother Cora Virginia
6. Mother's Maiden Name Cora Bantam
7. Mother's Birthplace Pulaski
8. Full Name of Father Wm Thompson
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Conway

Address

Remarks

1 8 9 1 0 0 0 0 5 2 3

Every Physician, Midwife, or other person who shall report, in the registration district within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 7889 3

GIVEN NAME ADDED 4-13-70

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Henry Townsend

No.	*of Child of Mother, (state whether 1st, 2d, 3d, &c)*	the 10 child
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White race
3.	*Date of Birth,*	29 January, 1891
4.	*Place of Birth, (Street and Number)*	Baltimore 617 Lombard St
5.	*Full Name of Mother,*	Mary P Townsend
6.	*Mother's Maiden Name,*	Mary P McGrath
7.	*Mother's Birthplace,*	Baltimore Maryland
8.	*Full Name of Father,*	Charles M Townsend
9.	*Father's Occupation,*	Car Driver
10.	*Father's Birthplace,*	Baltimore Maryland
	Name of Medical Attendent, or other person who makes this Return.	Searey Rolan
	Address,	Searey Rolan 16 ft
	Remarks,	8910000524

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and he shall deliver a certificate between the first and third days of each month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent, nurse or other person present at the birth to report the same to the Commissioner of Health, and with the particulars required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of forty dollars for each offense, to be recovered as fines and forfeitures are recoverable.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 28094.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 9 1891 BALTIMORE CITY REGISTRAR

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 29th 1891

4. Place of Birth, (Street and Number) No 1440 S Charles st

5. Full Name of Mother, Lolo Chaney

6. Mother's Maiden Name, the same

7. Mother's Birthplace, Anna Arundel Co md

8. Full Name of Father, Solomon G Chaney

9. Father's Occupation, Stone cutter

10. Father's Birthplace, A A Co md

Name of Medical Attendant, or other person who makes this Return. E. Hinton

Address, No 1612 South Charles st

Remarks, 1891000525

been conferred) its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, by the person in charge of the case at the time of the third day of each month, to the Commissioner of Health. In case the birth of any child attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner aforesaid, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner [illegible] period above required, and any such person or persons who shall hereafter fail to [illegible] with the pro[illegible] this section shall be subjected to the fine of ten (10) dollars for each offense, to [illegible] [illegible]tures are recoverable.

RETURN OF A BIRTH 2809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 29 January

4. Place of Birth, (Street and Number) 919 Burgundy Street

5. Full Name of Mother, Annie Schulze

6. Mother's Maiden Name, Annie Kraemer

7. Mother's Birthplace, Germany

8. Full Name of Father, Eugen Schulze

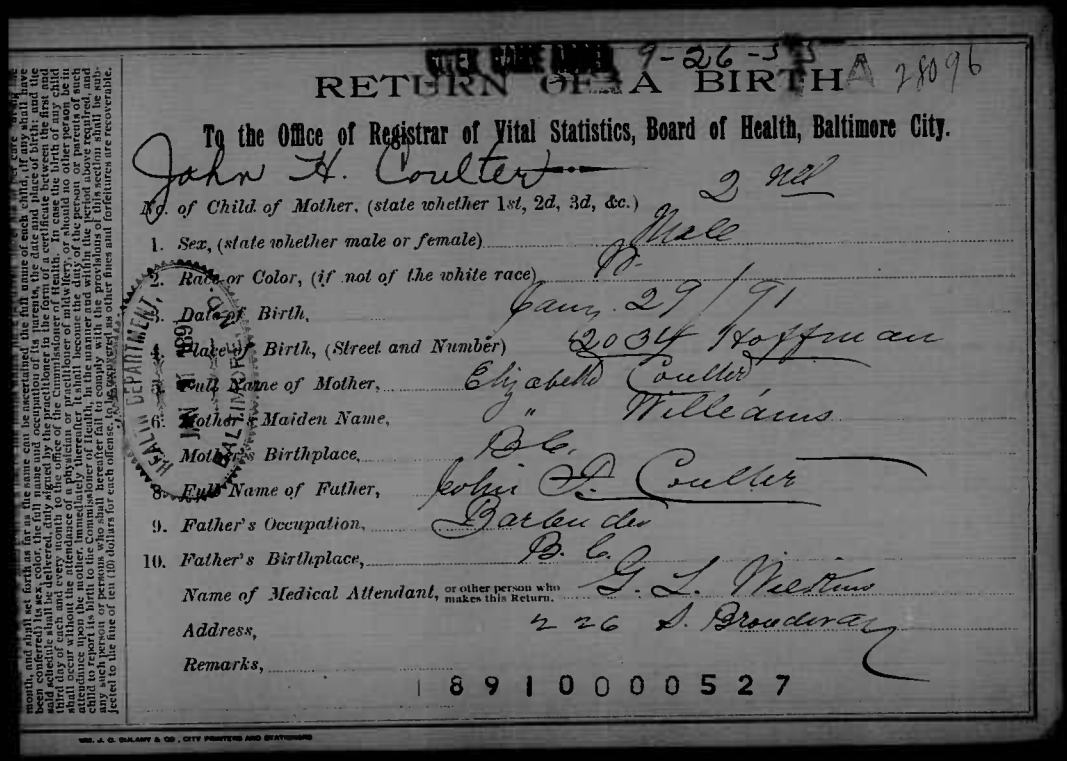
9. Father's Occupation, Tinner

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 711 Cross St.

Remarks, 8910000526



9-26-35

A 28096

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John H. Coulter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Jan. 29/91
4. Place of Birth, (Street and Number) 2034 Hoffman
5. Full Name of Mother, Elizabeth Coulter
6. Mother's Maiden Name, " Williams
7. Mother's Birthplace, B.C.
8. Full Name of Father, John D. Coulter
9. Father's Occupation, Gardener
10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return. G. L. Nielsen

Address, 226 S. Broadway

Remarks,

HEALTH DEPARTMENT, JUL 11 1891 BALTIMORE

1 8 9 1 0 0 0 0 5 2 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly filled out, to the person who shall attend upon the mother at the birth of each child, or in case there is no such person, then the parent or parents of such child shall report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 78097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 5 1891

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. Child
2. Sex, (state whether male or female) ~~White Race~~ Boy
3. Race or Color, (if not of the white race) White Race
4. Date of Birth, Born Jan 29th 1891
5. Place of Birth, (Street and Number) # 95. Prince Str
6. Full Name of Mother, Mrs Bertha Wagner
7. Mother's Maiden Name, Miss " Bergis
8. Mother's Birthplace, Hessen Germany
9. Father's Occupation. Mer John Wagner
10. Father's Birthplace, Labor
Name of Medical Attendant, or other person who makes this Return. Hessen Germany
Address, Mrs Hiller
Remarks, 527 W Pratt Str

8 9 1 0 0 0 0 5 2 8

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the parents, or in case of their absence, or inability, then of the nearest relative present at any birth, or of the person having charge of the mother, to report to the Registrar of Vital Statistics of the city or county in which such birth occurs, the full name and occupation of its parents, the date and place of birth, and the sex and color of each child born alive, and the name and address of the physician or midwife in attendance, if any, within ten days after such birth; and in case the birth occurs in a house, the householder shall furnish the information required of the parents, if they be absent or unable to report, within ten days after he shall have been notified by the Registrar to do so; and in case the birth occurs in a public institution, the superintendent or other officer thereof shall furnish the information required of the parents, within ten days after the birth occurs, and shall be subject to the penalties hereinafter provided for neglect of duty. Sec. 2. And be it enacted, That it shall be the duty of the person or persons reporting a birth to the Registrar, to deliver to the parent or parents, or person having charge of the mother, a certificate containing a copy of the record of such birth, and for every such certificate the Registrar shall be entitled to receive from the City or County Commissioners the sum of twenty-five cents; and the Registrar shall report to the Board of Health of the city or county, on the first Monday in each month, the number of certificates issued during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 3. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 4. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 5. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 6. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 7. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 8. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 9. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 10. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 11. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 12. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 13. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 14. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 15. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 16. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 17. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 18. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 19. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 20. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 21. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 22. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 23. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 24. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 25. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 26. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 27. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 28. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 29. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 30. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 31. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 32. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 33. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 34. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 35. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 36. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 37. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 38. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 39. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 40. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 41. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 42. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 43. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 44. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 45. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 46. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 47. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 48. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 49. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 50. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 51. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 52. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 53. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 54. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 55. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 56. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 57. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 58. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 59. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 60. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 61. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 62. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 63. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 64. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 65. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 66. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 67. 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And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 71. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 72. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 73. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 74. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 75. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 76. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 77. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 78. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 79. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 80. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 81. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 82. 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And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 86. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 87. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 88. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 89. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 90. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 91. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 92. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 93. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 94. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 95. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 96. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 97. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 98. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 99. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof. Sec. 100. And be it enacted, That it shall be the duty of the Registrar to report to the Board of Health of the city or county, on the first Monday in each month, the number of births registered during the preceding month, and the Board of Health shall audit the same and order payment thereof.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 28098.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 29th

4. Place of Birth, (Street and Number) Cor E. Fort ave.

5. Full Name of Mother, Maria Ottenheim

6. Mother's Maiden Name, " Simon

7. Mother's Birthplace, Germany

8. Full Name of Father, Adam Ottenheim

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. G. L. Enoderle

Address, 118 S. Pacaret.

Remarks, 1891 0.000529

been registered) its sex, color, the full name and occupation ... the birth of such child shall make to ... the first and ... schedule shall be delivered, duly signed by the ... Commissioner of Health. In case the birth ... any child ... third day of each and every month to the ... Commissioner of Health, ... no other ... shall occur without the mother immediately thereafter ... become ... within the period above required, and ... child to report its birth to the Commissioner of Health, ... shall be sub- ... any such person or persons who shall ... the provisions of this ... shall be recoverable, ... jected to the fine of ten (10) dollars for each offense, to be recovered ...

BALTIMORE MD

GEO. J. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 28094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 29 January 1891
4. Place of Birth, (Street and Number) 1122 Myrtle
5. Full Name of Mother, Nannie Randall
6. Mother's Maiden Name, Gray
7. Mother's Birthplace, Alabama
8. Full Name of Father, J. A. Randall
9. Father's Occupation, Laborer
10. Father's Birthplace, Alabama

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1891000C530

BALTIMORE CITY REGISTRAR

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the attendant at the birth, in the form of a certificate between the first and third days of each and every month, on the blanks to be furnished by the Commissioner of Health. In case the birth of any child shall occur when the mother, immediately thereafter, is attended by a physician or practitioner of midwifery, or when the person or parents of such child to report its birth to the Commissioner of Health, shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-11-53

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Wakeland Revear Marsh

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 29 of January - 1891
4. Place of Birth, (Street and Number) ~~1263~~ 1263 Johnson Heat South
5. Full Name of Mother, Maria Elisabeth Marsh
6. Mother's Maiden Name, Maria Elisabeth Walter
7. Mother's Birthplace, Upper Salsbourgh Maryland
8. Full Name of Father, Walter Marsh
9. Father's Occupation, Master of Vessel
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Liner Long

Address, 1704 Fort Ave Locust Point

Remarks, Please excuse Pencil writing could not get inter

8910000531

Section 1. Be it enacted by the General Assembly of Maryland, That the Commissioner of Health of Baltimore City shall cause to be printed blank forms for the registration of births, in which shall be stated the full name and occupation of its parents, the date and place of birth, and the color of the child; and the said blanks shall be delivered, duly signed by the practitioner in the form of a certificate, to any midwife or other person who may request the same. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance as aforesaid, the mother of such child shall become the duty of the person or parents of such child to procure the same and within ten days thereafter to cause the same to be duly filled up and signed as aforesaid, and forthwith transmitted to the office of the Commissioner of Health, in the manner and pursuant to the provisions of this section shall be subject to the penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 28101.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 29th 1891
4. Place of Birth, (Street and Number) Baltimore Md. 904 Potomac st
5. Full Name of Mother, Mary J. Heart
6. Mother's Maiden Name, Mary J. Jones
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, James Heart
9. Father's Occupation, Laborer
10. Father's Birthplace, York England

Name of Medical Attendant, or other person who makes this Return. Amelia G Lommus

Address,

Remarks,

18910000532

FEB 4 1891

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately after the birth, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the parent or parents of such child to report its birth to the Commissioner of Health, as the case may be, in accordance with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

686. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Jan 29th 91
4. *Place of Birth, (Street and Number)*	Corner Preston & Linden Ave
5. *Full Name of Mother*	Sophia P Fitch
6. *Mother's Maiden Name*	Wood
7. *Mother's Birthplace*	Phila Pa
8. *Full Name of Father*	William T. Fitch
9. *Father's Occupation*	Contractor
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return	Robt N Johnson M.D
Address	101 W Franklin St
Remarks	Dr Post M.D

8 9 1 0 0 0 0 5 3 3

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 78103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD.
FEB 9 1891

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Jan. 30, 191
5. *Place of Birth, (Street and Number)* 259 N. Eutaw St.
6. *Full Name of Mother,* Mary Killen
7. *Mother's Maiden Name,* Mary —
8. *Mother's Birthplace,* Ireland
9. *Full Name of Father,* Wm. Killen
10. *Father's Occupation,* Lamplighter
11. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return. W. S. Blaisdell

Address, 285 N. Eutaw St.

Remarks,

18910000534

Every physician, midwife or other person who shall be in attendance upon the mother, immediately thereafter, shall report the birth of any child to the Commissioner of Health, in the manner and within the time prescribed by law, and for every neglect to make such report, the person so required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 28104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 31 1891
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 30th
4. Place of Birth, (Street and Number) 1032 Maiden's Street
5. Full Name of Mother, Nellie Lorance
6. Mother's Maiden Name, Nellie Oneil
7. Mother's Birthplace, New York City
8. Full Name of Father, Frederick Lorance
9. Father's Occupation, Bartender
10. Father's Birthplace, New York City

Name of Medical Attendant, or other person who makes this Return. Wm Bange

Address, 711 Broom St

Remarks, 1891000535

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and shall receive therefor a fee of twenty-five cents for each birth so certified; provided, however, that no fee shall be charged for the attendance upon the mother, immediately thereafter, of any physician who shall report such birth as required by this section. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other debts of like amount are recoverable.

RETURN OF A BIRTH

A 7115.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 3 1891 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan 30 1891

4. Place of Birth, (Street and Number) 1420 Druid Hill Ave

5. Full Name of Mother, Annie M. Michael

6. Mother's Maiden Name, " " Mackey

7. Mother's Birthplace, Md

8. Full Name of Father, Wm H. Michael

9. Father's Occupation, Dairyman

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, David Smith MD

Address, 432 E. Eutaw

Remarks,

8 9 1 0 0 0 0 5 3 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attendant, if any. Every certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the fifth days after the birth, to the registrar of the City wherein the birth occurs, or be posted to him within that time. In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, the parent or parents or person having charge of such child shall report its birth to the Commissioner of Health, who shall require the certificate above required, such attendance upon the mother, immediately thereafter, shall supply the proper certificate. Any person who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. To recover said fines, suits or actions are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained [illegible] place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, [illegible]
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 28106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* 4th

1. Sex *(state whether male or female)* Female.
2. Race or Color, *(if not of the white race)* White.
3. Date of Birth. January 30th 1891.
4. Place of Birth, *(Street and Number)* 1213 Hollins Street.
5. Full Name of Mother, Margerette D. Mabbett.
6. Mother's Maiden Name, " " Goetz
7. Mother's Birthplace, Saxony Germany.
8. Full Name of Father, Wallace L. Mabbett.
9. Father's Occupation. Piano Maker.
10. Father's Birthplace, Brooklyn New York.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 1 8 9 1 0 0 0 0 5 3 7

Wm. J. C. Dulany & Co., City Printers and Stationers.

over

28107.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Mullen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 30 91

4. Place of Birth, (Street and Number) 1337 Hedeman St.

5. Full Name of Mother, Margaret Mullen

6. Mother's Maiden Name, Margaret Russell

7. Mother's Birthplace, Md.

8. Full Name of Father, P. E. Mullen

9. Father's Occupation, Laborer

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. J. H. Rockman M.D.

Address,

Remarks,

1 8 9 1 0 0 0 0 5 3 8

FEB 2, 1891

An act to provide for the registration of births, marriages and deaths in Baltimore City. Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the physician, midwife or other person in attendance upon the mother, immediately after the birth of each child born alive, to make a return thereof to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, which return shall contain the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the physician, midwife or other person in attendance at the birth of such child; and such return shall be made in the form and manner prescribed by the Board of Health of Baltimore City, and shall be signed by the person making the same. Sec. 2. And be it enacted, That it shall be the duty of the Registrar of Vital Statistics, Board of Health, Baltimore City, to furnish, free of charge, to all persons required to make returns of births, marriages and deaths, the blank forms necessary for making such returns, and to receive and file the same when made, and to issue certificates of the same when required. Sec. 3. And be it enacted, That no person shall be required to make return of the birth of any child if the birth of such child shall have been duly registered, and no person shall be required to make return of the birth of any child whose birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, except the parent or parents of such child, or the head of the family in which such birth shall occur, and such parent or parents, or head of the family, shall be required to make return of the birth of such child. Sec. 4. And be it enacted, That any person or persons who shall neglect or refuse to comply with the provisions of this act shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in any other suit and forfeitures are recoverable.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 28108.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, Jan 31st 1891
5. Place of Birth, (Street and Number) 2 Linden Alley
6. Full Name of Mother, Augusta Mayer
7. Mother's Maiden Name, Rohde
8. Mother's Birthplace, Germany
9. Full Name of Father, Frank Mayer
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs E Smith

Address, 1613 Rockeby St

Remarks, Mother

1 8 9 1 0 0 0 0 5 3 9

FEB 2 1891 BALTIMORE

months, and shall set forth the same, as appearing on the said Mother's certificate of birth; and the Mother shall, within one month after the birth of such child, duly signed by the practitioner in the form of a certificate between the first and second days of each and every month to the office of the Commissioner of Health, or, should no other person be in attendance upon the birth, then the Mother shall herself become liable to the penalties and forfeitures above mentioned, and shall cause a like certificate to be made and delivered to the Commissioner of Health, in the manner and within the period above required, and shall forthwith, after the birth of any child born dead, make a like certificate to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the penalties and forfeitures above mentioned, and shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 28107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Myrtle Fern Fleming First Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	January 30/91
4. Place of Birth (Street and Number),	722 West Balto. St.
5. Full Name of Mother,	Mary Fleming
6. Mother's Maiden Name,	Mary Eisenhauer
7. Mother's Birthplace,	Carroll Co. Md.
8. Full Name of Father,	James Fleming
9. Father's Occupation,	Musician
10. Father's Birthplace,	Balto. city
Name of Medical Attendant, or other person who makes this Return.	C. W. Mansfield M.D.
Address,	129 So Broadway
Remarks,	

FEB 1891 BALTIMORE MD

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...ltim... e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

28110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female),*	Male
Race or Color (if not of the white race),	White
3. *Date of Birth,*	January 30th 1891
4. *Place of Birth (Street and Number),*	1035 Hillen St
5. *Full Name of Mother,*	Mary Ritter
6. *Mother's Maiden Name,*	Dont Know
7. *Mother's Birthplace,*	Balto Co. Md.
8. *Full Name of Father,*	Geo F. Ritter
9. *Father's Occupation,*	Shirt Manufact'r
10. *Father's Birthplace,*	Balto Co Md
Name of Medical Attendant, or other person who makes this Return.	Dr Lehmanbros
Address,	309 N Eutaw St
Remarks,	1891 0000541

HEALTH DEPARTMENT BALTIMORE MD. JAN 31 1891

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	Colored
Date of Birth,	Jan. 30 th
Place of Birth, (Street and Number)	814 Jasper st
5. *Full Name of Mother,*	Julia Brown
6. *Mother's Maiden Name,*	....
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Millan Tolbon
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Tolbon
Address,	701 Fayson st
Remarks,	8910000542

BALTIMORE, MD. FEB 3 1891

month, and each set forth as far as the same can be ascertained, the full name, residence and occupation of its parents, the date and place of birth, and the name and residence of the physician or midwife, if any, in attendance upon the mother at the birth of any child born within the City of Baltimore after the first day of January, eighteen hundred and seventy-eight; and in case a certificate of such birth shall not have been conferred, it shall be the duty of the physician or midwife, if any, in attendance upon the mother at the birth of any child born within the City of Baltimore after the first day of January, eighteen hundred and seventy-eight, to report the birth of such child to the office of the Commissioner of Health, within ten days after the birth of such child, and in case there was no physician or midwife in attendance upon the mother, it shall be the duty of the parents of such child to report its birth to the Commissioner of Health, within ten days after the birth of such child; and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 28117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 2 1891 BALTIMORE MD

4. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.
3. Sex, (state whether male or female) Male
4. Race or Color, (if not of the white race) White
3. Date of Birth, January 30th 91
4. Place of Birth, (Street and Number) 1105 Linsey st
5. Full Name of Mother, Mary O'Gorman
6. Mother's Maiden Name, Mary Hughes
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, John O'Gorman
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Henry C. Ohle, M.D.

Address, 1203 West Baltimore

Remarks, 8 9 1 0 0 0 0 5 4 3

...shall be born, the name and residence of the attending physician or midwife, if any, and the name, residence and occupation of its parents, the date and place of birth, and the sex and color of each child born, shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, or to the person authorized by him to receive the same, within ten days after the birth of any child which may have been born; and in case there is no physician or midwife in attendance, or if the child is born dead, then it shall be the duty of the father or mother of such child, or the householder, to report the birth to the Registrar of Vital Statistics, within ten days after the occurrence thereof, and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother at the time of the birth of a child born dead, it shall be the duty of the father or mother of such child to report the same to the Registrar of Vital Statistics, within ten days after the occurrence thereof, and every month to the office of the Commissioner of Health, but no certificate shall be required of the birth of a child born dead before the end of the seventh month of gestation. No fee shall be charged for the registration of a birth or death occurring within the first year after the same shall occur without the attendance of a physician or midwife, but a fee of twenty-five cents shall be charged for the registration of a birth or death occurring after the first year, and a fee of twenty-five cents shall be charged for the registration of a birth or death occurring within the first year after the same shall occur with the attendance of a physician or midwife, but no fee shall be charged for the registration of a birth or death occurring after the first year without the attendance of a physician or midwife. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 28113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st of January 1891
4. Place of Birth, (Street and Number) 20 Hoy Allen St
5. Full Name of Mother, Maggie Bradley
6. Mother's Maiden Name, Maggie E Driscoll
7. Mother's Birthplace, Ireland
8. Full Name of Father, Andrew J. E. Bradley
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendent, or other person who makes this Return. Wm C. Lucas

Address, 110 1039 Fayette Ave

Remarks, 8 9 1 0 0 0 0 5 4 4 1 5 91

BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

E 28114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan the 3rd
4. Place of Birth, (Street and Number) May Court 1422
5. Full Name of Mother, Agnes B. Connaway
6. Mother's Maiden Name, Agnes B. Watkins
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, George L. Connaway
9. Father's Occupation, a Laborer
10. Father's Birthplace, Eastern Md

Name of Medical Attendant, or other person who makes this Return. Carla Patton

Address, ~~Female Hospital~~ 1001 Retreat St

Remarks, We Are Well

8910000545

...perly and shall set forth as far as the same is known to the person required to report it, the name, sex, color, the full name, occupation and residence of parents, the date and place of birth; and the name conferred) of each child born alive, and reported by the physician in the form of a certificate herein provided, and the said schedule shall be delivered to the Registrar of Births or other person authorized to receive the same, within ten days after the birth of any child born alive without the attendance of a physician or midwife, and within the first ten days of the month next after the birth of any child born alive with the attendance of a physician or midwife, and in case of the failure of the parent or parents of such child to report its birth to the Registrar of Births or other person authorized to receive the same within the period above specified, it shall be the duty of the person in attendance upon the mother immediately after the birth, to comply with the provisions of this section, and shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 28 115.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	January 30, 1891
4. Place of Birth, (Street and Number)	No 2066 Bohemian Court
5. Full Name of Mother,	Hattie Dellee
6. Mother's Maiden Name,	Hattie Wright
7. Mother's Birthplace,	Delaware Md
8. Full Name of Father,	David Dellee
9. Father's Occupation,	Labor
10. Father's Birthplace,	Delaware Md
Name of Medical Attendant, or other person who makes this Return.	Susan Hagues
Address,	19 N Durham St
Remarks,	

1 8 9 1 0 0 0 0 5 4 5

been conferred) its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day of each month, to the registrar of vital statistics, or to such person as he may appoint for the purpose. And if any child shall occur without the attendance of a physician or practitioner of midwifery within 24 hours after birth, or any child attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the commissioner of health, in the manner above required, and any such person who shall neglect or refuse to make such report, as herein required in this section, shall be subjected to the fine of ten 100 dollars for each offense; to be recovered in the name of the State, with costs and forfeitures of recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NAME ADDED 2-13-57   3494 [illegible]

RETURN OF A BIRTH A. 2811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Samuel Bernard — Poist, 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 30th 1891
4. Place of Birth, (Street and Number) 605 N. Fremont ave
5. Full Name of Mother, Ella F. Poist
6. Mother's Maiden Name, " " Walker
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Jerome A. Poist
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Jas. E. Gibbons M.D.

Address, 833 Edmondson ave

Remarks, 8910000547

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 28117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3rd Child

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 30th of January 1891

4. *Place of Birth, (Street and Number)* 508 Patterson Park Ave.

5. *Full Name of Mother,* Lizzie W. Gleichman

6. *Mother's Maiden Name,* Lizzie W. Alld

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Christian W. Gleichman

9. *Father's Occupation,* Butcher

10. *Father's Birthplace,* Germany

Name of Medical Attendent, or other person who makes this Return. Cecintha Kunkel

Address, 213 North Chapel St. for Justina Kunkel

Remarks, Healthy

1 8 9 1 0 0 0 0 5 4 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 28118.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 3 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Jan 30 - 91
4. Place of Birth, (Street and Number)	2407 E. Monument
5. Full Name of Mother,	Emma Nelson
6. Mother's Maiden Name,	" Gebrick
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Charles P. Nelson
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonough
Remarks,	8910000549

month, and shall set forth as far as the same can be ascertained the name, the date and place of birth, and the color, the full name and occupation of the parents, the date and place of their marriage, and such other information as may be required by the Commissioner of Health, and no other person be allowed to make such return. Any physician or practitioner of midwifery who shall neglect or refuse to make such return as aforesaid for any child delivered by him or her, or any person required by this section to make such return, who shall neglect or refuse to make such return within the time specified, shall be subject to a penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. OULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 2819.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 31st
4. *Place of Birth, (Street and Number)*	20 E. York St
5. *Full Name of Mother,*	Bridget Ryan
6. *Mother's Maiden Name,*	" Donnelly
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Jno. Ryan
9. *Father's Occupation,*	Horse Shoer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return,	J. C. Bauch M.D
Address,	511 Hanover St
Remarks,	1891000550

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the sex, color and race of each child born alive, which certificate shall be duly signed by the practitioner in the form of a certificate like the birth of any child said schedule shall be delivered or sent by mail to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the midwife or other person who shall be in attendance upon the mother, shall within the period of ten days after the birth of each child to report to the Commissioner of Health, in the manner and within the period of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 28120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 January
4. Place of Birth, (Street and Number) 1233 Hanfelt
5. Full Name of Mother, Lizzie [illegible]
6. Mother's Maiden Name, Lizzie St. Claire
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Oliver Lloyd
9. Father's Occupation, Laborer Sun Iron Building
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. Barbara Wendell

Address, 800 Leadenhall St

Remarks, 8 9 1 0 0 0 0 5 5 1

been entered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered duly signed by the practitioner in the form of a certificate given at the first and second visit, and every month to the office of the Registrar of Births, etc. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the mother herself shall immediately thereafter if she shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 28171.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	January 31st 1891
4. Place of Birth, (Street and Number)	#35 Wilkens Ave.
5. Full Name of Mother,	Jennie Bows.
6. Mother's Maiden Name,	" Kruger.
7. Mother's Birthplace,	Hanover
8. Full Name of Father.	William Bows.
9. Father's Occupation.	Stone Mason.
10. Father's Birthplace,	Hesse
Name of Medical Attendent, or other person who makes this Return.	Annie Lindner
Address,	#121 S. Monroe St.
Remarks,	

1891000552

BOARD OF HEALTH BALTIMORE CITY

Every person who shall be present at the birth of any child, or who shall have charge of any child born, shall report its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner or person in charge, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother, immediately thereafter if she shall become the duty of the person above required, and shall report its birth to the Commissioner of Health, in the manner and with the particulars above required, and shall deliver a certificate, duly signed by the person giving such information. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 2817N

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 31st 91
4. Place of Birth, (Street and Number) # 316 Monroe St.
5. Full Name of Mother, Lizzie Kline
6. Mother's Maiden Name, L. Kline
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael Kline
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, # 106 S. Monroe St.

Remarks,

1 8 9 1 0 0 0 0 5 5 3

FEB 1 1891

Wm. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

How to fill out this Return. Write the full name and occupation of its parents, the date and place of birth, and the sex, color, and number of the child. Write plainly, in ink, and with a pen. Do not abbreviate. Write the full and correct address of the person who makes this Return. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents, or other person having charge of such child, shall within ten days after the birth, report the same to the office of the Commissioner of Health, in the manner and with the particulars required by this section, and in default thereof it shall become the duty of the person or parents, or other person having charge of such child, to appear before the Commissioner of Health, at his office, within the next ten days, and make such report, and in default thereof, such person or persons, who shall hereafter fail to make such report, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 28120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 31st 1891
4. Place of Birth, (Street and Number) 516 N. Schroeder st
5. Full Name of Mother, Maggie T. Schanze
6. Mother's Maiden Name, " " Larkin
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Albert George Schanze
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Jas. E. Gilchrist M.D.

Address, 833 Edmondson ave

Remarks,

1 8 9 1 0 0 0 0 5 5 4

DEPARTMENT OF VITAL STATISTICS FEB 3 1891

been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate known as the first and second certificate, to the person in charge of the case. In case the birth of any child shall occur without the attendance of a practitioner or midwife, or should no other person be in attendance upon such birth, the parent or parents, or the head of the household in which such birth occurs, shall immediately thereafter transmit the like information to the Commissioner of Health, in the manner and with the penalties provided in this section, and in case of the neglect or refusal of any such person or persons who shall hereafter fail to do so, he or she shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 2814.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd & 3rd

1. Sex, (state whether male or female) Male - twins
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 31st
4. Place of Birth, (Street and Number) 1402 Hanover St
5. Full Name of Mother, Ida Murray
6. Mother's Maiden Name, Ida Bollman
7. Mother's Birthplace, City
8. Full Name of Father, Geo Murray
9. Father's Occupation, Clerk
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return. J. C. Hench M.D.

Address, 511 Hanover St

Remarks,

1 8 9 1 0 0 0 0 5 5 5

months, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the sex, color, and the full name and occupation of its parents, the date and place of birth; and the said scheduic shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence or attendance of a practitioner, then the mother, and in case of her inability, the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 28120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female) female

Race or Color, (if not of the white race) Colored

Date of Birth, Jan 31 1891

Place of Birth, (Street and Number) 238 Chestnut alley

5. Full Name of Mother, Eliza wilson

6. Mother's Maiden Name, Eliza Johnson

7. Mother's Birthplace, Virginia

8. Full Name of Father, James wilson

9. Father's Occupation. Laborer

10. Father's Birthplace, virginia

Name of Medical Attendant, or other person who makes this Return. Mary ann mason

Address, No 238 walnut alley

Remarks,

6 5 3 8 9 1 0 0 0 0 5 5 6

BALTIMORE CITY

Health. And be it further enacted, That the name can be ascertained the full name of each child born in any house shall have been entered, the first visit of the Commissioner of Health or his assistant shall be made within one week after the birth; and the mouth, and shall set forth as far as the name can be ascertained the full name and place of birth; and the said returns shall be delivered, duly signed by the Commissioner of Health or his assistant, to the Registrar of Vital Statistics, or to the Commissioner of Health, at the office of the Commissioner of Health, within one week after the first day of each and every month by physician or practitioner in attendance, if there be one, and if there be none, by the person or parties of such child or children, or the nearest relative present at the birth, or the owner, agent or lessee of the house in which such birth shall occur without the knowledge of the Commissioner of Health, immediately thereafter it shall be the duty of the above required, and attendance upon the mother, or the nearest relative present at the birth, or the owner, agent or lessee of the house in which such birth shall occur without the knowledge of the Commissioner of Health, immediately thereafter it shall be the duty of the above required, and in default of such return as aforesaid, or in default of giving the information required by the Commissioner of Health, or his assistant, as aforesaid, or in default of complying with the rules and regulations of the Board of Health relating to the registration of births, every such person or persons who shall neglect or refuse to comply with the provisions of this section shall be deemed guilty of a misdemeanor, and subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 3872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Child

1. Sex. (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, 31 day January 1891

4. Place of Birth. (Street and Number) Marshal av between west and auston

5. Full Name of Mother, Sarah L Buckler

6. Mother's Maiden Name.

7. Mother's Birthplace, Calvert County

8. Full Name of Father, Ferguson Buckler

9. Father's Occupation, Labourer

10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other person who makes this Return. Ann E Smith

Address, No 102 hamburg st

Remarks,

1 8 9 1 0 0 0 0 5 5 7

month, and shall set forth in the form of a certificate the date and place of birth, and the full name and occupation of its parents, the date and place of their marriage, the full name and occupation of the informer in the form of a certificate the birth of any child been conferred, duly signed by one of the commissioners of Health, or should no other person, such child, the father, mother or physician of such child, or the owner, agent or manager of the premises where such child was born, shall be required, and shall have full power and authority, at any time within thirty days after the birth of each and every month of a physician, midwife or other person, who shall attend upon the birth of any child, or the owner, agent or manager of the premises where such child was born, shall be required, and shall have full power and authority, at any time within thirty days after the birth of each and every month of a physician, midwife or other person, who shall attend upon the birth of any child, immediately thereafter, to report the same to the Commissioners of Health, and shall comply with the provisions of this section shall be subject to the fine of ten dollars for each offence. Said penalties are recoverable as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

2877

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* [illegible]

4. *Place of Birth, (Street and Number)* 622 W. Lombard St

5. *Full Name of Mother,* [illegible]

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr. [illegible]

Address, [illegible] Hospital 622 W. Lombard St

Remarks, 8910000558

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 28178.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 31 — 1891
4. Place of Birth, (Street and Number) 112 S. Exeter St.
5. Full Name of Mother, Annie Hoyle
6. Mother's Maiden Name, Fitzpatrick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Hoyle
9. Father's Occupation, Plain
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Flair

Address, 1127 E Fleet St.

Remarks, 18910000559

month and shall set forth as far as the same can be ascertained the full name, residence and occupation of the parents, the date and place of birth, and the sex, color, the full name and residence of the physician or midwife in attendance (if any) at the birth, and whether the child was born alive or dead, and if dead, whether it died before, during or after birth, and the cause of death, and whether the child was the first and whether it was the second, third or fourth child born at a plural birth, and in case the birth of any child shall take place without the attendance of a physician or midwife, it shall become the duty of the person or persons in charge of the mother, immediately after the birth of such child, to report the same as required, and attendance upon the mother, immediately after the birth of such child, to report the same as required, and in the manner and within the time prescribed by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as a penalty for the use of the city; and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as a penalty; fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 28734.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) Col
4. Date of Birth, Jan 5th 91
5. Place of Birth, (Street and Number) 622 W Lanvale St
6. Full Name of Mother, Fanny Johnson
7. Mother's Maiden Name, Fanny Johnson
8. Mother's Birthplace, Baltimore Md
9. Full Name of Father,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Dr Frank L Hilgartner

Address, 322 Cyrus in Keyser Rel 622 W Lanvale St

Remarks, 1 8 9 1 0 0 0 0 5 6 0

BALTIMORE MD. FEB 13 1891

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 28730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 31. 1891.
4. Place of Birth, (Street and Number) 23 N. Eden str
5. Full Name of Mother, Lea Silbermann
6. Mother's Maiden Name, Good Gold
7. Mother's Birthplace, Europe
8. Full Name of Father, Israel Silbermann
9. Father's Occupation, Pedler
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return: Mrs Cecilie Bernstein

Address, 122 S. Exeter str.

Remarks, 18910000561

How a birth is to be returned. Section 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the passage of this ordinance every birth which shall have been or which may hereafter occur within the limits of Baltimore City, shall be returned to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, by the physician, midwife or other person in attendance upon the mother at the birth of any child, and in the absence of such physician, midwife or other person in attendance, then by the householder of the house in which such birth occurs, within ten days after the occurrence of such birth, and every such return shall be made in writing, and shall be signed by the practitioner in the form of a certificate to be furnished by the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall set forth the name and place of birth; and the full name of the mother of any child born out of wedlock, and the full name of the father of any child born in wedlock, if the same be known to the person making such return, and shall be delivered at the office of the Commissioner of Health, or mailed to the office of the Commissioner of Health, in the manner and within the period above specified, and any person who shall neglect or refuse to make such return as herein required, or who shall make a false return, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Over

RETURN OF A BIRTH 78131.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* ~~(Female)~~ Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 31 Jan. 1891.

4. *Place of Birth, (Street and Number)* 734 Columbia ave.

5. *Full Name of Mother,* Anna ~~(Annie)~~ Rommel.

6. *Mother's Maiden Name,* Anna ~~(Annie Wettenberg)~~ Wartenberg

7. *Mother's Birthplace,* Germany.

8. *Full Name of Father,* John Rommel.

9. *Father's Occupation,* Bottler

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 711 Cross St.

Remarks, Full name of child — Christian H. Rommel

6710000562

month, and shall set forth as far as the same can be ascertained … if any shall have been conferred) its sex, color, the full name and occupation … birth, and the said schedule shall be delivered, duly signed by the pra[ctitioner] … the first and third day of each and every month to the office of the … Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or … would no other person be in attendance upon the mother, immediately thereafter … person or parents of such child to report its birth to the Commissioner of Health … within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of … shall be subjected to the fine of ten (10) dollars for each offense, to be … are recoverable.

BALTIMORE

[illegible] J. B. [illegible] & Co., City Printers and Stationers

RETURN OF A BIRTH. A. 78137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 te
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	31st of January
4. *Place of Birth, (Street and Number)*	316 Schmaalwood Str
5. *Full Name of Mother,*	Louise Schmaalwood
6. *Mother's Maiden Name,*	Louise Brauer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robert Schmaalwood
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Friederike Keuler Midwife
Address,	216 West Fratt St
Remarks,	

FEB 3 1891

1891000563

month, and shall set forth as far as the same can be ascertained the name, sex, race, date and place of birth; and the name, residence, color, and occupation of its parents, the date and place of marriage, and the number of children to whom the mother has been confined; the sex, color, etc., of each child; and shall be signed by the practitioner in the form of a certificate hereinbefore provided; and in case there shall be no such practitioner in attendance at the birth of any child, then the same shall be returned within the first ten days of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother at the birth of such child, then it shall become the duty of the person or parents of such child, or the head of the family where such birth shall occur without the attendance of a physician, after it shall become the duty of such person or parents, or head of the family, to make such return as is required when there is a physician in attendance upon the mother at the birth of a child; and in the manner and within the period above specified; and every person who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

78133

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 1 1891
4. Place of Birth, (Street and Number) 12 N. Edward St.
5. Full Name of Mother, Lily Ellis
6. Mother's Maiden Name, Lily Bailey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robt Ellis
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, G. A. Bell M.D.

Address, 12 N. E. Monument & E.B. cor Central Ave.

Remarks, Well Child 8 9 1 0 0 0 0 5 6 4

month, and shall set forth as far as practicable the full name, residence, occupation of its parents, the date and place of birth, and such other facts as may be required by the Commissioner of Health. If such birth shall not have been registered, the certificate shall be duly signed by the practitioner in the form of a certificate of the birth of any child said sections of said ordinance, and every such practitioner who shall neglect or refuse to make such certificate of each and every month to the office of the Commissioner of Health, or should no other person be in attendance, then the midwife, or relative of the family, or householder, in whose house such birth shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the time specified in this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any such have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

78134

HEALTH DEPARTMENT FEB 1891 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 1 1891
4. *Place of Birth, (Street and Number)* 1022 Buchanan St.
5. *Full Name of Mother,* Annie Schilly
6. *Mother's Maiden Name,* Annie Dard
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* C. H. Schilly
9. *Father's Occupation,* Shoe maker
10. *Father's Birthplace,* Balto. County

Name of Medical Attendant, or other person who makes this Return. G. A. Bell

Address, 1245 E. Fremont St. cor. Central Ave.

Remarks, All Well 8910000565

DUL. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 9 1891
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1

1. Sex, (state whether male or female) Male
2. Race or ~~Color~~, (if not of the white race)
3. Date of Birth, Jan 2 1891
4. Place of Birth, (Street and Number) 315 E. Lanvale st
5. Full Name of Mother, Isabel Reid
6. Mother's Maiden Name, Van Dorn
7. Mother's Birthplace, New Jersey
8. Full Name of Father, Newton Reid
9. Father's Occupation, Restaurant Manager
10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return, Edwin C Baldwin

Address, 304 n Exeter st

Remarks, 8 9 1 0 0 0 0 5 6 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the name and residence and occupation of its parents, the date and place of birth; and the said schedule shall be signed by the practitioner in the form of a certificate, if the case be attended by a practitioner, and in every case of birth in which a certificate is not required, by the mother of any child born without the attendance of a physician, or by the person or parents of such child or children, or the nearest relative present at the birth, or in case the mother shall be unable to do so, by the midwife, or should no other person be in attendance upon the mother, then by the householder or other person having knowledge of the facts. Every midwife shall report to the Commissioner of Health, in the manner and within the period above specified, every birth occurring without the attendance of a physician or nurse, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. And every midwife who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 28136.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), Colored Race
3. Date of Birth, Jan 2 1891
4. Place of Birth (Street and Number), 921 Druid St
5. Full Name of Mother, Mary E Graves
6. Mother's Maiden Name, Mary Camilla Mitchel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, David Graves
9. Father's Occupation, draymon
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Fannie Mozers

Address, No 223 Clay Street

Remarks,

8 9 1 0 0 0 0 5 6 7

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 28137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 3rd 1891
4. *Place of Birth, (Street and Number)* S.E. Ainsworth & Hoffman
5. *Full Name of Mother,* Julia Ackwith
6. *Mother's Maiden Name,* Hoffmeister
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Albert Ackwith
9. *Father's Occupation,* Miller
10. *Father's Birthplace,* Salzburg Md

Name of Medical Attendant, or other person who makes this Return. Dr. B. Billingslea

Address, 1206 E. Preston

Remarks, Full name of child: Aggnes Albert Ackwith

FEB 10 1891 BALTIMORE

month; and shall set forth as far as the same can be ascertained the full name of such child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the full address at which delivered, duly signed by the practitioner in the form of a certificate between the first and last days of each month; and every such practitioner or midwife, or other person who shall attend without the attendance of a physician or practitioner or midwife, or other person who shall assist at such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person so neglecting shall forfeit and pay for each offense, to be recovered before such tribunal as may be competent to try the same, and in the manner prescribed by law for the recovery of penalties, the sum of ten dollars; and any person who shall refuse or neglect to furnish the information required by this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before such tribunal as may be competent to try the same, and in the manner prescribed by law for the recovery of penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

28138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jany 5th 191
4. Place of Birth, (Street and Number) 846 N Howard
5. Full Name of Mother, Clementine Eliza Craig
6. Mother's Maiden Name, ~~Clementine~~ Porter
7. Mother's Birthplace, ~~Boston~~ Balto.
8. Full Name of Father, Geo Wm Hume Craig
9. Father's Occupation, Attorney at Law
10. Father's Birthplace, Cecil Co Maryland

Name of Medical Attendant, or other person who makes this Return. J H Christian M.D.

Address, 1821 Madison ave

Remarks,

1 8 9 1 0 0 0 0 5 6 9

FEB 10 1891 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother immediately thereafter, it shall be the duty of the nurse or other person in charge to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

28139

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child
2. Sex, (state whether male or female) Female
3. Color, (if not of the white race) White
4. Date of Birth, Jan 5 Feby 1891
5. Place of Birth, (Street and Number) Flora St No 1804
6. Full Name of Mother, Anna Storgg
7. Mother's Maiden Name, Graff
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Richard Storgg
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Maria C Jones Mayer Bldg 1932

Address,

Remarks,

B 570

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ll.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W. I.
3. Date of Birth, 2-3-21
4. Place of Birth, (Street and Number) 1020 E Oxford St
5. Full Name of Mother, Rose Blackman
6. Mother's Maiden Name, Peters
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Isaac Blackman
9. Father's Occupation, Engineer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Geo Henry Killgrew M.D.

Address, 1020 E Oxford St

Remarks, 8 9 1 0 0 0 0 5 7 1

FEB 11 21 BALTIMORE

month, and shall set forth as far as the same can be ascertained, the full name of the child; the date and place of birth; and the full name, residence, color, the full maiden name of the mother, and the full name, residence, occupation and birthplace of the father, if married and been configured; its sex, color, the full name and by the practitioner in the form of a certificate hereof, and the said schedule shall be delivered, duly verified by oath to the office of the Commissioner of Vitality, or should no other person be to said office or communicated to the Board of Health, at least once in every week; and the attendance of a physician or practitioner at such birth shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

28141.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jany. 7th 1891
4. Place of Birth, (Street and Number) 1728 Brunt st
5. Full Name of Mother, Catie Bittle, ~~Emmick~~
6. Mother's Maiden Name, Bittle Emmick
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm. Bittle
9. Father's Occupation, Labourer
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return. J. A. Christian

Address, 1821 Madison ave

Remarks,

1891 0000572

FEB 10 1891 BALTIMORE

RETURN OF A BIRTH. 28147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (~~state whether male~~ or female) —
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, Jan 2 [illegible]
4. Place of Birth, (Street and Number) Marshall between Orerly & [illegible]
5. Full Name of Mother, Mrs Ella Simmons
6. Mother's Maiden Name, Ella O'Donnell
7. Mother's Birthplace, Balti
8. Full Name of Father, Thomas Simmons
9. Father's Occupation, Fireman
10. Father's Birthplace, Md

Name of Medical Attendent, or other person who makes this Return. [illegible] Hughes M.D.

Address, 1224 Eight St

Remarks, 8 9 1 0 0 0 0 5 7 3

month, and shall set forth as far as the same can be ascertained by the best information of each case required by this section, the name of birth; and the full name, residence and occupation of the parents, &c. Whoever shall fail to make such return between the first and tenth days of each and every month, as aforesaid, shall be liable to a penalty of ten dollars for each and every such failure. In case the birth of any child shall occur without the presence of a physician or midwife, it shall be the duty of the mother, immediately after her recovery, to report the birth to the Commissioner of Health. In the name manner the attendance of a physician or midwife shall be required in all cases of still-births, and the certificate of the same shall be made out and delivered, duly signed, to the Commissioner of Health. In the name manner the provisions of this section shall apply to any child born dead after the period of gestation shall have been completed. Any midwife, physician or other person who shall fail to comply with the provisions of this section shall be liable to a penalty of twenty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 2814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 7th 1894
4. *Place of Birth, (Street and Number)* # 242 Jackson St
5. *Full Name of Mother,* Christina Hammond
6. *Mother's Maiden Name,* Dease
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Wm Hammond
9. *Father's Occupation.* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Wm Lange M.D. Eleventh

Address, 1131 E. Monument St

Remarks, 8 9 1 0 0 0 0 5 7 4

RECEIVED FEB 11 1894 REGISTRAR BALTIMORE

month, and shall set forth as far as the same can be ascertained, the full name of each child of the mother who has been conferred; its sex, color, the date and place of birth; and the name and residence of the physician or midwife in attendance upon the mother; and the said return shall be signed by the practitioner in the form of a certificate between the mother and the child, and if there is no such attendance, then by the mother, and if she is unable to do so, then by the father of the child; and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, then by the mother herself. If such birth shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and in case of neglect or refusal to do so, he or they shall be liable to the penalty hereinafter provided. This section will be rigidly enforced by the Commissioner of Health, and all persons who shall hereafter fail to comply with the provisions of this section will be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

A. [illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 10th 1891
4. *Place of Birth, (Street and Number)* 821 W North ave
5. *Full Name of Mother,* Clara Muth ~~Snyder~~
6. *Mother's Maiden Name,* ~~C J Muth~~ Snyder
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* C B ~~Snyder~~ Muth
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. J H Christian M.D.

Address, 1821 Madison ave

Remarks,

HEALTH DEPARTMENT FEB 10 1891 BALTIMORE

1 8 9 1 0 0 0 0 5 7 5

[illegible] J. G. [illegible] & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 11 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd Feb 1891
4. Place of Birth, (Street and Number) 124 Hillyard St
5. Full Name of Mother, Maggie Murphy
6. Mother's Maiden Name, Maggie Murphy
7. Mother's Birthplace, Maryland
8. Full Name of Father, James Murphy
9. Father's Occupation, Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Hannah Hilliard

Address, 103 N E Monument St

Remarks, 1891000005 76

month, and shall set forth as far as the same can be ascertained, the full name or no name of each child, and if it have been conferred, its sex, color, the full name and the residence of its parents, the date and place of birth, and the said schedule shall be delivered, by the practitioner in the form of a certificate, to the person in charge of the house in which the birth of any child shall occur, within one week after the occurrence of such birth, to the office of the Commissioner of Vital Statistics, or, should no other person be in attendance upon the mother, immediately upon the expiration of said period of one week; and every physician or midwife who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, shall be subject to the fine or penalty above provided, and every person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

78146

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 1

BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation.*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 8 9 1 0 0 0 0 5 7 7

month, and shall set forth as far as the same can be ascertained the full name of each child of any sluall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, at the office of the Commissioner of Health. In case the first mid third day of each month, with the certificate of a physician or practitioner of midwifery of the person or parents of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 28147.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jany 12 1891
4. Place of Birth, (Street and Number) 625 Bruce st
5. Full Name of Mother, Annie Brooks
6. Mother's Maiden Name, Hines
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Chas E Brooks
9. Father's Occupation, Stonecutter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. J. H. Christian M.D.

Address, 1821 Madison ave

Remarks,

8 9 1 0 0 0 0 5 7 8

FEB 10 1891 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, if any that have been conferred) its sex, color, the full name and occupation of its father, and the date of birth and the said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, such attendance upon the mother, immediately thereafter, it shall become the duty of the person so required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

28148

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 13 1896
4. Place of Birth, (Street and Number)	2818 Allegheny Av.
5. Full Name of Mother	Mary Eliza Nash
6. Mother's Maiden Name,	[illegible]
7. Mother's Birthplace,	U.S.A.
8. Full Name of Father,	John W. Knight
9. Father's Occupation,	Painter
10. Father's Birthplace,	U.S.A.
Name of Medical Attendant, or other Person who makes this Return.	E. Dallmann M.D.
Address,	1124 Druid Park
Remarks,	

8 9 1 0 0 0 0 5 7 9

...ion Murphy & Co., City Printers and Stationers.

A 38149.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 1 0 0 0 0 5 8 0

FEB 10 1891 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation by the name of the father, and the maiden name of the mother, the date and place of birth, and the number of such child in the order of birth of the children of such mother; and the said schedule shall be delivered, duly signed and verified, by the attendant or other person in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and a like report shall be made to the Commissioner of Health, in the case of the birth of any child without the attendance of a physician or practitioner of midwifery, by the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

498. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 10 1921
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 0 5 8 1

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born alive) and the sex and color of the child, the full name and occupation of its father, the maiden name of its mother, the time and place of birth; and the name and residence of the physician or midwife in attendance at the birth, or of the person or parents of such child, every such person shall be required to comply with the provisions of this section. And if any such person or persons who shall be required to make such return shall refuse or neglect to make such return, he or they shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 10
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) ..... Male

2. Race or Color, (if not of the white race) ..... White

3. Date of Birth, ... January 17 1891

4. Place of Birth, (Street and Number) 21 Chase St. ..... Balto City

5. Full Name of Mother, ... Bertha

6. Mother's Maiden Name, ... Gerard

7. Mother's Birthplace, ... Balto City

8. Full Name of Father, ... Louis C

9. Father's Occupation, ... Tailor

10. Father's Birthplace, ... Germany

Name of Medical Attendant, or other person who makes this Return. ..... Dr. Wm. Lee

Address, ... 1 E Lexington St

Remarks, Child died 1891 0000582

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been still-born, or shall have died before the return is made, the fact and date and place of birth; and the full name and occupation and residence of the parents of such child; and the name and residence of the physician or midwife, if any, present at the birth, and the name and residence of the person making the return, which return shall be in the form of a certificate between the first and second columns of the said schedule, and shall be delivered, duly signed, at the office of the Commissioner of Health. In case the child was born in a house other than the usual residence of the parents, or shall die in any other house before the third day of such month, the person in attendance at the birth or death, or the person or parents of such child, as the case may be, shall report the same to the Commissioner of Health in the manner and within the period above required, and such person or parents shall also report the place where such child was last domiciled. Any person or persons who shall wilfully refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 28152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Jan 14/91
4. Place of Birth, (Street and Number)	823 Forrest st.
5. Full Name of Mother,	Ida J. Gumbart
6. Mother's Maiden Name,	" Perbe
7. Mother's Birthplace,	" Balto.
8. Full Name of Father,	Georgr. Gumbart
9. Father's Occupation,	Hatist
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Edwd P. McDade
Address,	108 Eastaugh
Remarks,	8 9 1 0 0 0 0 5 8 3

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, the sex, color, the full name and occupation of the parents, the place of birth; and the day of birth of each child, and every stillbirth occurring after the expiration of the said month, and before the first day of the succeeding month; and every stillbirth occurring after the first day of each month, and before the first day of the succeeding month, shall be reported in the form of a certificate between the first and third day of each month to the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter, in the absence or inability of the attending physician or midwife, it shall be the duty of the mother, and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. GUILMETTE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 28123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 14/91
4. *Place of Birth, (Street and Number)*	409 N. Edmondson
5. *Full Name of Mother,*	Catherine B. Hagner
6. *Mother's Maiden Name,*	" " Kriesel
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Joseph C. Hagner.
9. *Father's Occupation,*	Telegraph Operator
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Wm F Gillis
Address,	1st Augusta Av
Remarks,	8 9 1 0 0 0 0 5 8 4

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex; color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, by the person in charge of the case during the third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED
FEB 2 1891
REGISTRAR'S OFFICE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 9 1891 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 14 91.
4. Place of Birth, (Street and Number) 1404 N. Eutaw St.
5. Full Name of Mother, Mary Ann Lee
6. Mother's Maiden Name, Mary Ann Jenkins
7. Mother's Birthplace, Pleasant Grove, Va.
8. Full Name of Father, Henry John Lee
9. Father's Occupation, Clerk
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 19 W. Hamilton

Remarks, 1891 0000585

...month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born alive) and the sex, color and occupation of its parents, the date and place of birth; and the full name, residence and occupation of the physician, midwife or other person in attendance at such birth; and if no person was in attendance at the birth of any child such fact shall be stated in the return. Such return shall be delivered, duly signed by the practitioner in the form of a certificate as aforesaid, to the Commissioner of Health within the first ten days of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the birth of any child than the parent or parents of such child, then it shall be the duty of the parent or parents of such child to make such return; and whether it shall become the duty of such parent or parents or any other person to make such return, the person upon whom such duty shall devolve by this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 28705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 11th 1891
4. Place of Birth, (Street and Number) #433 ... St
5. Full Name of Mother, Lena
6. Mother's Maiden Name, Hackler
7. Mother's Birthplace, Germany
8. Full Name of Father, L. Fields
9. Father's Occupation, Restaurant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Henry Villegait

Address, #1038 E. Monument St.

Remarks, 8 9 1 0 0 0 0 5 8 6

FEB 11 1891 HEALTH DEPARTMENT BALTIMORE

... month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany & Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 28706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 11 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 4th 91

4. Place of Birth, (Street and Number) 1025 E Preston

5. Full Name of Mother, Laura Jane

6. Mother's Maiden Name, Young

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Jno Jones

9. Father's Occupation. Grocer Butcher

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Dr Henderson Hillegeist Asst Apartment Hospital

Address,

Remarks, 1 8 9 1 0 0 0 0 5 8 7

SEC. ... (this section) ... shall ... the full name of each child (if any shall have been ascertained) the name can be ascertained, the date and place of birth, and the month, and shall set forth as far as the name can be ascertained the full name of each child (if any shall have been ascertained) the name can be ascertained, the date and place of birth, and the month, and shall set forth as far as the name can be ascertained the full name and occupation of its parents, the date of birth between the first and said schedule of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no one of the parents of such child be able to report the same, then it shall become the duty of the person occupying the house in which such birth occurs, within ten days thereafter, to report the same to the Commissioner of Health, in the manner prescribed by the foregoing provisions of this section. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 28157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 16/91
4. Place of Birth, (Street and Number) 1737 E. Preston St.
5. Full Name of Mother, Rebecca Frank
6. Mother's Maiden Name, L Fraud
7. Mother's Birthplace, Balto
8. Full Name of Father, Isaac Frank
9. Father's Occupation, Salesman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Edward P. Wilson

Address, 2d assistant

Remarks, 6 9 1 0 0 0 0 5 8 8

Section 3. It shall be the duty of the Registrar of Vital Statistics, to whom the several reports required by the preceding section of this Act are to be returned, to cause to be registered in a book or books to be provided for that purpose, the full name, color, sex, date and place of birth, and the full name, age, birthplace and occupation of the parents, the date and place of birth, and the number of children born to the mother, of each child whose birth shall be reported to him as aforesaid, and to number consecutively the certificates of birth of children born in each year, beginning with the number one for the first birth certificate received in each year. Such certificates shall be delivered, duly signed by the registrar in the form of a certificate between the parents and attendant, to the person reporting the birth, in case of a living child, and in case of a stillborn child, to the undertaker or person in charge of the burial thereof, and shall become the duty of the person or parents of such child or children to present the same to the clergyman or other person who shall perform the ceremony of baptism or burial, or to any such person who shall demand the same before performing such ceremony, and no other person be allowed to perform such ceremony without the presentation of such certificate. In the city of Baltimore it shall be the duty of the undertaker or person in charge of the burial of any stillborn child, to present the certificate of birth and attendance of such child to the Registrar of Vital Statistics, within ten days after the burial of such child, and every month to the office of the Commissioner of Health, a list of all stillborn children buried by him during the month. And shall set forth in full in the same, the name and occupation of its parents, the date and place of birth; and the name of the attendant at the birth, if there was one. In case a certificate between the parents and attendant shall not have been conferred, it shall be delivered, duly signed by the undertaker in the form of a certificate between the parents and attendant, to the person reporting the birth, in case of a living child, and in case of a stillborn child, to the undertaker or person in charge of the burial thereof, and shall become the duty of the person or parents of such child or children to present the same to the clergyman or other person who shall perform the ceremony of baptism or burial, or to any such person who shall demand the same before performing such ceremony, and no other person be allowed to perform such ceremony without the presentation of such certificate. In the city of Baltimore it shall be the duty of the undertaker or person in charge of the burial of any stillborn child, to present the certificate of birth and attendance of such child to the Registrar of Vital Statistics, within ten days after the burial of such child, and every month to the office of the Commissioner of Health, a list of all stillborn children buried by him during the month. And shall set forth in full in the same, the name and occupation of its parents, the date and place of birth; and the name of the attendant at the birth, if there was one. In case a certificate shall not have been delivered, duly signed by the physician in attendance upon the mother at the birth of any child, it shall be the duty of the undertaker or person in charge of the burial of such child to report the birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense. The penalties for violation of this section are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 11-8-56

RETURN OF A BIRTH A. 28108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 11 1891 BALTIMORE

Georgetta Foster — Fourth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether ~~male~~ or female) white
2. Race or color, (if not of the white race)
3. Date of Birth, January 17 - 1-91
4. Place of Birth, (Street and Number) 200 - E - Finsh St
5. Full Name of Mother, Etta Epps Foster
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo B. Foster
9. Father's Occupation, merchant
10. Father's Birthplace, New York,

Name of Medical Attendant, or other person who makes this Return. J. H. Simmons

Address, 2108 - Md Ave

Remarks, 1 8 9 1 0 0 0 0 5 8 9

Health. This schedule shall contain a return of every birth occurring within the period above required, stating the full name of such child, if any; the sex, race, month, and shall set forth as far as the same can be ascertained the full and correct date and place of birth; and the full name and occupation of its father and mother; and the date and place of birth of each parent. If a certificate between the date of the birth of such child and the time of the return thereof be required by the Commissioner of Health, in case the attendant upon the birth shall not have been conferred, the return shall be delivered, duly signed by the proper attendant, to the Commissioner of Health. In case the attendant upon the birth is a midwife, she shall deliver to the Commissioner of Health, at the office of the Commissioner, a return of every birth which shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such child, within the period above required, stating the full name and residence of the person or parents of such child, and the sex, race, month, and year of the birth of such child, and shall make oath to the truth of the same before the Commissioner of Health. In case the attendant upon the birth shall not immediately thereafter it shall become the duty of the person or parents of such child, within the period above required, to make such return, and to comply with the provisions of this section in relation to the oath. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

WM. A. G. WILKINS & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 28159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female)	Female.
Race or Color, (if not of the white race)	White,
Date of Birth,	Jan 21st 1891,
Place of Birth, (Street and Number)	2007 Orleans st.,
Full Name of Mother,	Julia Ann Carnes,
Mother's Maiden Name,	J. A. Lucas,
Mother's Birthplace,	Balto City.
Full Name of Father,	Henry Boyd Carnes,
Father's Occupation,	General Laborer,
Father's Birthplace,	Balto City.
Name of Medical Attendant, or other Person who makes this Return	Chas B. Lugh M.D.
Address,	920 N. Bond st.
Remarks,	

8 9 1 0 0 0 0 5 9 0

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS

RETURN OF A BIRTH

A. 2466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2nd

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, Jan 2 / 91
4. *Place of Birth*, (*Street and Number*) 236 S. Eden st.
5. *Full Name of Mother*, Cecelia M. L. Hovnanian
6. *Mother's Maiden Name*, " " " Wallace
7. *Mother's Birthplace*, Balto.
8. *Full Name of Father*, Mark L. Hovnanian
9. *Father's Occupation*, Cotton Inspector
10. *Father's Birthplace*, Balto.

Name of Medical Attendant, or other person who makes this Return. Edward J. Buckley M.D.

Address, 2 S. Augusta st.

Remarks, 8 9 1 0 0 0 0 5 9 1

Health.—This section shall contain a list of the names of all persons required by law to report births, and the dates when such reports were received during the month, and shall set forth as far as the same can be ascertained the number of births, and the names of all persons who shall have been convicted before the Criminal Court of Baltimore City of failure to report births during the month, and the penalties imposed upon them. Every midwife who shall attend at the birth of any child shall, within ten days thereafter, deliver to the parent or parents of such child, or to the person with whom such child resides, a certificate containing the name, sex and color of such child, the time of its birth, the name of the parent or parents, and the place of residence of such parent or parents, and shall, on the first Monday in each month, report to the office of the Commissioner of Health the number of births attended by her during the preceding month, and the name of the parent or parents of each child born, and the place of residence of such parent or parents. Every midwife who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. CALAHY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jany 22-1891
4. Place of Birth, (Street and Number) 2010 Division st.
5. Full Name of Mother, Mary H. Doyle
6. Mother's Maiden Name, H. Oban
7. Mother's Birthplace, Balto. Co. Md.
8. Full Name of Father, Bernard Doyle
9. Father's Occupation, Policeman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. J. H. Christian M.D.

Address, 1821 Madison ave

Remarks,

8910000592

FEB 10 1891 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred in his or her care within the month, and shall set forth as far as he can ascertain the full name of each child, if any shall have been named, the name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents or any person having knowledge of such birth shall within ten days thereafter report the same to the office of the Commissioner of Health, and in the manner and form prescribed by him. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons in charge of the premises where such birth occurs to report the same to the Commissioner of Health, in the manner and form prescribed by him. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

28167

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 1891

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jany 22, '91 - 8 15 P.M.
4. *Place of Birth, (Street and Number)* 2121 N. Calvert St.
5. *Full Name of Mother,* Lelia Estelle Markell
6. *Mother's Maiden Name,* Michael
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Edward Markell
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. E. G. Waters, M.D.

Address, 1429 McCulloh St, Balto City

Remarks, 8910000593

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~Boy~~ 2d Fifth

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth January 24 - '91
4. Place of Birth, (Street and Number) 1338 Baltimore St
5. Full Name of Mother, Fannie
6. Mother's Maiden Name, Fitch
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Walter Brown
9. Father's Occupation, Policeman
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. E. G. Watters

Address, 1429 McCulloh St, Balto City

Remarks,

1891000594

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if a name have been conferred, its sex, color, the full name and occupation of its parents, and the street and number of the house where each birth occurred, duly signed by the practitioner in the form of a certificate as annexed. And such list shall be delivered, duly signed by the practitioner in the form of a certificate as annexed, to the Registrar of Vital Statistics, at the office of the Board of Health, in the manner and within the period above required, and any such person neglecting to deliver such list, or delivering a wrong or false list, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

A. 78164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. FEB 10 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

+ 8 9 1 0 0 0 0 5 9 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

B 28106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, January 24/91

4. Place of Birth, (Street and Number) 883 Hillen st

5. Full Name of Mother, Ellen J. Bigley

6. Mother's Maiden Name, Lemmy

7. Mother's Birthplace, Balto

8. Full Name of Father, William J. Bigley

9. Father's Occupation, Brass Finisher

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Emma Pennington

Address, Dr S Arnyield 2c

Remarks, 8 9 1 0 0 0 0 5 9 6

BALTIMORE CITY BOARD OF HEALTH

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 28166.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 10 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Col
3. *Date of Birth,*	Jan 24th 1891
4. *Place of Birth, (Street and Number)*	No 49 W. West st
5. *Full Name of Mother,*	Josephine Carroll
6. *Mother's Maiden Name,*	" Pulley
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Charley Lee Co
9. *Father's Occupation,*	Seaman
10. *Father's Birthplace,*	Talbot Co Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Caroline Moore
Address,	No 49 W. West st Balto Md
Remarks.	1891000059 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as to the same such information of its parents, the date and place of birth, and the sex, color, &c., of each child, as may be required by the Commissioner of Health. It shall be the duty of every midwife who shall have been conferred the sex, color, &c., of each child, as may be required by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the midwife herself shall make such return. In case of the birth of any child without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same within ten days after the occurrence thereof to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall neglect or fail to comply with the requirements of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BY J. C. MILLARY & CO., CITY PRINTERS AND STATIONERS

2817

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEPARTMENT OF HEALTH
FEB 10 1901
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) c

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation;* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible] + 8 9 1 0 0 0 0 5 9 8

Health. It is hereby made and shall be the duty of every physician, midwife, or other person who shall hereafter attend upon any birth occurring within the limits of Baltimore City, to report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after such birth, which report shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the street and number of the residence where such birth occurred. Such report shall be made in the form of a certificate to be furnished by the said City of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother at the birth of her child, then it shall be the duty of the father, or householder of the premises where such birth occurs, to report the same to the Commissioner of Health, in the manner and within the period hereinbefore required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 28768

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
2. Sex, (State whether male or female) Female
3. White or Color, (if not of the white race) W.
4. Date of Birth. Jan. 25. 1891.
5. Place of Birth, (Street and Number) 1614 St Paul St.
6. Full Name of Mother, Miriam Joy Robinson
7. Mother's Maiden Name. Spamer
8. Mother's Birthplace, Baltimore
9. Full Name of Father. Joseph. J. Robinson
10. Father's Occupation, Merchant
11. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Alfred Haustace M.D.

Address, 809 Cathedral St.

Remarks.

B 9 1 0 0 0 0 5 9 9

arrive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

28169.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 1-26-91
4. Place of Birth, (Street and Number) 1817½ Bond St.
5. Full Name of Mother, Laura B. Hall
6. Mother's Maiden Name, " " Bertrand.
7. Mother's Birthplace, City
8. Full Name of Father, John E. Hall
9. Father's Occupation, Mariner
10. Father's Birthplace, Norfolk Va.

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 1502 N. Bond St.

Remarks,

1 89 1 0 0 0 0 6 0 0

FEB 10 1891 BALTIMORE

Rule 5. This Return shall contain the full name and residence of each child born, the sex, color, date and place of birth, the full name, color and occupation of its parents, the date and place of their marriage, and shall be signed by the attendant at the birth, or by the householder in whose house the birth occurred, or by the midwife, or by the parent making the return. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, then it shall become the duty of the person or other person having knowledge of the birth, to report the same to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 28170

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 1910 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 a

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* [illegible] 1910

4. *Place of Birth, (Street and Number)* 23 E Centre St.

5. *Full Name of Mother,* Ida Pohl

6. *Mother's Maiden Name,* Ida Klasp

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Henry Pohl

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible] 8 9 1 0 0 0 0 6 0 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been registered, the name and the date and place of birth; and the full name, residence, and occupation of its parents, the date and place of birth; and the full name, residence, and occupation of the physician, nurse or midwife present at the birth of each child if any there were), duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required. And every practitioner of midwifery, or should no other person be in attendance upon the birth, then the person who shall have charge of the house in which such birth shall occur without the attendance of a physician or midwife, shall become the duty of the person or parents of such child to certify the same to the Commissioner of Health, in the manner and within the period above required. And every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 28177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 29 1891
BALTIMORE CITY
HEALTH DEPARTMENT

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, January 27 1891
5. Place of Birth, (Street and Number) Modena bet 407
6. Full Name of Mother, Josefin Mulkorn
7. Mother's Maiden Name, Josefin Bollen
8. Mother's Birthplace, Baltimore Md.
9. Full Name of Father, Jan Mulkorn
10. Father's Occupation, Laubenmen
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 913 Eastern Ave

Remarks,

8 9 1 0 0 0 0 6 0 2

Health. "It shall be the duty of the Registrar of Vital Statistics to keep a record of the births which have occurred under his jurisdiction, the mode in which said record shall be kept, and the returns which shall be made thereof, and the information which shall be required to be given in relation thereto, shall be such as the Board of Health may from time to time prescribe. Such record shall contain a list of the births which have occurred under his jurisdiction, the name, if any, which has been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 28177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall have been conferred) its sex, color, the full maternal and paternal name of each child, if any shall have been given, the full maternal occupation of the mother, and the date of birth of each child; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the parent or nurse of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 27 – 1891
4. *Place of Birth, (Street and Number)* Bradford St 136.
5. *Full Name of Mother,* Greta Tomsen
6. *Mother's Maiden Name,* Greta Rolfsen
7. *Mother's Birthplace,* Norwegen Europ
8. *Full Name of Father,* Frank Tomsen
9. *Father's Occupation,* Marine
10. *Father's Birthplace,* Sweden Europ

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 913 Eastern Ave.

Remarks,

8 9 1 0 0 0 0 6 0 3

1891. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 2815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD.

1. *No. of Child of Mother,* (*state whether* 1*st*, 2*d*, 3*d*, &c.) 7th child
2. *Sex,* (*state whether male or female*) Colored
3. *Race or Color.* (*if not of the white race*) black
4. *Date of Birth,* 27 of February 1891
5. *Place of Birth,* (*Street and Number*) 19 Patterson Street
6. *Full Name of Mother,* Annie Turner
7. *Mother's Maiden Name,* [illegible]
8. *Mother's Birthplace,* Anderson [illegible] S. C.
9. *Full Name of Father,* [illegible]
10. *Father's Occupation.* Porter
11. *Father's Birthplace,* [illegible] County [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, 1 8 9 1 0 0 0 0 6 0 4

...ed under his or her care during the ...ecurred the full name of each child (if any shall have ...ame and occupation of its parents, the date and place of birth; and the ...ll be delivered, duly signed by the practitioner in the form of certificate hereto ... day of each and every month to the office of the Commissioner of Health, in the ... shall occur without the aforesaid time, or practitioner fail to report as aforesaid ... child to report its birth to the Commissioner of Health, in the manner and within the ... any such person or persons who shall hereafter fail to comply with the provisions ... jected to the fine of ten (10) dollars for each offense, to be recovered, with other ...

...ERS. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

2817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
Sex (state whether male or female),	Male
Race or Color (if not of the white race),	Colored
Date of Birth,	January 28 1891
Place of Birth (Street and Number),	Hughes Street 124 bet Wilson & Jackson
Full Name of Mother,	Rebecca Brown
Mother's Maiden Name,	
Mother's Birthplace,	Baltimore
Full Name of Father,	Thomas Edward Jackson
Father's Occupation,	Laborer in Brickyard
Father's Birthplace,	Cape May
Name of Medical Attendant. or other person who makes this Return.	
Address,	
Remarks,	

1 8 9 1 0 0 0 0 6 0 5

BALTIMORE MD.

Page. This schedule shall contain [illegible] and hereafter take place, shall keep a true and cor-
rect record of the same on a blank schedule to be furnished by the Commissioner of Health.
This record shall set forth as far as [illegible] of the births which have occurred under his or her care during the month.
[illegible] Such can be ascertained the following [illegible] shall have been com-
pleted [illegible] shall be delivered, duly signed by the practitioner in the [illegible] Health, on the first Tuesday of
each and every month to the office of the Commissioner of Health. Should [illegible] shall occur without
the attendance of a physician or practitioner, the midwife [illegible] shall [illegible] a like
duty in regard to the registration of the birth, and shall [illegible] to the Commissioner of
the Commissioner of Health, in the manner and within the period [illegible] required, and any such person or persons
who shall hereafter fail to comply with the provisions of this section shall [illegible] to the [illegible] of ten ($10) dollars
for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), sex, color, the name and surname of the father and mother, and the time and place of birth; said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur when the mother shall have been attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, such physician or practitioner of midwifery, or person in attendance, shall report such birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT MAY 1 1891 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2 April 1891
4. *Place of Birth, (Street and Number)*	1115 William St
5. *Full Name of Mother,*	Jinnie Snyder
6. *Mother's Maiden Name,*	Jinnie Sotter
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Joseph John Snyder
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return.	C A Tully
Address,	1828 Eight St
Remarks,	Drives Well

1 8 9 1 0 0 0 0 6 0 6

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

20597.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
	Sex, (state whether male or female)	Male
	Race or Color, (if not of the white race)	White
	Date of Birth,	12 April
4.	*Place of Birth, (Street and Number)*	125 Eutaw Balto. City
5.	*Full Name of Mother,*	Mary A Eisenrader
6.	*Mother's Maiden Name,*	Mary A Macduff
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	George Eisenrader
9.	*Father's Occupation,*	At Labor
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Wm C Eisenmann
	Address,	How. St. 1225.
	Remarks,	8910000607

Health. This schedule shall contain a list of the births which [illegible] under his or her care during the month, with the date of each birth, and such other particulars as may be required by the Board of Health. And every such physician or midwife who shall have been conferred his sex, color, the full name and occupation of the parents, and the place of birth of any child to whose birth he or she was in attendance, and every such physician or midwife who shall have been employed in any case of birth, and who shall neglect or refuse to make return of the particulars required by this section in relation to such birth, within ten days after the same shall have occurred, shall forfeit and pay for every such offence a sum not exceeding fifty dollars, to be recovered as other fines and forfeitures are recoverable by law.

DEPARTMENT OF HEALTH
BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30098.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 4 1891 BALTIMORE, MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) white
4. Date of Birth, April 13. 1891
5. Place of Birth, (Street and Number) 127 S. Exeter str
6. Full Name of Mother, Margaret O'Maile
7. Mother's Maiden Name, Baltimore
8. Mother's Birthplace, James O'maile
9. Full Name of Father, Baltimore
10. Father's Birthplace, Mrs Cecilie Bernstein

Name of Medical Attendant, or other person who makes this Return. 122 S. Exeter str

Address,

Remarks, 1891000608

...CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

30699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether male or~~ female),
2. Race or Color (if not of the white race),
3. Date of Birth, 13th April 1891
4. Place of Birth (Street and Number), 3090 Mulberry St
5. Full Name of Mother, Nellie B. Coggins
6. Mother's Maiden Name, Heath
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm E. Coggins
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Geo W Gehr

Address, N E Cor Fayette & Carey

Remarks,

1 8 9 1 0 0 0 0 6 0 9

RECEIVED MAY 1 1891 REGISTRAR OF VITAL STATISTICS

And shall set forth as far as the same can be ascertained the full name of each child, if any, born alive before the birth to which such return relates, the sex, color, the full name and occupation of its parents, the date and place of birth, and whether such birth has been reported, and if so, when reported. Every physician, midwife or other person who shall attend upon any child at its birth or within ten days thereafter, shall make a return of such birth to the office of the Commissioner of Health, in the form of a certificate, and within the time and in the manner required by the Commissioner of Health. In case there be no physician, midwife or other person in attendance, then the duty of making such return shall devolve upon the father or mother of such child, or the householder of the house in which such birth occurs, or the manager or superintendent of the institution in which such birth occurs, within the time and in the manner aforesaid. Immediately after the birth of each child born in the City of Baltimore, it shall become the duty of the person or persons in attendance upon the mother, whether physician or practitioner of midwifery, or should no other person be in attendance, then the duty of the father or mother of such child, or the householder in the house in which such child was born, or the manager or superintendent of the institution in which such child was born, to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A. 30100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 13. 1891.
4. *Place of Birth, (Street and Number)* 517 S. Augusta
5. *Full Name of Mother,* Tina Cahill
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel Cahill
9. *Father's Occupation.*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilia Bennett

Address, 122 S. Exeter st

Remarks,

1.8910000610

...shall be required by the provisions of this act to register the birth of any child, and shall set forth in such return the same as he or she shall be required to set forth in the certificate hereinbefore required to be made by the physician or midwife in attendance upon the mother; and if there be no such physician or midwife in attendance upon the mother, then the father or mother of such child, or the householder in the house where such child was born, or the owner or agent of the house, if the mother be not living in a house, shall report the birth to the Commissioners of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as aforesaid, shall be liable to a penalty of ten dollars for each offence. To be sued for as other penalties and forfeitures are recoverable.

REGISTERED
MAY 1891
OFFICE OF VITAL STATISTICS

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-3-55

RETURN OF A BIRTH. A 30101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph Grotte

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 13, 1891.
4. Place of Birth, (Street and Number) 917 Granby St
5. Full Name of Mother, Tenbe Grotte
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Selig Grotte
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cacilie Bernste

Address, 122 S. Eutaw St

Remarks,

8 9 1 0 0 0 0 6 1 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	13th Apr
4. *Place of Birth, (Street and Number)*	1121 S Paca St
5. *Full Name of Mother,*	Annie Clark
6. *Mother's Maiden Name,*	" Butt
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	James Clark
9. *Father's Occupation,*	Collector
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Greene
Address,	940 N. Gay St
Remarks,	8910000612

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth (8)

1. Sex, (state whether male or female) Female
2. Color, (if not of the white race) White
3. Date of Birth, April 14th 1891
4. Place of Birth, (Street and Number) 2516 Elliott St
5. Full Name of Mother, Mary Gertrude Malone
6. Mother's Maiden Name, Mary E. Craig
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John E. Malone
9. Father's Occupation, Contractor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. M. P. Livers M.D.

Address, Hav. Pl. 225.

Remarks, 8 9 1 0 0 0 0 6 1 3

BALTIMORE HEALTH DEPARTMENT MAR 1 1891 BALTIMORE, MD.

Every physician, midwife, or other person in attendance upon a birth, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred at the time of delivery, the sex, color, the day, month and year of birth, and the full name, residence and occupation of the parents of each child. If any child shall die before the delivery of the schedule by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the duty of reporting the same within the period above required, and of making such report to the Commissioner of Health, in the manner and within the period above required, shall devolve upon the mother. Any physician, midwife or other person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C BULLARY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14th April 1891
4. Place of Birth, (Street and Number) 28 Harrison St.
5. Full Name of Mother, Ellie Greenberg
6. Mother's Maiden Name, " Rosed
7. Mother's Birthplace, Russia
8. Full Name of Father, Jake Greenberg
9. Father's Occupation, Shoe maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E Sherman

Address, 42 Albemarle St

Remarks, 8910000614

MAY 8 1891 DEPT. OF HEALTH

WM J. C. BULLEY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 11-14-57

RETURN OF A BIRTH.

A 20100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Fannie Bernardine Schramm

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 15 Apr - 1891
4. Place of Birth, (Street and Number) 934 N Gay St
5. Full Name of Mother, Fanny Schramm
6. Mother's Maiden Name, Stoerr
7. Mother's Birthplace, Frederick ~~Co~~ Co
8. Full Name of Father, Bernhard Schramm
9. Father's Occupation, Tobacconist
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groomy

Address, 940 N. Gay St

Remarks,

8 9 1 0 0 0 0 6 1 5

Health. This schedule shall contain a list of the ... month, and shall set forth as far as the same can be ascertained, the name of each child, (if any shall have been conferred) its sex, color, the full name and residence of the parents, the maiden name of the mother, the date and place of birth, and the full name and residence of the physician, midwife or other person in attendance upon the mother. In case the birth of any child shall occur without the attendance of a physician or midwife, the person or parents of such child shall immediately thereafter report the same to the Commissioner of Health. It shall be the duty of the ... to call upon the mother of each child born within his district during the first day of each and every month to the date of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the person or parents of such child shall immediately thereafter report the same to the Commissioner of Health. It should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health. Any person who shall neglect or refuse to perform any duty required of him by this section, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15th April 1891
4. Place of Birth, (Street and Number) 1064 E. Lombard St
5. Full Name of Mother, Jennie Minnitch
6. Mother's Maiden Name, Kahn
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Minnitch
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Albemarle St

Remarks, 8910000616

REGISTERED APR 4 1891

Every child born within the City of Baltimore shall be registered, and a full certificate shall be made out and signed by the attendant upon the mother, immediately thereafter, in the manner and within the period above required, and it shall be the duty of the person or parents of such child to report its birth to the attendant, promptly with the particulars required by this section, and it shall be the duty of every attendant upon a birth to make out and sign a certificate and report the same as herein required, and any person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

WM J C BULLERY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 3010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 15th 1891

4. Place of Birth, (Street and Number) 213 Scott St

5. Full Name of Mother, Ida Herman

6. Mother's Maiden Name, " Green

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Harry Herman

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

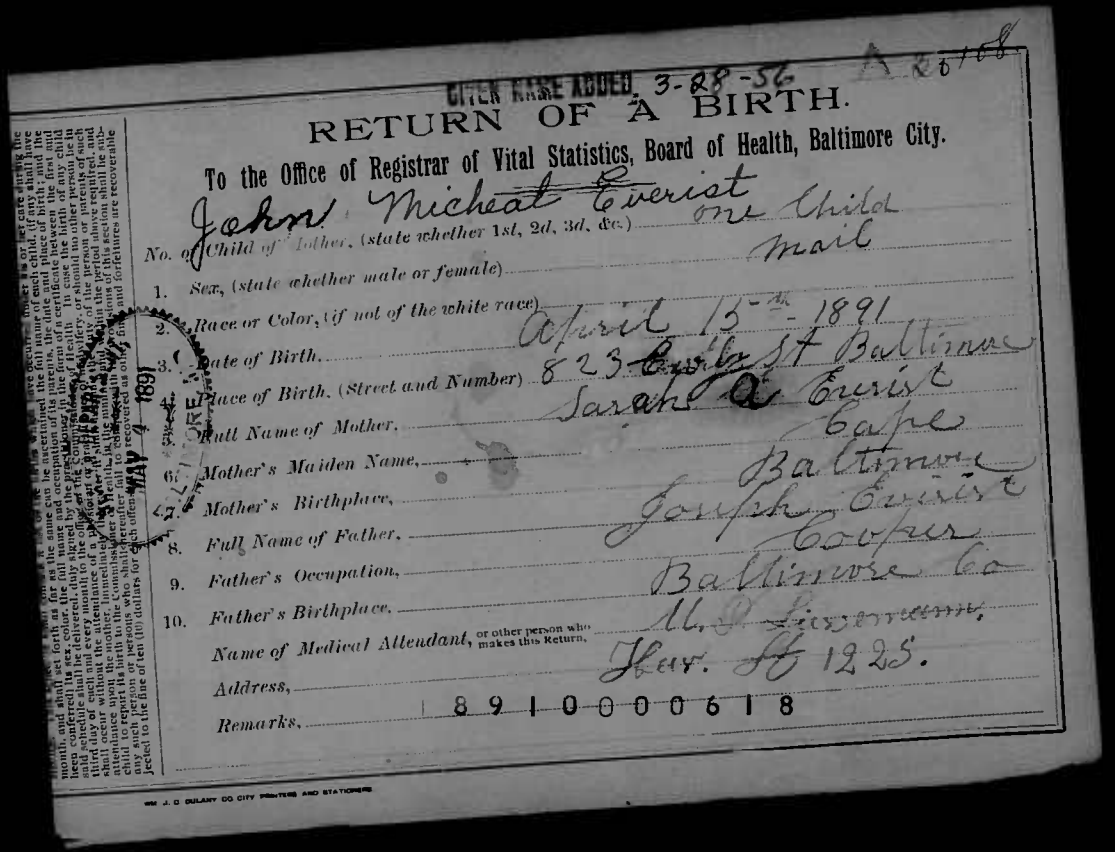
Name of Medical Attendant, or other person who makes this Return. Geo R Graham [illegible]

Address,

Remarks, 1 8 9 1 0 0 0 0 6 1 7

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany & Co., City Printers and Stationers.



GIVEN NAME ADDED 3-28-56

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Father, (state whether 1st, 2d, 3d, &c.) John Michael ~~Everist~~ one Child

1. Sex, (state whether male or female) mail

2. Race or Color, (if not of the white race)

3. Date of Birth. April 15th 1891

4. Place of Birth, (Street and Number) 823 ~~Eutaw~~ St Baltimore

5. Full Name of Mother. Sarah A Everist

6. Mother's Maiden Name, Cape

7. Mother's Birthplace, Baltimore

8. Full Name of Father. Joseph Everist

9. Father's Occupation, Cooper

10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return, M. L. Liverman.

Address, Hur. ~~St~~ 1225.

Remarks, 8 9 1 0 0 0 0 6 1 8

MAY 4 1891

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 8-2-50

RETURN OF A BIRTH A 60109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Henry Walper 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, April 16 1941

4. Place of Birth (Street and Number), 64 Garrison Lane (Walper)

5. Full Name of Mother, Kate Walper

6. Mother's Maiden Name, Tyng

7. Mother's Birthplace, Baltimore (Md)

8. Full Name of Father, John Walper

9. Father's Occupation, Butcher.

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Edward H. Coulson M.D.

Address, 1403 Mt Royal Ave 21

Remarks, 0910000619

The Baltimore Publishing Co., City Printers and Stationers.

CERTIFICATE CORRECTED 10-19-53

430110.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna ~~Maria~~ Scheck

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) Girl
3. Race or Color, (if not of the white race) white
4. Date of Birth, 16 April 91
5. Place of Birth, (Street and Number) Canton Ave 1818
5. Full Name of Mother, Emma (~~Schaefer~~) Scheck
6. Mother's Maiden Name, " (~~Schak~~) Schaefer
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank (~~Schak~~) Scheck
9. Father's Occupation, Canmacker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Buehler

Address, S Washington St.

Remarks, 1891000000628

MAY 24 1891 BALTIMORE HEALTH DEPARTMENT

J. C. SULARY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

E 30111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, April 16 1891
4. Place of Birth, (Street and Number) 324 S Broadway
5. Full Name of Mother, Sarah E Gross
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John L Adams Gross
9. Father's Occupation, Engraver
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 339 S. Broadway

Remarks, Stillborn baby Female

89 1 0 0 0 0 6 2 1

RECEIVED MAY 1 1891 REGISTRAR'S OFFICE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

REMARK.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if one shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the full No. of each child born alive to the mother in the form of a cardinal number, the first and second children born alive to every mother being twins, the next two triplets, and so on. Such list shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to make such report shall be guilty of a misdemeanor, and subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 4 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (state whether male or female)	Male
2. Race or Color. (if not of the white race)	
3. Date of Birth,	16th Apr.
4. Place of Birth, (Street and Number)	731 N Eden st
5. Full Name of Mother,	Margaret Moore
6. Mother's Maiden Name,	" Jones
7. Mother's Birthplace,	Balto
8. Full Name of Father,	George Moore
9. Father's Occupation,	Coffee Roaster
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N Gay st
Remarks,	1891000006 22

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 20113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 17 August 1891
4. Place of Birth, (Street and Number) 133 S. High St.
5. Full Name of Mother, Annie Friedland
6. Mother's Maiden Name, Perglensky
7. Mother's Birthplace, Russia
8. Full Name of Father, Joe Friedland
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, D. Sherman

Address, 42 Albemarle St.

Remarks, 8910000623

Penalty. If the birth shall not be returned within the time required under his or her care during the month, and shall set forth as far as the same shall have been conferred its sex, color, the full name, occupation of parents, the date and place of birth, and the name of each child, if any, the date and place of birth, and the full name, occupation and residence of the person making the certificate; and the said certificate shall be delivered, duly certified, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth, and shall specify the day and hour of the birth of each child born alive since the preceding birth, or shall state that no other child was born alive during the period above specified, and shall be signed by the person making the certificate; and if any physician or midwife in attendance upon the mother, or other person present at the birth, shall neglect or refuse to make such certificate, he shall forfeit and pay the sum of ten dollars for each offense, to be recovered by the City Solicitor, with costs, in the name of the Mayor and City Council of Baltimore, before any justice of the peace in Baltimore City, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered by the City Solicitor, with costs, in the name of the Mayor and City Council of Baltimore, before any justice of the peace in Baltimore City, and shall be subject to the fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
2. Sex, (state whether male or female) Girl
3. Race or Color, (if not of the white race) white
4. Date of Birth, April 17 1891
5. Place of Birth, (Street and Number) Washington st 921
6. Full Name of Mother, Mary Sedlacek
7. Mother's Maiden Name,
8. Mother's Birthplace, Bohaimen
9. Full Name of Father, Anton Sedlacek
10. Father's Occupation, Tailor
11. Father's Birthplace, Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Stupka

Address, Washington st 921

Remarks, 8 9 1 0 0 0 0 6 2 4

month, and shall set forth as far as the same can be ascertained, the full name and occupation of the parents, the sex, color, the full name and occupation of the parents, the sex, color, the date and place of birth, and the said certificate shall be delivered, duly signed by the person attending upon the birth, and the third day of each and every month to the office of the Commissioner of Health. Each case of birth which shall occur without the attendance of a physician or practitioner of medicine, midwife or nurse, shall be registered by the mother immediately thereafter. It shall be the duty of each physician, midwife or nurse in attendance upon any case of birth to deliver to the parent or parents, or to the person having charge of such child, a blank certificate of birth, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable

WM. J. O. DULANY CO. CITY PRINTERS AND STATIONERS

CIVIL RANGE ADDED 4-25-56

RETURN OF A BIRTH.

A 30 1161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Corinne Margaret Ellinghaus 24th Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth April 17th 1891
4. Place of Birth, (Street and Number) 12 N. Amer St.
5. Full Name of Mother, Mary Cecelia Ellinghaus
6. Mother's Maiden Name, Bauer
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Fred. Wm Ellinghaus
9. Father's Occupation, Tailor.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Francis A. Bauer M.D.

Address, 439 N. Central Ave.

Remarks,

6910000625

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 30116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 5 1891

1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible] Female
2. Sex, (State whether male or female) White
3. Race or color, (if not of the white race) April 18th 91
4. Date of Birth, ~~No~~ Cedar Ave
5. Place of Birth, (Street and Number) Anastasia Miniter
6. Full Name of Mother, Anastasia McCardell
7. Mother's Maiden Name, Balto.
8. Mother's Birthplace, P. Prov. Minitor
9. Full Name of Father, Laborer
10. Father's Occupation, Balto.
Father's Birthplace, Wm. H. Feddeman
Name of Medical Attendant, or other person who makes this Return. 1st Assistant
Address,
Remarks,

8 9 1 0 0 0 0 6 2 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, date and place of birth, and the full name, birthplace and occupation of its parents. The certificate between the first and third day of each month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, it shall be the duty of the parent or other person in charge of said child to report the particulars required above required, and in case of the failure of such parent or person to report as aforesaid, or should any of the particulars of such child to report the particulars required by this section shall be recorded in the Register's office, the person who shall hereafter fail to report as aforesaid, or who shall make any false statement in relation thereto, shall be subjected to the fine of ten (10) dollars for each offence; to be recovered as other fines are recoverable.

WM. J. G. BULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 3017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	April 18th 91
4.	*Place of Birth, (Street and Number)*	# 2910 W. Fath St.
5.	*Full Name of Mother,*	Maggie Feller
6.	*Mother's Maiden Name,*	J. Sonneniger
7.	*Mother's Birthplace,*	Baltimore.
8.	*Full Name of Father,*	Henry Feller.
9.	*Father's Occupation,*	Retail Baker.
10.	*Father's Birthplace,*	Cologne Germany.
	Name of Medical Attendant, or other person who makes this Return,	Annie Lidner
	Address,	#106 S. Monroe St.
	Remarks,	8910000627

month, and shall set forth as far as the same can be ... been conferred) his sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the ... his or their office, a certificate containing the ... shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter, ... child, to report its birth to the Commissioner of ... same, and there to make oath to the truth thereof, ... jected to the fine of ten (10) dollars for each offense, ... of birth; and the ... child ... other person ... or parents of such ... section shall be ... tures are recoverable

... J. C. BULLARY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 18. 1891.
4. *Place of Birth, (Street and Number)* 706 E. Fayette St
5. *Full Name of Mother,* Yetta Athman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* ~~Phil~~ Philip Athman
9. *Father's Occupation,*
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 132 S. Exeter St.

Remarks,

8 9 1 0 0 0 0 6 2 8

MAY 1891

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of every physician, midwife or other person who shall be present at the birth of any child in the City of Baltimore, to report the birth of such child to the Commissioner of Health, in the manner and within the period hereinafter required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

Sec. 2. And be it further enacted, That the Commissioner of Health shall cause to be printed blank forms of certificates, which shall contain a list of the names and residences of all physicians and midwives registered under his or her care during the month, and shall set forth as far as can be ascertained by inquiry of the parents or nurse, the full name, sex, color, the full name and occupation of the father, and the full name of the mother of each child born in the said city since the last return, and the date and place of birth, and whether the child be living or dead, and if dead, the date of death, and whether the said child be illegitimate; and the said certificate shall be delivered, duly signed by the midwife or physician in charge, or in the absence of such midwife or physician by the householder in the house in which the birth occurred, to the Commissioner of Health. In case the birth of any child shall occur within the period of ten days next preceding the first day of any month, no certificate need be given of such birth, unless the child shall die within the said period of ten days, in which case a certificate shall be given of the birth and death of such child; and every midwife or physician who shall neglect or refuse to report the birth of any child within the time specified, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

Sec. 3. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause to be printed blank forms of certificates, which shall contain a list of the names and residences of all physicians and midwives registered under his or her care during the month, and shall set forth as far as can be ascertained by inquiry of the parents or nurse, the full name, sex, color, the full name and occupation of the father, and the full name of the mother of each child born in the said city since the last return, and the date and place of birth, and whether the child be living or dead, and if dead, the date of death, and whether the said child be illegitimate; and the said certificate shall be delivered, duly signed by the midwife or physician in charge, or in the absence of such midwife or physician by the householder in the house in which the birth occurred, to the Commissioner of Health. In case the birth of any child shall occur within the period of ten days next preceding the first day of any month, no certificate need be given of such birth, unless the child shall die within the said period of ten days, in which case a certificate shall be given of the birth and death of such child; and every midwife or physician who shall neglect or refuse to report the birth of any child within the time specified, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

GEO. J. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. B. 30119.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 18 1891
4. *Place of Birth, (Street and Number)* 16 Albemarle
5. *Full Name of Mother,* Hanne Block
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father.* Israel Block
9. *Father's Occupation.*
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Rosalie Bernstein

Address, 212 S. Exeter st

Remarks,

8 9 1 0 0 0 0 6 2 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 18 '91.
4. Place of Birth, (Street and Number) 60 Madison Ave. E old
5. Full Name of Mother, Grace Horner Paine
6. Mother's Maiden Name, Grace Horner
7. Mother's Birthplace, Maryland
8. Full Name of Father, John Paine
9. Father's Occupation, Salesman
10. Father's Birthplace, Ger. B. Frankenberg N.D.

Name of Medical Attendant, or other person who makes this Return. 2336 Madison Ave.

Address,

Remarks, + 8 9 1 0 0 0 0 6 3 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEPARTMENT OF HEALTH
MAY 1891
BALTIMORE CITY

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

Sex, (state whether male or female) Boy

Race or Color, (if not of the white race) white

3. Date of Birth, 18th April 1891

4. Place of Birth, (Street and Number) S. Register St. 133

5. Full Name of Mother, Emilie Brandt

6. Mother's Maiden Name, Henry

7. Mother's Birthplace, Germania

8. Full Name of Father, Wm Henry

9. Father's Occupation, Schoenhaar

10. Father's Birthplace, Germanies

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8 9 10 Bro. Brandt
235 S. Washington St

WM J. C. BULLY CO CITY PRINTERS AND STATIONERS

... shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been christened), its sex, color, the full name and occupation of the parents, the place of birth, and the time when each child was delivered, duly signed by the practitioner in the form of a certificate, and the same shall be delivered at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the parents of such child to report the same to the Commissioner of Health. In the manner and within the period of such any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 30177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 April 19 1891
4. Place of Birth, (Street and Number) No 219 N Gilmor St
5. Full Name of Mother, Frances Sanervein
6. Mother's Maiden Name, Shute
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Walter Sanervein
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, MK Warner MD

Address, 907 N Shuter St

Remarks, 8910000632

MAY 1891

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A.30175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 19th 1891
4. Place of Birth, (Street and Number) 1520 Montrose Ave
5. Full Name of Mother, Margie I. Smith
6. Mother's Maiden Name, Margie Herzog
7. Mother's Birthplace, City
8. Full Name of Father, John C. Smith
9. Father's Occupation, Horse Clr
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. M. A. Lilly

Address, 1004 W. Lexington St.

Remarks. 8910000633

MAY 6 1891 BALTIMORE MD.

Health, &c., provided by the Act of Assembly, passed at January Session, 1890, Chapter 123, Section 2, Sub-Section 2, to ascertain the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and every physician, midwife or other person who shall attend at the birth of any child shall within three days thereafter, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health within three days thereafter. Any violations of this section shall be subjected to the fine of ten (10) dollars for each offence, and shall be recoverable with costs and forfeitures are recoverable.

J. C. BULAVY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3 — Albert Maurice Goldstein

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 April 1891
4. Place of Birth, (Street and Number) 62 Lea St
5. Full Name of Mother, Sarah Goldstein
6. Mother's Maiden Name, Gordon
7. Mother's Birthplace, Russia
8. Full Name of Father, Issacs Goldstein
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Albemarle St

Remarks, CERTIFICATE CORRECTED 9-16-53

8910000634

WM J. C. SULLIVAN CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 April 1891
4. Place of Birth, (Street and Number) 931 Pennsylvania Ave
5. Full Name of Mother, Hanna Levy
6. Mother's Maiden Name, Oakley.
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Levy
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Dr. Sherman

Address, 42 Eutaw and 6 St.

Remarks, 8 9 1 0 0 0 0 6 3 5

MAY 4 1891

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said midwife shall deliver such return to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the office of the Commissioner of Health within the period of ten days from the same, and such report by persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines, forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 30126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	19th April
4. *Place of Birth, (Street and Number)*	1806 N. Caroline st
5. *Full Name of Mother,*	Virginia Norris
6. *Mother's Maiden Name,*	" Frederick
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Clinton Norris
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Brown
Address,	940 N. Gay st
Remarks,	8 9 1 0 0 0 0 6 3 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 1 1891 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	
Date of Birth,	April 17th 91
Place of Birth, (Street and Number)	# 1975 Frederick Ave.
5. *Full Name of Mother,*	Ella Agnes Schaffer (nee Hughes)
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore Co.
8. *Full Name of Father,*	Frank Joseph Schaffer
9. *Father's Occupation,*	Horse Cutter.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Annie Findner.
Address,	# 106 S. Monroe St.
Remarks,	8910000637

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the person in charge of the premises where such birth occurred, within thirty days after the birth, or if no such person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the same penalties and subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. SULLIVAN CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 30178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female). Female
2. Race or Color, (if not of the white race) Male
3. Date of Birth. 12 April 1894
4. Place of Birth, (Street and Number) 3 N. High St
5. Full Name of Mother. Margie Pickford
6. Mother's Maiden Name, " Bebring
7. Mother's Birthplace. New York.
8. Full Name of Father. George Frederick Pickford
9. Father's Occupation, Bar-keeper
10. Father's Birthplace. Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Albemarle St.

Remarks, 8910000638

BALTIMORE MD. MAY 8 1894

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born before), the full Name and Occupation of its parents, the date and place of birth, and the sex and color of each child. Every such return shall be verified by the oath or affirmation of the person making the same, and shall be delivered at the office of the Commissioner of Health in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall register said birth, within ten days after the same shall occur, and on the first Monday of each and every month to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall register said birth, within ten days after the same shall occur, and on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall register said birth within ten days after the same shall occur, the parents of such child are required to report said birth to the Commissioner of Health within the next ensuing ten days, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, to be recovered before a justice of the peace, as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 11-6-57 30129

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William H. Steinfort

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race)

3. Date of Birth, April 19th 1891

4. Place of Birth, (Street and Number) 1106 Baltimore City Burgun Alley Balto City

5. Full Name of Mother, Mary E. ~~Holba~~ ~~Steinford~~ Steinfort

6. Mother's Maiden Name, Mary E. ~~Holba~~ Downs

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John ~~Steinford~~ Steinfort

9. Father's Occupation, Cooper.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Shaffer.

Address, 604 Little Parkin Street Balto City

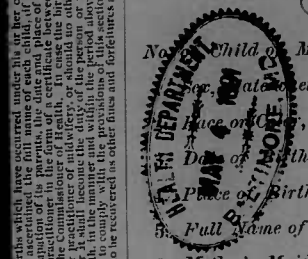
Remarks, 8 9 1 0 0 0 0 6 3 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been named, the sex and color, the name and residence of the parents, the date of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto annexed, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or in a lying-in asylum or hospital, it shall be the duty of the father, mother, householder or owner of the premises where such birth occurs, or the nurse present at the birth, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. DILLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30130.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



1. Name: Walter S. Tauber
2. Number Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
3. Sex, (state whether male or female) Male.
4. Color or Race, (if not of the white race)
5. Date of Birth, April 19th 1891
6. Place of Birth, (Street and Number) 1144 Ridgley st Balto City
7. Full Name of Mother, Rebbecca J. Tauber.
8. Mother's Maiden Name. Rebbecca J. (Hirtin) Herling
9. Mother's Birthplace, Baltimore City
10. Full Name of Father, J. F. Tauber.
11. Father's Occupation, Tailor.
12. Father's Birthplace, Balto city
13. Name of Medical Attendant, or other person who makes this Return. Mrs Mary Sheffer
14. Address, 604 Little Parkin street City
15. Remarks, † 8910000640

Health. This section shall contain a list of the births which have occurred under his or her care during the month, and shall state the name of the child, if any, the name and surname of the parents, the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above specified. And any such person or persons who shall hereafter fail to report the births which occur under his care, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 3614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Female.
3. *Race or Color, (if not of the white race)* White.
4. *Date of Birth,* April 20, 1891.
   Place of Birth, (Street and Number) 2417 Oak st.
5. *Full Name of Mother,* Catherine Alverta Kennedy.
6. *Mother's Maiden Name,* Barnes.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William H. Kennedy.
9. *Father's Occupation,* Fireman.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Cherlton-ave.

Remarks,

1891000641

month, and shall set forth, as far as the same can be ascertained, the full name of each child. If any shall have been still-born, a like certificate shall be signed by the attendant, stating the date and place of birth, and the said schedule shall be delivered, duly signed, to the Commissioner of Health within the first ten days of the third day of each and every month, to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner above specified. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 30132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, Apt april 20 1891
4. Place of Birth, (Street and Number) Dallas st 70
5. Full Name of Mother, Mary Levy
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohamen
8. Full Name of Father, Joseph Levy
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohamen

Name of Medical Attendant, or other person who makes this Return, Mary Sropetis

Address, Washington DC

Remarks, 8910000642

[illegible] of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner [illegible] and within the period above required, and any such person or persons who shall hereafter fail [illegible] the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, [illegible] other fines and forfeitures are recoverable

HEALTH DEPARTMENT, MAY 4 1891, BALTIMORE, MD.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 20 1911

4. Place of Birth, (Street and Number) Fell st 433

5. Full Name of Mother, Mary Emaiah

6. Mother's Maiden Name,

7. Mother's Birthplace, Bohaimen

8. Full Name of Father, John Emaiah

9. Father's Occupation. Tailor

10. Father's Birthplace, Bohemian

Name of Medical Attendent, or other person who makes this Return. Mary Hopkis

Address, Wantington 20

Remarks,

8 9 1 0 0 0 0 6 4 3

WM. V. O DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 31121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOV 4 1891

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 20 th 1891
5. Place of Birth, (Street and Number) 1220 E Johnston St
6. Full Name of Mother, Mary Jones
7. Mother's Maiden Name, Mary Wyler
8. Mother's Birthplace, Balto Md
9. Full Name of Father, Charles Jones
10. Father's Occupation, insurance Collector
11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. C A Tully

Address, 1220 E Johnston St

Remarks, Dr Well

8 9 1 0 0 0 0 6 4 4

GEO. J. C DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH B. 30136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as to each child the full name of each child, if any shall have been conferred) its sex, color, the full name and residence (if a married woman, her own name) of its parents, said schedule shall be delivered, duly signed by the practitioner in the form of a certified return, to the office of the Commissioner of Health, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child with the name of the father or mother, should no other person be in attendance upon the mother immediately after the birth, the physician or parents of such child to report its birth to the Commissioner of Health, in the manner aforesaid, and for every such neglect or refusal to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

BALTIMORE, MD. NOV 5 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 21 A 1891
4. Place of Birth, (Street and Number) 927 E Biddle
5. Full Name of Mother, Ida Crouse
6. Mother's Maiden Name, Keith
7. Mother's Birthplace, Balto Md
8. Full Name of Father, J. F. Crouse
9. Father's Occupation, Shoe Finisher
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. M. B. Billingslea

Address,

Remarks,

8 9 1 0 0 0 0 6 4 5

WM. A. GILDAY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-3-37

RETURN OF A BIRTH A 3013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Howard Gisin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 20 April - 1891
4. Place of Birth, (Street and Number) 1037 N Gay st
5. Full Name of Mother, Josephine Gisin
6. Mother's Maiden Name, N Whitemar
7. Mother's Birthplace, Germany
8. Full Name of Father, August Gisin
9. Father's Occupation, Printer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groom

Address, 946 N Gay st

Remarks,

8 9 1 0 0 0 0 6 4 6

DEPARTMENT OF HEALTH MAY 4 1891

Penalty. § 3. And be it further enacted, That if any person shall refuse or neglect to report the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days, or without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons so refusing or neglecting shall, upon conviction thereof, be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

CITIZEN MAIL ADDED 1-16-56 A 30137

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Birdie Bear

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 20 April 1891
5. Place of Birth, (Street and Number) 264 N. Exeter St
6. Full Name of Mother, Fannie Bear (" Bernstine)
7. Mother's Maiden Name,
8. Mother's Birthplace, Russia
9. Full Name of Father, Himan Bear
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Eshenman

Address, 43 Albemarle St

Remarks, 5910000647

BEFORE

Health, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, date and place of birth; and the said school shall be delivered, duly signed by the principal or person in charge, the birth of any child who shall enter such school without the certificate required by this section, he is subject to the fine of ten (10) dollars for each offense, to be recovered as aforesaid, and for failure to report its birth to the Commissioner of Health, as required by this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as aforesaid, and for failure to report its birth to the Commissioner of Health, as required by this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as aforesaid, and for failure to report its birth to the Commissioner of Health, as required by this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as aforesaid, and for failure to report its birth to the Commissioner of Health, as required by this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as aforesaid, and for failure to report its birth to the Commissioner of Health, as required by this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as aforesaid, and for failure to report its birth to the Commissioner of Health, as required by this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as aforesaid, and for failure to report its birth to the Commissioner of Health, as required by this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as aforesaid, and for failure to report its birth to the Commissioner of Health, as required by this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as aforesaid, and for failures are recoverable

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. B 30138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 4 1891 OFFICE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Color or Color, (if not of the white race) W White

3. Date of Birth, April 20 1891

4. Place of Birth, (Street and Number) Gilmore st 306

5. Full Name of Mother, Mary E J Spedden

6. Mother's Maiden Name, Mary E Smith

7. Mother's Birthplace, Virginia

8. Full Name of Father. Vincent P J Spedden

9. Father's Occupation. Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs J Kelley

Address, 2022 Walker Ave

Remarks, 8 9 1 0 0 0 0 6 4 8

...shall have been registered, duly certified copies of the record of which shall be prima facie evidence in all courts of the facts therein stated. Every midwife or other person who shall have been employed in attendance upon any birth, and every undertaker who shall be employed to bury the body of any dead person, shall, within ten days after the date of such birth or burial, report to the Commissioner of Health the full name of each child (if any child have been born), and shall set forth as far as the same can be ascertained the full name and occupation of each parent, the date and place of birth; and the said schedule shall be delivered, duly certified under oath, to the Commissioner of Health. In case the Commissioner of Health shall direct any midwife or undertaker to report to his office, such midwife or undertaker shall report to the office of the Commissioner of Health. In case the Commissioner of Health shall direct any midwife or undertaker to report to his office, such midwife or undertaker shall report to the office of the Commissioner of Health. In case the other person be in attendance upon the mother, immediately thereafter, in the manner and form above required, and shall certify within ten days to the Commissioner of Health the facts required to be reported by him. Any midwife or undertaker who shall hereafter fail to report to the Commissioner of Health the birth or burial of any child to report its birth to the Commissioner of Health, or to certify within ten days to the facts required to be reported by him, shall hereafter fail to report to the Commissioner of Health the birth or burial of any child to report its birth to the Commissioner of Health, or to certify within ten days to the facts required to be reported by him, shall forfeit and pay such person or corporation so offending, for each offense, to be recovered as other debts of like amount are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 1 1891 CITY OF BALTIMORE

No. Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
2. Sex, (state whether male or female)	Male
3. Race or Color, (if not of the white race)	W
4. Date of Birth,	April 20/891
5. Place of Birth, (Street and Number)	Born at 1836
6. Full Name of Mother,	Emma Bettinger
7. Mother's Maiden Name,	Emma Cutter
8. Mother's Birthplace,	Baltimore
9. Full Name of Father,	Frederick J Bettinger
10. Father's Occupation,	Grocer
11. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Wm J Kelley
Address,	2022 Watkins Ave
Remarks,	8910000649

Health. ... shall set forth as far as the same can be ascertained the full name of each child (if any shall have been still born) its sex, color, the full name and occupation of its parents, and the time and place of birth; and the said midwife shall be delivered, duly signed by the midwife or other person who shall attend such delivery, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no midwife or other person be present at the delivery, or in case of the inability of such midwife or other person to make the return required, the mother, immediately thereafter, shall become liable within the period above required, and shall report its birth to the Commissioner of Health; and every midwife, physician or practitioner who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 301 10

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 11 1891
4. Place of Birth, (Street and Number) Chapel st 15
5. Full Name of Mother, Barbara Ostermann
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Adam Ostermann
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendent, or other person who makes this Return. Mary Hopkins

Address, Washington 20 s

Remarks,

8910000650

BALTIMORE, MD.

...required the full name of each child (if any shall have ... months, the date and place of birth; and the ... in the form of a certificate between the first and ... said schedule shall be delivered to the officer ... Board of Health. In case the birth of any child ... third day, without the attendance of a ... shall occur without the attendance of a ... attendance upon the mother, immediately after the birth of ... child to report the birth to the Commissioner of Health, ... any such person so offending shall be ... jected to the fine of ten (10) dollars for ... offense. If the ... fines and forfeitures are recoverable.

...8. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30 15

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 21st 1891
4. Place of Birth, (Street and Number) 30 E Randall St
5. Full Name of Mother, Clara Tolson
6. Mother's Maiden Name, Clara Teller
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Edward Tolson
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. C A Tully

Address, 1828 Light St

Remarks, Doing Well

8 9 1 0 0 0 0 6 5 1

HEALTH DEPARTMENT BALTIMORE MD NOV 7 1891 REGISTERED

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the passage of this ordinance, it shall be the duty of the parents, or in case of their absence, or inability, the guardian, or other person having charge of any child born in the City of Baltimore, to cause the full name of each child of such parent, guardian or person having charge, to be recorded in the office of the Registrar of Vital Statistics, Board of Health, and shall set forth as far as the same can be ascertained the full name of each child of such parent, guardian or person having charge, the sex and color of each child, and the time of birth, and shall set forth as far as the same can be ascertained the full name and occupation of its parents. The certificate between the first and third day of each month, only signed by the physician or midwife, or should no other person be present, then the certificate of the person who shall have been present at the birth, shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, then the certificate of the person or parent having charge of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or parent who shall wilfully offer or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

888. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 301 JV

1. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 21 April 1891
5. Place of Birth, (Street and Number) 136 N. Front St
6. Full Name of Mother, Jennie Richter
   Mother's Maiden Name, Seny
   Mother's Birthplace, Russia
7. Full Name of Father, Jr Louis Richter
8. Father's Occupation, Tailor
9. Father's Birthplace, Russia
10. Name of Medical Attendant, or other person who makes this Return, E. Sherman
    Address, 42 Albemarle St
    Remarks, 8 9 1 0 0 0 0 6 5 2

MAY 4 1891 CITY REGISTER BALTIMORE MD

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge, or the midwife, or other person in attendance upon the mother, immediately thereafter. It shall be the duty of each and every physician or practitioner of midwifery, or other person in attendance upon the mother, immediately thereafter, to make and deliver to the parent or parents of such child, or in case there is no parent living, to the guardian of such child, or the person having charge of such child, a certificate of the birth of such child, stating the time and place of birth, the sex and color of such child, and such other information as may be required by the Commissioner of Health, and upon the presentation of such certificate to the Commissioner of Health, the parent or parents, guardian or person having charge of such child shall be entitled to receive a certificate of birth, for which no fee shall be charged. Any person who shall refuse or neglect to make such return, or to deliver such certificate, as required by this section, shall be subject to the fine of ten dollars for each offence, to be recovered before any justice of the peace in the city of Baltimore, upon the information or complaint of any person, and all fines and penalties recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth Child
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April 21st 1891
4.	*Place of Birth, (Street and Number)*	1813 W. Lombard St Balto
5.	*Full Name of Mother,*	Bettie Ada Dixon
6.	*Mother's Maiden Name,*	Bettie Ada Smith
7.	*Mother's Birthplace,*	Westmorland Co. Va
8.	*Full Name of Father,*	James Williams Dixon
9.	*Father's Occupation,*	Railroad Conductor
10.	*Father's Birthplace,*	Frederick County Md
	Name of Medical Attendant, or other person who makes this Return,	Mrs A. Lindner
	Address,	104 South Monroe St Balto
	Remarks,	1891000653

WM J. C. BULLEY CO CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-21-56

RETURN OF A BIRTH

30154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 4 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 21st
4. Place of Birth, (Street and Number)	659 Lee st.
5. Full Name of Mother,	Lizzie Lambert
6. Mother's Maiden Name,	Keilty
7. Mother's Birthplace,	Germany
8. Full Name of Father,	William Lambert
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	C. L. Bradenbaugh
Address,	418 S. Paca st.
Remarks,	

8 9 1 0 0 0 0 6 5 4

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

A. 30 lbs.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) (17) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 21 1891
4. Place of Birth, (Street and Number) 605 Lafayette ave
5. Full Name of Mother, Sarah Reed
6. Mother's Maiden Name, Sarah Whitby
7. Mother's Birthplace, Delaware
8. Full Name of Father, Thomas A Reid
9. Father's Occupation, Car Insp
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Mrs Hannah Mrs

Address, 901 N Monroe St

Remarks, 8910000655

MAY 1891

WM J C DULANY CO CITY PRINTERS AND STATIONERS

...is a law that every birth which has occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health, or to such person as he may appoint to receive the same; and the said practitioner shall also deliver a like certificate to the parent, guardian, midwife, or any other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report shall be liable to a penalty of ... dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 30146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) M -
2. Race or Color, (if not of the white race) White
3. Date of Birth, april 1
4. Place of Birth, (Street and Number) 103 S Bond
5. Full Name of Mother, annie B Krause
6. Mother's Maiden Name, " " albaugh
7. Mother's Birthplace, a
8. Full Name of Father, Eug. E. Krause
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Lee Mouse

Address, 1 Bank Pl.

Remarks,

1 8 9 1 0 0 0 0 6 5 6

BALTIMORE, MD. MAY 5 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD.
MAY 3 1897

Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 –
1. *Sex, (state whether male or female)*	M –
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	april 2 –
4. *Place of Birth, (Street and Number)*	Bowly St.
5. *Full Name of Mother,*	Anna M. Klapp
6. *Mother's Maiden Name,*	" " Jordan
7. *Mother's Birthplace,*	a –
8. *Full Name of Father,*	Chas. Klapp
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	J.C. Brocen
Address,	Bowly St
Remarks,	

8 9 1 0 0 0 0 6 5 7

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

30148

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

... as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MAY 6 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 10 91
4. Place of Birth, (Street and Number) 426 No. Exeter St.
5. Full Name of Mother, Daisy S. McCubbin
6. Mother's Maiden Name, " " Sheets
7. Mother's Birthplace, Maryland
8. Full Name of Father, Geo. McCubbin
9. Father's Occupation, Firemen R.R.
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. J. H. Robinson M.D.

Address, 736 E Preston St.

Remarks, 8910000658

J. C. Sulany & Co., City Printers and Stationers.

RETURN OF A BIRTH.

230147.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 6 1891

No.	Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1.	(state whether male or female) Female
2.	Race or Color, (if not of the white race) White
3.	Date of Birth, April 10 91
4.	Place of Birth, (Street and Number) 725 E. Chase St.
5.	Full Name of Mother, Cecilia Gibson
6.	Mother's Maiden Name, " Flannigan
7.	Mother's Birthplace, Ireland
8.	Full Name of Father, Patrick J. Gibson
9.	Father's Occupation, Laborer
10.	Father's Birthplace, Ireland
	Name of Medical Attendant, or other person who makes this Return. J. H. Robinson
	Address, 926 E. Preston St.
	Remarks, P 9 1 0 0 0 0 6 5 9

Months, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and residence of each parent, the date and place of birth; and the number of each child born to the mother, and every such return shall be signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, then the parent or person in attendance upon the mother immediately after the birth shall report the same in writing to the Commissioner of Health, upon the printed blank above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	7th
2. *Sex, (state whether male or female)*	Female
3. *Race or Color, (if not of the white race)*	White
4. *Date of Birth,*	April 17 91
5. *Place of Birth, (Street and Number)*	1639 No. Front St.
6. *Full Name of Mother,*	Alvina Baynard
7. *Mother's Maiden Name,*	" Brown
8. *Mother's Birthplace,*	Md.
9. *Full Name of Father,*	C. H. Baynard
10. *Father's Occupation,*	Cutter
Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return	J. H. Robinson M.D.
Address,	
Remarks,	

8 9 1 0 0 0 0 6 6 0

RECEIVED MAY 6 1891

From and after the passage of this ordinance the name to be ascertained the full name of each child (if any shall have been given) before the same is registered, and the name, residence and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then the parent or other person required to report the same under this section shall within the time aforesaid report to the Commissioner of Health, in the manner and with the information above required, and child to report its birth to the Commissioner of Health, in the manner and with the information above required, and any such person or persons who shall hereafter, fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, april 14 - 91
4. Place of Birth, (Street and Number) 2235 Eutaw Ave. Bertha Boos
5. Full Name of Mother, " Koch
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Julius Boos
8. Full Name of Father, [illegible]
9. Father's Occupation, Baker
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. Brooks

Address, Cor. 20th.

Remarks,

MAY 6 1891 BALTIMORE MD.

1 8 9 1 0 0 0 0 6 6 1

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be signed by the attendant upon the mother, if there be such attendant, and the said certificate shall be delivered to the Commissioner of Health, or his agent, within the first and third day of each and every month to the office of the Commissioner of Health, or his agent, within the first and third day of each and every month to the office of the Commissioner of Health, or his agent, within the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report all the facts required to be reported by this section within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. EHLAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

30 W.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 15 1891

4. Place of Birth, (Street and Number) 1904 Bruce St

5. Full Name of Mother, Eliza Watkins

6. Mother's Maiden Name, " Louise

7. Mother's Birthplace, Calvert Co Md

8. Full Name of Father, Grant Watkins

9. Father's Occupation, Laborer

10. Father's Birthplace, Calvert Co Md

Name of Medical Attendent, or other person who makes this Return. Isaac Bullen

Address, 1016 Vincent Ave near Baker

Remarks,

8 9 1 0 0 0 0 6 6 2

RECEIVED
APR 30 1891
REGISTRAR'S OFFICE

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born alive), the sex, color, the full name and occupation of its parents, and the date and place of birth; and the said certificate shall be delivered, duly signed by the person making the same, to the Commissioner of Health. In case the birth of any child shall occur without the city, the certificate required by this section shall be made by the physician or midwife, or if there be none in attendance, by the father or mother; immediately thereafter it shall become and shall be within the period above required, and shall be the duty of each and every midwife or physician or practitioner of midwifery, or failing so to do, of the parents of such child to report its birth to the Commissioner of Health at his office in the city of Baltimore; and any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 17 91
4. *Place of Birth, (Street and Number)*	923 Forest
5. *Full Name of Mother,*	Sophie Franklin
6. *Mother's Maiden Name,*	" Taymon
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	J. C. Franklin
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson M.D.
Address,	726 E. Preston St.
Remarks,	6 9 1 0 0 0 0 6 6 3

month, and shall set forth as far as the same can be ascertained the full name of each parent, the color of each parent, the number of children to whom each parent has been delivered, the number now living, the number dead, and the place of birth and residence of each parent; and the said return shall be signed by the practitioner in the form directed by the Commissioner of Health. In case there shall be no physician or midwife present at the birth of any child born in this City, the father or mother of such child, or the person or persons in charge of the house in which such child was born, shall make such return to the office of the Commissioner of Health. In case the father or mother of any child shall be delivered of such child without the attendance of a physician or midwife, or in case the child shall die before the third day of such delivery, or in case the child shall not die within that time, then the father or mother of such child, or the person or persons in charge of the house in which such child was born, shall make such return to the office of the Commissioner of Health. In case the father or mother of any child shall occur without the attendance of a physician or midwife, or in case the child shall die before the third day of each and every month to the office of the Commissioner of Health. In case there shall be no physician or midwife present at the birth of any child born in this City, the father or mother of such child, or the person or persons in charge of the house in which such child was born, shall make such return to the office of the Commissioner of Health. In the manner and within the period above specified. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine not to exceed twenty (20) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ORD. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Two
Name,	Grace Estelle Edgar
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 15th 1891
4. Place of Birth, (Street and Number)	1739 E. Eager St.
5. Full Name of Mother,	Hannah E. Edgar
6. Mother's Maiden Name,	Lucas
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James H. Edgar
9. Father's Occupation,	Mariner
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	S. W. Stevens M. D.
Address,	1311 E. Eager St.
Remarks,	8910000664

month, and shall set forth as far as the same can be ascertained the full name of each child of any such mother born subsequent to the first day of January, 1875, and all the particulars required to be recorded touching the birth of such child. Every such birth shall be reported within ten days after occurrence, and shall be certified by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the occurrence of such birth, it shall be the duty of the mother, if able to do so, to report the particulars required by this section to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MAY 1891 REGISTRAR'S OFFICE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 5 1891

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 19th 1891
5. Place of Birth, (Street and Number) 213 N. Mulberry St
6. Full Name of Mother, Mary M. Thomas
7. Mother's Maiden Name, Poste
8. Mother's Birthplace, Balto
9. Full Name of Father, Henry P. Thomas
10. Father's Occupation, Baker
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. H. Selbert M. D.

Address, 1501 E. Eager St.

Remarks, 1 8 9 1 0 0 0 0 6 6 5

month, and shall set forth as far as the same can be ascertained the full name of each child if any, the sex, the color, the full name and occupation of its parents, the date and place of birth, the number of children born to the mother, and whether the child be the first, second or other birth, and the number of children born alive and now living, and whether any stillborn, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become and is hereby required, and shall be the duty of the father or mother of such child to report the birth as herein required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are by law recovered and collected.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30 15 6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 22nd 1891

4. Place of Birth, (Street and Number) 2027 Ramsay St

5. Full Name of Mother, Justine Rehak nee Repsol

6. Mother's Maiden Name, Repsol

7. Mother's Birthplace, Germany

8. Full Name of Father, Peter Schaeffer

9. Father's Occupation, Brewer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. W. Toland M.D.

Address, 1201 E. Fayette St

Remarks, 8 9 1 0 0 0 0 6 6 6

month, and shall set forth as far as the same can be ascertained, the full name of each child of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date of birth, and the place of birth, and the residence of the parents at the time of the birth of such child, in the form of a certificate between the first and said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report the birth to the Commissioner of Health, and neither shall comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. CULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 22 1891
4. Place of Birth, (Street and Number) Broadfast st 126
5. Full Name of Mother, Mary Spriegel
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Spriegel
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendent, or other person who makes this Return. Mary Kopp

Address, Washington ave 205

Remarks,

8 9 1 0 0 0 0 6 6 7

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
Sex, (state whether male or female)	Female.
Race or Color, (if not of the white race)	White.
Date of Birth,	April 22, 1891.
Place of Birth, (Street and Number)	402 E. First St.
Full Name of Mother,	Mary Anastacia Kilgerald.
Mother's Maiden Name,	Kernan.
Mother's Birthplace,	Va.
Full Name of Father,	Peter Edward Kilgerald.
Father's Occupation,	Transfer agent.
Father's Birthplace,	Ireland.
Name of Medical Attendant, or other person who makes this Return	Chas. H. Litchfield M.D.
Address,	291 Chestnut-ave.
Remarks,	8910000668

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex, color, the full name and occupation of the parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician, midwife or nurse, the person or persons required, and shall cause the same to be registered within the time aforesaid. If the child become dead before the return is made, the fact shall be stated, with the time of death, if known. Immediately thereafter, if such person be a physician, midwife or nurse, he or she shall report the cause of death to the Coroner, who shall proceed as in other cases required by law. Any physician, midwife or nurse who shall neglect or refuse to report any birth or death at which he or she was present, or which came to his or her knowledge, as required by this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD. 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

B 30159.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22 1891
4. Place of Birth, (Street and Number) Lombard 1 1/2 E
5. Full Name of Mother, Mary Voith
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Anton Voith
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendent, or other person who makes this Return. Mary Koplis

Address, Washington 205

Remarks,

B 9 1 0 0 0 0 6 6 9

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, within ten days after the birth, to the Registrar of Vital Statistics. In case the birth of any child shall occur on board any vessel, the master thereof shall report the same to the Registrar of Vital Statistics within the period above required, and shall deliver to him a schedule containing the particulars above required, and in the manner above directed. Any physician or midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Child

1. Sex, (state whether male or female) Female Child

Race or Color, (if not of the white race) White Child

Date of Birth, April 22nd 1891

Place of Birth, (Street and Number) Quaker Lane n Turners Lane Dist

Full Name of Mother, Mary Geickel

Mother's Maiden Name, Mary Woods

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Geickel

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Margaret Hinkel

Address, No 28 Mount St n Valley St Balto City

Remarks, Still Born

1891000670

MD. U.S. CENSUS BUREAU

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth. 22nd April 1891
4. Place of Birth. (Street and Number) Mare St. 2037
5. Full Name of Mother, Maggie Sofinger
6. Mother's Maiden Name, Gade
7. Mother's Birthplace, Germania
8. Full Name of Father, Dietrich Gade
9. Father's Occupation, Workman
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mrs Fischer

Address. 1 Stan St.

Remarks, 8 9 1 0 0 0 0 6 7 1

mouth, and shall set forth as far as the same can be ascertained the full name of such child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered daily signed by the practitioner, the form of which the Board shall prescribe, to the Registrar of the County in which the birth shall occur, and no certificate of a physician or practitioner of midwifery, or other person be in attendance upon the mother, hereafter it shall become the duty of such physician or practitioner of midwifery, or other person to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	April 22 /91
4. Place of Birth (Street and Number),	Frisby and Mount.
5. Full Name of Mother,	Martina Rofs.
6. Mother's Maiden Name,	Daiger
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James Rofs.
9. Father's Occupation,	Cheese dealer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. Monmonier M.D.
Address,	634 Gorsuch Av.
Remarks,	

8 9 1 0 0 0 0 6 7 2

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered within the month to the Commissioner of Health, and every person who shall neglect or refuse to deliver the said schedule each and every month to the office of the Commissioner of Health, or who shall wilfully omit to report the birth of any child born within the limits of Baltimore City, of which he may have knowledge, or who shall wilfully report the same falsely, or who shall neglect or refuse to report the birth of any child born within the limits of Baltimore City, of which he may have knowledge, no other person by this section being required to report the birth of such child, the attendance of a physician or midwife, or male person present at the birth of such child to report the birth to the Commissioner of Health, it shall become the duty of the parents of such child to report the birth to the Commissioner of Health, and any such parent or parents who shall neglect or refuse to report the birth of such child, or who shall wilfully report the same falsely, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a penalty of ten dollars for each offence, to be recovered as other debts for penalties are recovered.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A. 3016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 23rd 1896
4. Place of Birth, (Street and Number) 210 E Gilmore Lane
5. Full Name of Mother, Margaret Elsie Campbell
6. Mother's Maiden Name, " " Snyder
7. Mother's Birthplace, Prussia.
8. Full Name of Father, Donald Campbell
9. Father's Occupation, Painter
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return, J. S. Hartwell M.D.

Address, 1137 York Road

Remarks, 8 9 1 0 0 0 0 6 7 3

month, and shall verify the same on oath at each of the births which have occurred under his or her care during the preceding month, and shall set forth, as far as practicable, the full name and occupation of the parents, the date and place of birth, and the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the mother, or in her absence, the nearest relative present, or the householder in whose house or on whose premises the birth occurs, shall within the period above required, and after the same manner hereinbefore specified, become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

U.S. PAT. OFFICE MAY 12 1896

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED. 7-26-57

RETURN OF A BIRTH. A 30164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Mabel Virginia Houck
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	April 23 " 1891
4. Place of Birth, (Street and Number)	1273 Bergeant Av
5. Full Name of Mother,	Louisa Houck
6. Mother's Maiden Name,	" Dixon
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Chas Houck
9. Father's Occupation,	machinist
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham
Address,	
Remarks,	8910000674

month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been omitted in a previous return), the sex, color, date and place of birth, and the full name and residence of the parents of such child, as required by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case the parents of such child shall refuse to furnish the information required by the practitioner in attendance upon the mother, it shall be the duty of the mother, immediately after the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
Sex, (state whether male or female)	Female.
Race or Color, (if not of the white race)	White.
Date of Birth,	April 23d, 1891.
Place of Birth, (Street and Number)	426 Roland ave.
5. Full Name of Mother,	Mary Ellen Donida.
6. Mother's Maiden Name,	Lucinn.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	William Franklin Donida.
9. Father's Occupation,	Carpenter.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	8 9 1 0 0 0 0 6 7 5

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, date and place of birth, and the said schedule shall be delivered, duly signed by the physician or midwife in attendance, or the father or mother of any child third day of each and every month a return of all births which may occur during the preceding month, and in case there is no physician or midwife in attendance, or the father or mother of such child shall neglect or refuse to report its birth to the Commissioner of Health, in the manner and within the time above specified, then and in every such case the person upon whose premises such birth occurs, or any such person or persons who shall neglect or refuse to make such return, shall be subject to the fine of ten dollars for each offense, to be collected and for which judgments and executions are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 30166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
3. Date of Birth,	April 23 91
4. Place of Birth, (Street and Number)	1108 Greenmount Ave
5. Full Name of Mother,	Ella Daily
6. Mother's Maiden Name,	" Audubon
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Jno. T. Daily
9. Father's Occupation,	Bookkeeper
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson M.D.
Address,	726 E. Preston St.
Remarks,	8910000676

month, and shall set forth as far as the same can be ascertained the name, if any, of each child; if any shall have been, or shall be, born dead, the fact shall be reported in like manner, with the date of birth; and the name, or, if really its sex, color, the full name and occupation of its parents, and the interval between the first and said schedule shall be delivered, duly signed by the Commissioner of Health, or by the physician or midwife who shall have been present at the birth of any child or children, or by the father or mother of such child or children, or in the absence of the father and mother, by the occupier of the house in which such birth shall occur, within the first ten days of the month next succeeding that in which the birth shall occur; and every physician or midwife who shall neglect to deliver such schedule within the period above required, and every other person required by this section to report the birth of a child who shall fail to report such birth within the period and in the manner prescribed by this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY HALL, BALTIMORE, MD.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A. 30167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 4 1891

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
2. Sex, (state whether male or female) Boy
3. Race or Color, (if not of the white race) white
4. Date of Birth, April 23 1891
5. Place of Birth, (Street and Number) Dunnoll 218
6. Full Name of Mother, Barbara Hale
7. Mother's Maiden Name,
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Joseph Hale
10. Father's Occupation, Tailor
11. Father's Birthplace, Baltimore

Name of Medical Attendent, or other person who makes this Return. Mary Boyle

Address, Westington 26c

Remarks,

8 9 1 0 0 0 0 6 7 7

Health, and shall set forth as far as the same can be ascertained the full name of each child of any child, born alive, which shall be born dead after the fifth month of pregnancy, and the full name of each child that shall have been conferred its sex, color, the full name and occupation of its parents, the date of birth, and the number of children born alive to the mother, including the present birth, the number of children born alive between the first and said schedule shall be delivered, duly signed by the physician or midwife, or other person in attendance upon the mother, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or mother of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 30161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24th 1891
4. Place of Birth, (Street and Number) 721 Dolphin st
5. Full Name of Mother, Amelia L. Springer
6. Mother's Maiden Name, " " Hopel
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John F. Springer
9. Father's Occupation, School teacher
10. Father's Birthplace, Hagerstown Md

Name of Medical Attendant, or other person who makes this Return Jas. E. Gilchrist M.D.

Address, 833 Edmondson ave

Remarks,

1 8 9 1 0 0 0 0 6 7 8

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive at such birth, the sex and occupation of its Parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Physician or person in attendance, within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person shall neglect or refuse to make the return required by this section, the father or mother of any such child to report its birth to the Commissioner of Health, shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

E 30164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6 to 4

1. Sex, (state whether male or female) Female

2. Race or Color. (if not of the white race) White

3. Date of Birth, August 21st 1889

4. Place of Birth. (Street and Number) Eliza Ann 2804

5. Full Name of Mother, Emma Dennis

6. Mother's Maiden Name, Emma Linsell

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Thomas R. Dennis

9. Father's Occupation, Engineer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. J. M. R. Lieseman.

Address, Her St 1225.

Remarks, 8 9 1 0 0 0 0 6 7 9

BOARD OF HEALTH BALTIMORE, MD. AUG 7 1889

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive,) the sex, color, the date and place of birth, and the name, residence and occupation of each parent; and shall also certify the fact of the birth of any child born alive, which may have died before the return of the previous month, and the cause of its death. Only signed by the practicing physician or midwife in attendance upon the mother, or in case there was no such attendance, by the father or mother of such child, or in case of the death of both father and mother, then by the householder or owner of the premises where the birth occurred, or by the undertaker who shall have been employed to bury the body of such child, shall be received as evidence in the Courts of this State. No other person than the said father or mother of each child born alive, and every month to the office of the Commissioner of Health, a return of all births which shall occur without the attendance of a physician or midwife. If all become the duty of the father or mother of such child, or in case of the death of both father and mother, then of the householder or owner of the premises where the birth occurred, to report the same to the Commissioner of Health, in the manner above directed, and any person who shall neglect or refuse to perform the duties required of him by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. MULLANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 3017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) Girl
3. Race or Color, (if not of the white race) white
4. Date of Birth, 24th April 1891
5. Place of Birth, (Street and Number) E. Durham St. 1121
6. Full Name of Mother, Mary Seibert
7. Mother's Maiden Name, Mc Donney
8. Mother's Birthplace, Balto.
9. Full Name of Father, John Mc Donney
10. Father's Occupation, workman
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Buehler

Address, 8 9 1 0 [illegible] Washington Ave.

Remarks,

DEPARTMENT OF HEALTH BALTIMORE MAY 9 1891

month, and shall set forth as far as the same can be ascertained the full name of each child, if any which have been born previous to the birth to which such return relates, the date and place of birth; and the said schedule shall be delivered, duly signed by the person making the return, to the Commissioner of Health within the first and third day of each and every month to the office of the Commissioner of Health between the first and third days of each month to the office of the Commissioner of Health between the hours of 9 o'clock A. M. and 2 o'clock P. M. Any person who shall neglect or refuse to make the return required by this section, or any midwife who shall neglect or refuse to report the birth of any child which she has attended in her professional capacity, or any physician or practitioner of medicine who shall neglect or refuse to report the birth of any child which he has attended in his professional capacity, shall forfeit to the Commissioner of Health the sum of ten dollars for each offense, to be recovered in the name of the Commissioner of Health before any justice of the peace; and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in the name of the Commissioner of Health before any justice of the peace.

WM. J. C. MULLAHY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 30171.

GIVEN NAME ADDED 10-5-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary ~~Margaret~~ Winter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Born 2d Nov 1891
4. Place of Birth, (Street and Number)	817 Harford Ave
5. Full Name of Mother,	Ellen C. Winter
6. Mother's Maiden Name,	Mitchell
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John F. Winter
9. Father's Occupation,	Electrician
10. Father's Birthplace,	England
Name of Medical Attendant, or other person who makes this Return.	J. W. Seltner M. D.
Address,	1301 E. Eager St
Remarks,	8 9 1 0 0 0 0 6 8 1

mouth, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the time and place of birth, and the said schedule shall be delivered, by the officer or person who shall register the birth of any child, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report the birth to the officer, it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter, to make report and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

498. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner [illegible] certificate between the first and third day of each and every month to the office of the Commissioner [illegible]. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, [illegible] should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 24 91
4. *Place of Birth, (Street and Number)* 861 Greenmount Ave
5. *Full Name of Mother,* Mary Hubbard
6. *Mother's Maiden Name,* Mary Mullen
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* George Hubbard
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, J. H. Robinson MD

Address, 736 E. Preston St.

Remarks, 8910000682

RETURN OF A BIRTH. A. 3017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth. April 25th 1891
4. Place of Birth, (Street and Number) 214 Hickory Ave. Hampden. Balto.
5. Full Name of Mother. Sarah Elizabeth Ford
6. Mother's Maiden Name. Sarah Elizabeth Taylor
7. Mother's Birthplace. Howard Co. Md.
8. Full Name of Father. Isaac Ford
9. Father's Occupation. Merchant
10. Father's Birthplace. Howard Co. Md

Name of Medical Attendant, or other person who makes this Return. Geo. T. Thomas, M.D.

Address. 123 - 38 Ave. Woodberry, Balto.

Remarks. 8 9 1 0 0 0 0 6 8 3

MAY 4 1891

WM J C DULANY CO CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the certificate between the first and said schedule shall be delivered, duly signed by the, or other person who shall become the, to the Commissioner of Health. In case the birth of any child third day of each and every month, duly signed by the, or other person who shall become the, to the Commissioner of Health. In case the birth of any child shall take place without the assistance of a physician or practitioner of midwifery, or should no other person be present at the birth, or in case the, or other person who shall become the, to the Commissioner of Health, shall neglect or refuse upon the mother, immediately thereafter it shall become the duty of the, or other person who shall become the, to the Commissioner of Health, to report such birth to the Commissioner of Health within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall neglect

RETURN OF A BIRTH A 30174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex. (State whether male or female) Male
2. Race or color. (If not of the white race)
3. Date of Birth, April 25/91
4. Place of Birth, (Street and Number) 1335 Lafayette Ave
5. Full Name of Mother, Lucy Lucie Weston
6. Mother's Maiden Name, Curtiss
7. Mother's Birthplace, ~~Penn~~ Pennsylvania
8. Full Name of Father, Arthur R. Weston
9. Father's Occupation, Salesman
10. Father's Birthplace, ~~England~~ Massachusetts

Name of Medical Attendant. or other person who makes this Return. C. C. McDowell M.D.

Address, 1521 W. Fayette St

Remarks,

8 9 1 0 0 0 0 6 8 4

RECEIVED MAY 1 1891

month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the person or persons keeping the record in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the person or parents of such child to report its birth to the Commissioner hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FROM J. C. BULLARY & SO., CITY PRINTERS AND STATIONERS.

A 30775

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOV 5 1891 CLK FOREMD.

month, and shall set forth as far as the same can be ascertained the full name of each child of any mother who shall have been delivered of a child, and the full name and occupation of its father. In case a certificate between the first and said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each month, a like schedule of births which shall have occurred within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of such person within the period above required, to report its birth to the Commissioner of Health in the manner above provided. Any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are by law recovered.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 2d 1891
4. *Place of Birth, (Street and Number)*	1024 E. Fayette St.
5. *Full Name of Mother,*	Mary Prechtel
6. *Mother's Maiden Name,*	Strodtmann
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Frederick Prechtel
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	J. H. Feldmeier M.D.
Address,	1501 E. Eager St
Remarks,	8 9 1 0 0 0 0 6 8 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 20176.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2
1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 25, 1891
4. *Place of Birth, (Street and Number)* Hadaway alley 511
5. *Full Name of Mother,* Annie Hudak
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Mick Hudak
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendent, or other person who makes this Return. Mary Kupke

Address, Washington 20 E.

Remarks,

8 9 1 0 0 0 0 6 8 6

Health. It is hereby made the duty of every person in charge of any house, tenement or lodging room in which any child shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate (as herein given), to the City Registrar within ten days after the birth of such child. And in case any child shall die before the expiration of said term of ten days, the said schedule shall be delivered as aforesaid before the burial of such child. And in case any child shall occur without the attendance of a physician or practitioner of midwifery, or should no such person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or midwife of such child to report its birth to the Commissioner of Health, on the blank furnished for that purpose, as required in the case of births in which such attendance has been had. Any person who shall violate any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

... name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or [illegible] or should no other person be in attendance upon the mother, immediately thereafter [illegible] the person or parents of such child to report its birth to the Commissioner of [illegible] period above required, and any such person or persons who shall hereafter [illegible] of this section shall be subjected to the fine of ten (10) dollars for each offense, [illegible] forfeitures are recoverable.

RETURN OF A BIRTH A 30177.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 4 1891, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth. April 25th/91

4. Place of Birth, (Street and Number) #1840 W. Pratt St.

5. Full Name of Mother, Mary Reihl.

6. Mother's Maiden Name, " " "

7. Mother's Birthplace. Baltimore.

8. Full Name of Father. George Reihl.

9. Father's Occupation, Barber.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Annie Lindner

Address, #106 S. Monroe St.

Remarks, 8910000687

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 30178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 4 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 25th 1891
4. Place of Birth, (Street and Number)	1013 Argyle ave
5. Full Name of Mother,	Annie Albaugh
6. Mother's Maiden Name,	" Stapleford
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	David W. Albaugh
9. Father's Occupation,	Carriage Builder
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. E. G. Gibbons M.D.
Address,	833 Edmondson ave
Remarks,	6 9 1 0 0 0 0 6 8 8

month, and shall set forth as far as the same can be ascertained the full name of such child, if any shall have been given, sex, color, the full name and occupation of its parents, the date and place of birth, and residence, (street and number) of the parents, and such other information as may be required upon said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the premises of a public institution, or in a private family other than that of the parents, the duty of the person or head of such institution or the mother, immediately thereafter, if shall become the duty of the person or inmate of such family to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30179.

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 6 1891

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
2. Sex, (state whether male or female) Boy
3. Race or Color, (if not of the white race) white
4. Date of Birth, April 25 1890
5. Place of Birth, (Street and Number) Madai alley 519
6. Full Name of Mother, Barbara Voytek
7. Mother's Maiden Name,
8. Mother's Birthplace, Bohemia
9. Full Name of Father, John Voytek
10. Father's Occupation, Bohemian
11. Father's Birthplace, Italy

Name of Medical Attendent, or other person who makes this Return. Mary Kopta

Address, Washington D C

Remarks,

1 8 9 1 0 0 0 0 6 8 9

month, and shall set forth as far as the same can be ascertained the full name of each child of such mother born since the last return, the sex, color, and the day and hour of birth of each child, and if no child has been born to such mother since the last return, that fact shall be certified. Every return shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother required to make the return, then it shall be the duty of the mother, and she shall within the period of time above required, cause a return of such birth to be made to the Commissioner of Health. In the manner prescribed in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are now recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30180.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* April 26 1891
4. *Place of Birth, (Street and Number)* Washington 20 431
5. *Full Name of Mother,* Annie Masker
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bahamas
8. *Full Name of Father,* Adam Masker
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Nassau

Name of Medical Attendent, or other person who makes this Return. Mary Hopkins

Address, Washington 205

Remarks,

1 8 9 1 0 0 0 0 6 9 0

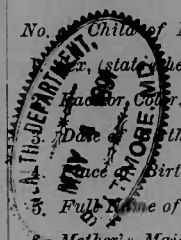
NOV 4 1907

Note.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth. And the said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health in case the birth of any child shall occur within the city of Baltimore without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and with the next succeeding return of births to report to him any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

Color or Race, (if not of the white race) White

Date of Birth, 26 April 1891

Place of Birth, (Street and Number) 1111 Covington St

5. Full Name of Mother, Mary J Whalen

6. Mother's Maiden Name, Mary Manuel

7. Mother's Birthplace, Balto

8. Full Name of Father, Peter J Whalen

9. Father's Occupation, Fireman

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. C A Tully

Address, 1828 Light St

Remarks, Single Well

8910000691

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Penalty.—The 4th Section of the Act of 1890, Chapter 123, and Chapter 1st of the Acts which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person making the same, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and with the particulars required; and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 26
4. Place of Birth (Street and Number)	S.W. Cor Pacca & Lombard Sts
5. Full Name of Mother	Mary E. Lambard
6. Mother's Maiden Name	Mary E. Page
7. Mother's Birthplace	Balt Md
8. Full Name of Father	Saml L. Lambard
9. Father's Occupation	Salesman
10. Father's Birthplace	Balt Md
Name of Medical Attendant, or other Person who makes this Return.	Robt Kuan
Address	1205 W Fayette St
Remarks	

8 9 1 0 0 0 0 6 9 2

APR 30 1891

HEALTH DEPARTMENT

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or dead, nuisance, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

1. Name of Child or Mother. (state whether 1st, 2d, 3d, &c.) Anna Karbowski 2.
2. Sex. (State whether male or female) female
3. Race or Color. (if not of the white race) White
4. Date of Birth, 1891 — 26th of April
5. Place of Birth. (Street and Number) 2109 Gilmerton Road
6. Full Name of Mother. Lotte Karbowski
7. Mother's Maiden Name. Lotte Schreiber
8. Mother's Birthplace. Pole
9. Full Name of Father, Julian Karbowski
10. Father's Occupation, Tailor
    Father's Birthplace, Pole

Name of Medical Attendant, or other Person who makes this Return Friederich Kaufer midwife

Address, 2116 West Pratt St.

Remarks,

8 9 1 0 0 0 0 6 9 3

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 26 1851

4. Place of Birth, (Street and Number) 801 Common st

5. Full Name of Mother, Anna E Gray

6. Mother's Maiden Name, Mandl

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Gray

9. Father's Occupation, Cooper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah F Warrington

Address, 924 Bennett pl

Remarks,

89100000694

APR 2 1891

S. S. TWEEDY

REGISTERED

SEC. 14. It shall be the duty of the Commissioner of Health, in the manner hereinafter provided, to procure the registration of the births which have occurred under his or her care during the month, and shall set forth in as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name of its parents, the date and place of birth; and the said schedule of each and every month to the office of the Commissioner of Health, in the manner hereinafter provided, and shall certify, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner hereinafter provided, shall certify to the fact of such attendance upon the mother, and to the number of children born to her, and to the sex of each child, and to the time when and the place where born, and to the name of the father, and to the name and residence of the person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 3018.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, April 26th 1891
4. Place of Birth, (Street and Number) 39 Pennsylvania Ave. Extd
5. Full Name of Mother, Minnie S. Smith.
6. Mother's Maiden Name, Chandler
7. Mother's Birthplace, Iowa City, Ia.
8. Full Name of Father, Charles E. Smith
9. Father's Occupation, Furniture Manufacturer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Alice S. Parkhurst M.D.

Address, 1410 Park Avenue,

Remarks,

1 8 9 1 0 0 0 0 6 9 5

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the time and place of birth, and the name, residence, and occupation of the parents of the child, and the sex and color of the child. Such list shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person report the birth to the Commissioner of Health, in the manner and within the period above required, and may such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 4 30186.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26 1891
4. Place of Birth, (Street and Number) 720 Robison st
5. Full Name of Mother, Louise Fradis.
6. Mother's Maiden Name, Louise Hollese
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Patrick Fradis
9. Father's Occupation, Flagman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mary J. Dwyer

Address, 726 Luzerne St

Remarks,

8910000696

APR 1891

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Feb 26 - 1891 - 3:20 PM
4. *Place of Birth, (Street and Number)* 602 Dallas St
5. *Full Name of Mother,* Rosie Levi
6. *Mother's Maiden Name,* Rosie Levi
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Benj Smith
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. F. J. Emmert MD

Address, 423 N Broadway

Remarks,

BALTIMORE

8910000697

1891 J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30188.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 25 April
4. *Place of Birth (Street and Number),* 516 N. Lee st.
5. *Full Name of Mother,* Catharine Benisch
6. *Mother's Maiden Name,* Emilie Tuckmann
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Edmund Frederick Benisch
9. *Father's Occupation,* Book Binder
10. *Father's Birthplace,* Prussia Austria

Name of Medical Attendant, or other person who makes this Return. Wilhelmina Benisch

Address, 516 N. Lee st.

Remarks,

8 9 1 0 0 0 0 6 9 8

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born of each and every month to the officiating midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall thereafter fail to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 30189

NAME ADDED 5/3/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of Child, Edward Carter Jenkins 2nd
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White Colored
4. Date of Birth, April 26 Fri 1891
5. Place of Birth, (Street and Number) 918 Warner st
6. Full Name of Mother, Amanda Jenkins
7. Mother's Maiden Name, " Carter
8. Mother's Birthplace, Virginia
9. Father's Occupation, Edward Jenkins
10. Father's Birthplace, Lobsterer Md.

Name of Medical Attendant, or other person who makes this Return, C. L. Bandenbohr

Address, 18 S. Paca st.

Remarks,

1 8 9 1 0 0 0 0 6 9 9

BOARD OF HEALTH BALTIMORE

Section 1. Be it ordained, &c., That the Commissioner of Health shall cause to be printed blank forms, which shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been given, the name and occupation of its parents, the date and place of birth; and the said blank forms shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; and in case any child shall occur without the attendance of a practitioner, or should no other person be in attendance, then the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as the other fines and forfeitures are recoverable.

SEC. 2. And be it ordained, That it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as the other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, April 26th 1891
4. Place of Birth, (Street and Number) 417 Warner street Balto City
5. Full Name of Mother, Elisibeth Webber.
6. Mother's Maiden Name, Elisibeth Filling
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Webber.
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Shaffer.

Address, 604 Little Parkin Street City

Remarks,

1 8 9 1 0 0 0 0 7 0 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and it shall be the duty of every attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

30191

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Joseph Harrison Griffith 5th
2. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
3. Sex, (state whether male or female) Male
4. Race or Color, (if not of the white race) White
5. Date of Birth, April 27, 1891
6. Place of Birth, (Street and Number) 1244 Lyle Av
7. Full Name of Mother, Amelia Griffith
8. Mother's Maiden Name, Amelia Harrison
9. Mother's Birthplace, Calvert Co Md
10. Father's Birthplace, William F Griffith
11. Father's Occupation, Shoe Dealer
12. Name of Medical Attendant, or other person who makes this Return. Calvert Co, Md
13. Address, H Bartell Md
14. Remarks, 201 Warren Av

CHILD ALIVE 3-29-54

8 9 1 0 0 0 1 0 7 0 1

I.M.

MAY 6 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name and residence of each child (if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be verified by the practitioner in the following certificate between the first and the 5th day of every month in the office of the Commissioners of Health, in the building set apart for that purpose. And no other person be allowed to certify to the same. It shall be the duty of every physician, midwife or other person who shall attend upon the mother, immediately after the birth, to report to the Commissioners of Health, in the manner and form above required, and shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

RETURN OF A BIRTH

A 30192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
5. Sex, (state whether male or female)	Female.
6. Race or Color, (if not of the white race)	White.
7. Date of Birth,	April 24, 1891.
8. Place of Birth, (Street and Number)	602 Fourth ave.
9. Full Name of Mother,	Ada Eugenia Bosley.
10. Mother's Maiden Name,	Constantine
11. Mother's Birthplace,	Md.
12. Full Name of Father,	Shellmon Howard Bosley.
13. Father's Occupation,	Laborer.
14. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	391 Chestnut ave.
Remarks,	

8 9 1 0 0 0 0 7 0 2

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, the sex, color, the full name and occupation of parents, the date and place of birth; and the number of each child of the mother living and dead. And a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, that no birth shall occur without the attendance of a physician, or midwife, or other person in attendance, who shall be required to report the birth to the Commissioner of Health, and in case the mother herself shall fail to do so, any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

BALTIMORE, MD.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 27 Apl 91

4. Place of Birth, (Street and Number) 1101 ~~Eso~~ Franklin St

5. Full Name of Mother, Kate Clark

6. Mother's Maiden Name, Gelzendaunner

7. Mother's Birthplace, Balto.

8. Full Name of Father, Geo. F. Clark

9. Father's Occupation, Clerk.

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. H. M. Wilson M.D.

Address, 1008 Mad. Ave

Remarks,

8 9 1 0 0 0 0 7 0 3

APR 28 1891 BALTIMORE MD

month, and shall set forth as far as the same can be ascertained the full name of each child (if any) born to such mother, the sex, color, the full name and occupation of its parents, the date and place of birth, and the number thereof living and dead, and shall be delivered to the attending physician or midwife, or other person in attendance at such birth, a certificate containing the said particulars, and the said physician or midwife, or other person in attendance at such birth, shall deliver a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or other person in attendance at such birth, the mother, immediately thereafter, shall become the person charged with the duty required, and shall report its birth to the Commissioner of Health and comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898.-J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27th April
4. *Place of Birth, (Street and Number)*	No. 423 Denicella St
5. *Full Name of Mother,*	Katharina Isabein Blum
6. *Mother's Maiden Name,*	Katharina Isabein Feldmann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Blum
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Bourge
Address,	421 Iron St
Remarks,	

8 9 1 0 0 0 0 7 0 4

BD. OF H. BALTIMORE MAY 7 1891

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been named subsequent to such registration, the name and surname of each child, the sex and color, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance, then it shall be the duty of the mother, within ten days after the birth of such child to report its birth to the Commissioner of Health; and the manager and within the period aforesaid, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 30195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April the 29th 1891

4. Place of Birth, (Street and Number) Fillmore St Homestead Md

5. Full Name of Mother, Sarah L. Blakeley

6. Mother's Maiden Name, Sarah L. Smith

7. Mother's Birthplace, Griffith Alleghany Co. Md.

8. Full Name of Father, William G. Blakeley.

9. Father's Occupation, Lightning Rod Contractor.

10. Father's Birthplace, Cor Polk & Washington St Homestead Md.

Name of Medical Attendant, or other person who makes this Return. Elisabeth Blakeley

Address, Homestead City

Remarks,

1 8 9 1 0 0 0 0 7 0 5

...shall cause a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said return shall be delivered, duly signed by the practitioner in the form of certificate between the first and third days of each and every month. If any such practitioner shall neglect to make such return as aforesaid, or if any child shall occur without the attendance of a physician, midwife or other person, who should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person neglecting to make such report shall be liable to a penalty of ten dollars, and the same will be collected as other fines and forfeitures are recoverable.

Sec. 4 of Ordinance No. 1197, approved April 4, 1890, provides a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTING AND STATIONERS

RETURN OF A BIRTH.

1 30196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 27th 1896
4. Place of Birth, (Street and Number) 1126 Harlem Ave Balto City Md
5. Full Name of Mother, Amelia Brown
6. Mother's Maiden Name, " Mayer
7. Mother's Birthplace, Balto City Md
8. Full Name of Father, Rudolph A Brown
9. Father's Occupation, Dry Keeper
10. Father's Birthplace, Balto City Md

Name of Medical Attendant, or other person who makes this Return. Thos Cooke MD

Address, 914 N Schools

Remarks,

1 8 9 6 0 0 0 0 7 0 6

Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall state therein the full name of each child, if named, and if not named, that fact, as far as the same can be ascertained the full name of each father and mother of such child, the sex, color, the full name and occupation of the father, and the place of birth, as near as can be ascertained; and shall be signed by the person who has attended upon the mother, or by the parent or parents of such child, if there be no such attendance. If a physician or practitioner has attended upon the mother, immediately thereafter it shall become his duty to report to the Commissioner of Health the birth of such child, which report shall be made within the period above required for the return of said schedule by the parent or parents. In case the birth of a child occurs without the attendance of a physician or practitioner he shall, within the third day of such occurrence, report the birth of such child to the Commissioner of Health, in the form of a certificate between the said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of a child to report its birth to the Commissioner of Health, in the form of a certificate between the third day of such occurrence and the first day of the next succeeding month, and shall state therein the full name and occupation of the father, and the place of birth, as near as can be ascertained; and shall be signed by the person who has attended upon the mother, or by the parent or parents of such child, if there be no such attendance. If a physician or practitioner has attended upon the mother, immediately thereafter it shall become his duty to report the birth of such child to the Commissioner of Health, which report shall be made within the period above required for the return of said schedule by the parent or parents. Any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

1891

1891—J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30197.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain all of the items which have reference to those facts set forth in the certificate, and shall be filled out in the manner required by the Board of Health. Any midwife or person who shall have charge of any case of birth, or who shall be present at the birth of any child, shall, within six days after the birth of such child, report to the Commissioner of Health, in the form of a certificate to be given the first mid wife or other person who shall be present at the birth of any child, the name, color, and residence of the parents of such child, the sex of such child, and the date of its birth; and any midwife or other person who shall neglect or refuse to make such report shall forfeit and pay for each offence a sum not less than five nor more than ten dollars, to be recovered as other fines and forfeitures are recoverable.

MAY 1 1897

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, April 27 th

4. Place of Birth, (Street and Number) 1520 Hanover Street

5. Full Name of Mother, Minnie Kaiser

6. Mother's Maiden Name, Gottschalk

7. Mother's Birthplace, Münden (Hanover) Germany

8. Full Name of Father, Henry Kaiser

9. Father's Occupation, Clerk

10. Father's Birthplace, Magdeburg (Germany)

Name of Medical Attendant, or other person who makes this Return. Mrs Kate Muench

Address, ~~Little Hall St~~ Leadenhall St 800

Remarks,

8 9 1 0 0 0 0 7 0 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 30197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th child

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 27 1891
4. *Place of Birth, (Street and Number)* 1005 Low st
5. *Full Name of Mother,* Mary (Saammnia) Le Fontes
6. *Mother's Maiden Name,* Mary Saammnia
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Joseph Le Fontes
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return. E. C. Baldwin

Address, 304 N. Exeter st

Remarks, 8910000708

J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH.

A. 30199

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

MAY 4 1909

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. Sex, (state whether Male or Female) son

2. Race or Color (if not of the white race) race

3. Date of Birth 27 April

4. Place of Birth (Street and Number) 524 S Wolfe

5. Full Name of Mother Lizeleth Seitz

6. Mother's Maiden Name Lizeleth Lahply

7. Mother's Birthplace Germany

8. Full Name of Father George Seitz

9. Father's Occupation Baker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return Anna Grenokowski

Address 1716 Lancaster

Remarks

8 9 1 0 0 0 0 7 0 9

RETURN OF A BIRTH. A 30700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 4 1891

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the Christian and surname of each child (if any shall have been given), its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the present mother; and the said physician or practitioner is the form of a certificate he shall deliver to the parent or nurse of such child (if there be one) a certificate of the birth of any child said schedule shall be delivered, duly signed, at the office of the Commissioner of Health, or should no other person be in attendance within ten days after the birth, then the said physician or practitioner shall report its birth to the Commissioner of Health, in the manner and within the period above specified. Every physician or practitioner who shall neglect or refuse to comply with the provisions of this section shall forfeit and pay for each offense the sum of ten dollars, to be recovered as other fines are recoverable. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 27 th 1891
4. Place of Birth, (Street and Number)	123 E Columbia
5. Full Name of Mother,	Lizzie Donely
6. Mother's Maiden Name,	Lizzie Eaton
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Bernard F. [illegible]
9. Father's Occupation,	Fireman
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return.	C A Tull
Address,	1825 Light St
Remarks,	Balto Md

8 9 1 0 0 0 0 7 1 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 11

1. Sex, (*state whether male or female*) Boy
2. Race or Color, (*if not of the white race*) white
3. Date of Birth, 27th April
4. Place of Birth, (*Street and Number*) 1 Dunkan Alley 114
5. Full Name of Mother, Mary Welsh
6. Mother's Maiden Name, Conley
7. Mother's Birthplace, Ireland
8. Full Name of Father, Norman Konley
9. Father's Occupation, workman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Bucheler

Address, 8 9 1 0 3 0 0 Washington Av

Remarks,

DEPARTMENT OF HEALTH MAY 4 1891 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been named, the sex, color, and birthplace of the child, the name, residence, birthplace and occupation of the parents, and such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall report the birth of such child, the father or mother of such child, if living in the house at the time of the birth, shall be required to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

ENG. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

3020

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their plysical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother, of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	6.
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	White
Date of Birth,	28th of October
Place of Birth, (*Street and Number*)	2117 Christian Str
Full Name of Mother.	Josephine Holmes
Mother's Maiden Name.	Josephine Helton
Mother's Birthplace,	Baltimore
8. *Full Name of Father.*	Wilhelm Holmes
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Friederike Henke Midwife
Address,	2116 West Fort Str
Remarks,	

B 9 1 0 0 0 0 7 1 2

HEALTH DEPARTMENT BALTIMORE CITY

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 22 1891

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 28 91
5. Place of Birth, (Street and Number) No 5 N Bond St
6. Full Name of Mother, Maggie Pfaff
7. Mother's Maiden Name, Maggie Gutstaver
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Frederick Pfaff
10. Father's Occupation, Musician
11. Father's Birthplace, Baltimore
12. Name of Medical Attendant, or other person who makes this Return, Christina Lange
13. Address, 105 N Wolfe St
14. Remarks, 8 B 1 0 0 0 0 7 1 3 Mb.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child born, the name of its parents, the date and place of birth; and the been conferred; its sex, color, &c., duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the mother of any child shall occur without the attendance of a Physician or Midwife, it shall become the duty of the parent or parents of such attendance upon the Board of Commissioner of Health, in the manner and within the time required, and child, to report the birth to the Board of Commissioner of Health, in the manner and within the time above specified. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered before any Justice of the Peace.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 30204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 28—91
4. Place of Birth, (Street and Number)	27 So Regester
5. Full Name of Mother,	Mary Mulvin
6. Mother's Maiden Name,	" Kilnick
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Johnston Mulvin
9. Father's Occupation,	Musician
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Mulvin
Address,	4 So Exeter
Remarks,	

8 9 1 0 0 0 0 7 1 4

CITY CLERK

John Murphy & Co., City Printers and Stationers.

GIVEN TO LOCAL REGISTRAR 10-22-56

RETURN OF A BIRTH

A 30201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Maurice Joseph Mc Nally 1 Living
1. Sex, (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Ap. 28. 91
4. Place of Birth (Street and Number),	918 Rear alley
5. Full Name of Mother,	Mary Mc Nally
6. Mother's Maiden Name,	" Riner
7. Mother's Birthplace,	Balto City
8. Fult Name of Father,	John H. Mc Nally
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return.	William A. B. Sellman M.D
Address,	5 E. Biddle St
Remarks,	

8 9 1 0 0 0 0 7 1 5

MAY 1 1891

and shall set forth as far as the same can be ascertained the full name or each child, if any shall have been born alive, sex, color, the full name and occupation of its parents, the date and place of birth, and whether such child was born in wedlock or not. Such certificate shall be made and delivered to the undertaker or other person having charge of the burial, before the interment of the dead body of any child, and every child found dead shall be registered, and a certificate of the cause of death shall be made and delivered, duly signed by the practitioner in the case, or if there was no practitioner, by the coroner, before the burial of the body. In case the birth or any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, it shall be the duty of the mother to make and deliver the certificate required by this section, and in case of the death of the mother, immediately thereafter it shall become the duty of the person or parents of such child, each person or the attendants of the mother, in the manner and within the time above specified. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
3. *Date of Birth,*	April 29, 1891
4. *Place of Birth, (Street and Number)*	Baltimore st 1311
5. *Full Name of Mother,*	Mary Meltzer
6. *Mother's Maiden Name,*	Mary Kilbert
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Frederick Meltzer
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. S. Kalbeis
Address,	2022 Wilkens Ave
Remarks,	

8 9 1 0 0 0 0 7 1 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name of each child, if any, the sex, color, the date and hour of birth, the name and occupation of its parents, the date and hour of the report of such birth, and the full residence of such parents, and such other information as may be required by the Commissioner of Health. Such schedule shall be delivered, duly signed by the practitioner in the form of a declaration, at the office of the Commissioner of Health, within ten days after the expiration of each month, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the third day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the fifth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the seventh day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the ninth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the eleventh day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the thirteenth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the fifteenth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the seventeenth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the nineteenth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the twenty-first day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the twenty-third day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the twenty-fifth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the twenty-seventh day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the twenty-ninth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the thirty-first day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the thirty-third day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the thirty-fifth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the thirty-seventh day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the thirty-ninth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the forty-first day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the forty-third day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the forty-fifth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the forty-seventh day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the forty-ninth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the fifty-first day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the fifty-third day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the fifty-fifth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the fifty-seventh day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the fifty-ninth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the sixty-first day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the sixty-third day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the sixty-fifth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the sixty-seventh day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the sixty-ninth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the seventy-first day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the seventy-third day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the seventy-fifth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the seventy-seventh day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the seventy-ninth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the eighty-first day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the eighty-third day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the eighty-fifth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the eighty-seventh day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the eighty-ninth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the ninety-first day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the ninety-third day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the ninety-fifth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the ninety-seventh day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the ninety-ninth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundredth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and first day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and third day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and fifth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and seventh day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and ninth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and eleventh day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and thirteenth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and fifteenth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and seventeenth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and nineteenth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and twenty-first day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and twenty-third day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and twenty-fifth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and twenty-seventh day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and twenty-ninth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and thirty-first day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and thirty-third day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and thirty-fifth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar 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every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and forty-fifth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and forty-seventh day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and forty-ninth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and fifty-first day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and fifty-third day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and fifty-fifth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and fifty-seventh day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and fifty-ninth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and sixty-first day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and sixty-third day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and sixty-fifth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and sixty-seventh day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and sixty-ninth day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health, within ten days after the one hundred and seventy-first day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and a similar schedule shall be delivered, duly signed by the practitioner, at the 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RETURN OF A BIRTH A 30707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 29th 91

4. Place of Birth, (Street and Number) 1930 Wilkens Av

5. Full Name of Mother, Cora L. Hilfhenstein

6. Mother's Maiden Name, Cora L. Blauser

7. Mother's Birthplace, Winchester Va.

8. Full Name of Father, Chas. K. Hilfhenstein

9. Father's Occupation, Collector

10. Father's Birthplace, Harrisonburg Va.

Name of Medical Attendant, or other person who makes this Return. Henry C. Ohle. Md

Address, 1202 W. Fayette St

Remarks, 8 9 1 0 0 0 0 7 1 7

MAY 1 1891

EASTERN DISTRICT

Sec. 2. Be it further enacted, That no certificate of birth shall be required under his or her care during the month, and shall set forth, as near as can be ascertained, the full name of each child, if any shall have been given it, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the proper party, to the registrar, before the birth of any child shall occur without the intervention of a physician or midwife, in which case the certificate herein required shall be made by such physician or midwife, and delivered to the registrar as aforesaid. Sec. 3. Be it further enacted, That it shall be the duty of the registrar to report immediately thereafter the name of any person or parents of such child to report its birth to the Commissioner of Health, in the manner and form to be prescribed by him, and any such person or persons who shall hereafter fail to comply with this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (~~state whether~~ male or ~~female~~)
2. Race or color, (~~if not~~ of the white race)
3. Date of Birth, 4-29-91.
4. Place of Birth, (Street and Number) S. E. Cor. Fremont & Vine st
5. Full Name of Mother, Bertha Maunes
6. Mother's Maiden Name. Goldsmith
7. Mother's Birthplace, Balt.
8. Full Name of Father, Isidor Maunes
9. Father's Occupation, Merchant
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return. Wm McCausland

Address, 772 W. First

Remarks, as Dr. McDavitt had been engaged for this Case handed it over to him. 6-10-07-18 So he may also have reported this birth.

Wm

MAY 7 1891

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 21th, 91.
4. Place of Birth, (Street and Number) 1703 E. Lombard St.
5. Full Name of Mother, Lulu Nichols
6. Mother's Maiden Name, Taylor
7. Mother's Birthplace, Maryland
8. Full Name of Father, Wolfolk Nichols
9. Father's Occupation, (Telephone Co.) Lineman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Mrs. Jenny Turnt

Address, 171 N. Eden St.

Remarks,

8 9 1 0 0 0 0 7 1 9

MAY 6 1891

month, and shall set forth as far as the same can be ascertained the full name of each child of any child have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of any child born alive said schedule shall be delivered, duly signed by the attendant, to the parent or parents of such child, who shall within the first and third day of each and every month next after the birth of such child, present the same at the office of the Registrar of Vitals Statistics, Board of Health. In case the birth of any child shall occur without such attendance or if the parent or parents of such child shall neglect or refuse to present such schedule within the period above required, and attendance upon the mother immediately after the birth, it shall be the duty of such physician or person to report such birth to the Commissioner of Health within the time above prescribed, and any such physician or person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

No. 30710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, April 29th 1891

4. Place of Birth, (Street and Number) 160 S E Baltofr

5. Full Name of Mother, Jannie Strassburger Schenthal

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto

8. Fult Name of Father, Aaron Strassburger

9. Father's Occupation, Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm Reamer

Address, 1525 E Balto

Remarks,

1 8 9 1 0 0 0 0 7 2 0

HEALTH DEPARTMENT

APR 29 1891

BALTIMORE

been conferred; its sex; color, the full name and occupation of the parents of each child, if any shall have been born alive; the date of birth; and the place of birth, (state whether in the house or street and number) of each child. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report such birth to the Commissioner of Health. In the manner and within the time prescribed by section 2 of this ordinance. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 3021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth 12th.

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 29th 1891
4. Place of Birth, (Street and Number) No. 204 East Monument St.
5. Full Name of Mother, Mrs. Alice Hohman
6. Mother's Maiden Name, Miss Alice Kinstendorf
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Mr. John Jacob Hohman
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return. Wm. H. Claudius M.D.

Address, 201 North Broadway

Remarks,

1 8 9 1 0 0 0 0 7 2 1

E. 5th St. APR 30 1891

Sec. 1. Be it enacted, That on the same day on which the name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the full name of each child, every month to the office of the Commissioner of Health in the city or county in which such birth occurred, and the Commissioner shall thereupon issue a certificate of such birth and attendance upon the mother immediately thereafter, which certificate shall be prima facie evidence in all courts of this State, and should no other person be in attendance upon the mother immediately thereafter, then the father or mother of such child shall report its birth to the Commissioner of Health in the manner hereinbefore provided, and any person who shall fail to comply with the provisions of this section shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be subject to the fine of ten dollars for each offence, to be collected as other fines and forfeitures are recoverable.

J. G. DU-ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 30717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 29. 91
4. Place of Birth, (Street and Number) 2129 Christian St
5. Full Name of Mother, Mrs Mary Stark Apple
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto
8. Full Name of Father, John Apple
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto
Name of Medical Attendant, or other person who makes this Return. E E Schmick M D
Address, Union Square
Remarks, Instrument

1891 0000722

Health. This schedule shall contain a full and complete return of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person or parents of the child, in case the birth of any child third day of each month the attendance of a physician, midwife or other person, he shall make return to the Commissioner of Health, in like manner, of the particulars required to be reported in this section, within the time aforesaid, in relation to such child. Any person who shall neglect or refuse to make the returns required by this section shall be subject to the fine of ten dollars for each offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 30 91 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 29 th 1891
4. Place of Birth, (Street and Number)	No 1104 Elizabeth Lane
5. Full Name of Mother,	Annie Edwards
6. Mother's Maiden Name,	Annie Winkler
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Edwards
9. Father's Occupation,	Book Keeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Hornung
Address,	No 1517 Byrd St
Remarks,	1891 0000726

Health. This schedule shall contain a list of the births which, have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been registered, sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as the Commissioner of Health may require. He shall, on the first day of each month, deliver or cause to be delivered to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and child to report its birth to the Commissioner of Health. It is made the duty of the parent or other person having charge of such child hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 30 [illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, April 22. 9

Place of Birth, (Street and Number) 5 S. Lombard St

5. Full Name of Mother, Lizzie Cole

6. Mother's Maiden Name, " " "

7. Mother's Birthplace, Md

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Charles Greene

Address, 5 W. Lombard St.

Remarks,

89 10000724

BALTIMORE, MD. MAY 4 1889 HEALTH DEPARTMENT

AN ACT to provide for the registration of births, marriages and deaths in Baltimore City.

SEC. 3. This schedule shall contain a list of the births which have occurred under his or her care during the month next preceding the date of such return, and in case no birth has occurred during such month, then a return to that effect shall be made; and the said schedule shall be verified by the practitioner in the manner prescribed in section 2 of this act. And the first and third days of each and every month shall be the days for the delivery of the returns required by this section; and the first and third days of each and every month to the office of the Commissioner of Health, in the manner required, and shall be the days for the delivery of the returns required by this section; and the first and third days of each and every month to the office of the Commissioner of Health, in the manner required, and shall occur without the attendance of a physician or practitioner in attendance upon the mother, immediately after the birth of any child, the midwife or nurse in attendance upon the mother, immediately after the birth of any child shall be entitled to receive from the parents of such child a fee of one dollar for the registration of such birth, and a certificate thereof, which shall be satisfactory evidence to the Commissioner of Health, in all cases where the registration of such birth is required, and such midwife or nurse shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered before a justice of the peace.

JNO. J. D. KILANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April th 29 1851
4. Place of Birth, (Street and Number) No 313 Harris al
5. Full Name of Mother, Clara Hyde
6. Mother's Maiden Name, Myers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Rankl Hyde
9. Father's Occupation, Steamdora
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah T Harington

Address, on 324 Binney st

Remarks,

1 8 9 1 0 0 0 0 7 2 5

MAY 1891 MEMO

Health, and a separate schedule shall contain a list of the births which have occurred under his or her care during the month, and such schedule shall contain the same particulars as to the time of each child, if any, shall have been conferred on the child, the full name of the child, the date of each child, and the name of the parent. Each such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the last three days of the month, such schedule shall be delivered within the first three days of the following month. Any practitioner in attendance upon the mother at the birth of her child, or the person or persons in charge of the house in the event of the absence of the practitioner, shall become liable to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30 218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
2. Sex, (state whether male or female) Boy
3. Race or Color, (if not of the white race) White
4. Date of Birth, 30th April 189.
5. Place of Birth, (Street and Number) Chesapeake St. 847
6. Full Name of Mother, Barbara Ernst
7. Mother's Maiden Name, " Kolb
8. Mother's Birthplace, Germania
9. Full Name of Father, Henry Kolb
10. Father's Occupation, waitsman
11. Father's Birthplace, Baltm

Name of Medical Attendant, or other person who makes this Return. Mrs Bruehl

Address, 835 Wood

Remarks,

MAY 1891

DEPARTMENT OF HEALTH

...duty of the person or parents of such ... to comply with the provisions of this section shall be sub... fine of ten (10) dollars for each offense, to be recovered ... other fines and forfeitures are recoverable ...

...to the Commissioner of Health, in the manner and within the period above named, and ... person or persons who shall refuse or fail ... jected to the fine of ten (10) dollars for ...

...J. C. BULLEY TO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 31719.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Boy

Race or Color, (if not of the white race) white

1. Date of Birth, 21st April 1891

2. Place of Birth, (Street and Number) E. Saratoga St. 124

3. Full Name of Mother, Sara Emilie

4. Mother's Maiden Name, " Mc Donna

7. Mother's Birthplace, Irland

8. Full Name of Father, Wm. Mc Donna

9. Father's Occupation, workman

10. Father's Birthplace, Irland

Name of Medical Attendant, or other person who makes this Return, Mrs. Bulow

Address,

Remarks, 8 9 [illegible]

Any person or persons who shall hereafter fail to comply with the provisions of this act in the manner and within the period above required, and subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MAY 1891

HEALTH DEPARTMENT

ISAAC J. C. BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2?

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* April 29. 1891

4. *Place of Birth, (Street and Number)* 216 George St.

5. *Full Name of Mother,* Maggie White

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Balt

8. *Full Name of Father,* Charles

9. *Father's Occupation,* Blac

10. *Father's Birthplace,* Bal

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

BOARD OF HEALTH BALTIMORE CITY

1 0 7 1 9 0 0 0 7 2 8

RETURN OF A BIRTH A 3021

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ild of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

(state whether male or female) Female.

or Color, (if not of the white race) White.

e of Birth, April 29 1891.

4. Place of Birth, (Street and Number) Cor. Hollingsworth ave. & Old York Rd.

Full Name of Mother, Adelia O'Brien.

Mother's Maiden Name, Geary.

Mother's Birthplace, Ireland.

8. Full Name of Father, John L. Cox

9. Father's Occupation, Engineer

10. Father's Birthplace,

Name of Medical Attendant, or other maker

Address, 291

Remarks,

8 9 1 0 0 0 0 7 2 9

RETURN OF A BIRTH.

A 24974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Female

Race or Color, (if not of the white race)

Date of Birth, 20 April

Place of Birth, (Street and Number) 1143 S. Chapel st

Full Name of Mother, Mrs. Emma L. Garmatz

6. Mother's Maiden Name, Mary L. Boesing

7. Mother's Birthplace, Germany

8. Full Name of Father, Herman F. Garmatz

9. Father's Occupation, Electric Mach.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Bleacher

Address, 2164 E. Eager St Baltimore Md

Remarks,

1 8 9 1 0 0 0 0 7 3 0

month, and also set forth as far as the same can be ascertained the name and surname of the child, if any shall have been conferred), the sex, color, the fully signed by the attending physician or midwife, if there was no physician or midwife in attendance, by the father or mother of such child, or, in case both parents are dead or absent from the house, by the householder or owner of the house in which such birth occurred, within five days after such birth, and every such physician, midwife, father, mother, householder or owner of such house who shall refuse or neglect to report as aforesaid, shall be liable to a penalty of ten dollars, to be recovered before any justice of the peace of Baltimore City, on the complaint of the Registrar of Vital Statistics, and paid into the treasury of said city for the use thereof.

SEC. 2. And be it further enacted, That it shall be the duty of the Registrar of Vital Statistics to report to the Commissioners of Health, in January and July of each year, the names of all physicians, midwives, householders or owners of houses who shall have failed to report births as required by this ordinance, and the Commissioners of Health are hereby authorized to collect from each and every person so reported a penalty of ten dollars for each offense, to be recovered before any justice of the peace in the manner provided in section one of this ordinance.

SEC. 3. And be it further enacted, That it shall be the duty of the Commissioners of Health to furnish to the Registrar of Vital Statistics all the blanks and books necessary to carry out the provisions of this ordinance, and no other person be in any way authorized to furnish the same.

SEC. 4. And be it further enacted, That it shall become the duty of the attendance upon the mother, Commissioners of Health, in January and July of each year, all the births occurring in their practice during the preceding six months, and shall report to the Registrar of Vital Statistics the name and residence of the child or parent of such child, the date of birth, and the number of the certificate; and any physician or parent of such child who shall refuse or neglect to report as aforesaid, shall be liable to a penalty of ten dollars, to be recovered before any justice of the peace in the manner provided in section one of this ordinance.

SEC. 5. And be it further enacted, That all fines and penalties are recoverable, with costs of suit, in the name of the Registrar of Vital Statistics, before any justice of the peace of Baltimore City, on the complaint of the Registrar of Vital Statistics, and paid into the treasury of said city for the use thereof.

BALTIMORE

698 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 7997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 25 1891 HEALTH DEPARTMENT

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 20th 1891
5. Place of Birth, (Street and Number) 1019 W. Lexington St
6. Full Name of Mother, Priscilla Kreider
7. Mother's Maiden Name, Kelly
8. Mother's Birthplace, Balto.
9. Father's Occupation, W. L. G. Kreider
10. Father's Birthplace, Drug Clerk
    Balto.

Name of Medical Attendant, or other person who makes this Return. John Scott
Address, 10 E. Lanvale Ave
Remarks, Premature birth 5½ months

8 7 1 0 0 0 0 7 3 1

month, and shall set forth as far as the same can be ascertained, the full name of each child, of any and all live births of which she has been confined, its sex, color, the date and place of birth; and the name and occupation of its parents, the date and place of birth; and the name and residence of the attendant, if any, at each birth; and the said return shall be signed by the practitioner in the form of a certificate herein set forth, if any such attendant there be, otherwise by the mother, if able to write, and if not able to write, by some other person for her; and shall be delivered to the office of the Commissioner of Health, or shall be mailed to the same, within ten days after the birth of any child to which such return relates, and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, then the father of such child, or in case the father shall not reside with the mother at the time of the birth of such child, then the person with whom the mother shall reside at the time of the birth of such child shall cause a return to be made and delivered as aforesaid; and any and all neglects or refusals to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered by the Commissioner of Health, in the name of the People of Maryland, in any court where debts are recoverable.

6M.-J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 7947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child
2. Sex, (state whether male or female) Boy.
3. Race or Color, (if not of the white race) White
4. Date of Birth, 20th of April 1891
5. Place of Birth, (Street and Number) 2040 Madison street
6. Full Name of Mother, Barbara Conryan
7. Mother's Maiden Name, Barbra Bancer
8. Mother's Birthplace, Germany.
9. Full Name of Father, William Conryan
10. Father's Occupation, Butcher
11. Father's Birthplace, Germany.

Name of Medical Attendent, or other person who makes this Return, Crescintia Runkel

Address, 213 North Chapel street per Justina Runkel

Remarks, Health. 8910000732

APR 1 1891 CLERK'S DEPARTMENT

BM. J. D. ROLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 7997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 21 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born April 20th 1891
4. Place of Birth, (Street and Number)	#319 Smallwood St.
5. Full Name of Mother,	Mrs Christina Heeiner
6. Mother's Maiden Name,	Wife of Kraft
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Mr Henry Heeiner
9. Father's Occupation,	Watchman
10. Father's Birthplace,	Baltimore
Name of Medical Attendent, or other person who makes this Return.	Mrs Hiller
Address,	127 N Pratt St
Remarks,	

1891000007 33

month, and shall set forth as far as the same can be ascertained, the full name of each child born alive within the said month, the sex, the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the person or persons in charge of the house in which such birth occurs, or the parents of such child to report its birth to the Commissioner of Health, as herein required, and to furnish the information required above; and any such person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence; these receipts and fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 7998.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, april 20 1891
4. Place of Birth, (Street and Number) 1230 Bayard st
5. Full Name of Mother, Edies Clark
6. Mother's Maiden Name, Edies Mornington
7. Mother's Birthplace, West indain
8. Full Name of Father, James Clarke
9. Father's Occupation, Carling man
10. Father's Birthplace, Easton Md

Name of Medical Attendant, or other person who makes this Return.

Address, Bearn mill 1443 Hanover

Remarks,

18910000734

BALTIMORE, MD.

and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been born alive, and the sex, color, the full name and occupation of the parents, the date and place of birth and the number (if any) of the child of the mother previously born alive, and such other information as may be required by the said schedule shall be delivered, duly signed by the attending physician or midwife, or in case the birth of any child shall occur when no physician or midwife is in attendance, then by the father or mother of such child, within the third day of each and every month of the year, and should no other person be in attendance upon the mother, immediately after the birth of any child, it shall be the duty of the person or persons in charge of the house or tenement where the birth occurs, to report the same to the Commissioner of Health, or to the person who shall discharge the duties of his office, within the time prescribed by this section, and any such person or persons who shall neglect or refuse to make such report as aforesaid, shall be subjected to the fine of ten dollars for each and every offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 74979.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

April 21. 1891.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Balto April 20. 1891.
4. *Place of Birth, (Street and Number)* 623 S. Port st.
5. *Full Name of Mother,* Maggie Trautner
6. *Mother's Maiden Name,* Maggie Raeder
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* John Trautner
9. *Father's Occupation,* Carpenter.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Arend.

Address, 410 S. Wolfe st.

Remarks, 8910000735

HEALTH DEPARTMENT APR 22 1891 REGISTRAR

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 79980.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	April 20 th
4. Place of Birth, (Street and Number)	Baltimore Baltimore City 1434
5. Full Name of Mother,	Lizzie Lorenz
6. Mother's Maiden Name,	Lizzie Schmidt
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jacob Lorenz
9. Father's Occupation,	Germany Bore Keeper
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mary Waters
Address,	303 N. Carolina St
Remarks,	

8 9 1 0 0 0 0 7 3 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 24981.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first.
2. Sex, (state whether male or female) female
3. Color, (if not of the white race) Colod
4. Date of Birth, 23rd April
5. Place of Birth, (Street and Number) No 903 Storm Court.
6. Full Name of Mother, Charlotte williams
7. Mother's Maiden Name, Charlotte Williams. married.
8. Mother's Birthplace, Baltimore Md
9. Full Name of Father, John E Watkins
10. Father's Occupation, labor.
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Caroline patton

Address, No. 107. Chesnut St.

Remarks, Dr Examinable well.

1891 0000737

HEALTH DEPARTMENT APR 25 1891 BALTIMORE MD.

persons, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive since the last return, the sex, color, the full name and occupation of the parents, the date and place of birth; and the person making such return shall, if the same be in the form of a certificate between the first and third day of each and every month, deliver the same, or cause the same to be delivered, duly signed by him, at the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter, a like statement and within the period above required, and a certificate of such birth to the Commissioner of Health. In case the birth of any child shall occur upon the premises of a physician or practitioner of midwifery, of the person or parents of such child to report its birth to the Commissioner, after fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 7997

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	6 ½
1. *Sex,* (*state whether male or female*)	Male
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	28th April
4. *Place of Birth,* (*Street and Number*)	1930 Lamon St
5. *Full Name of Mother,*	Barbara Feinbert
6. *Mother's Maiden Name,*	Barbara Mahlbach
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August Feinbert
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Friedrich Theodor Wilhelm
Address,	2416 North Pratt St.
Remarks,	

1 8 9 1 0 0 0 0 7 3 8

When the mother, residing in the City of Balto., has been delivered of a child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother at the birth of each child or children."

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20th of April
4. *Place of Birth, (Street and Number)*	1908 West Pratt
5. *Full Name of Mother,*	Rahel Schwartzberg
6. *Mother's Maiden Name,*	Rahel Fersunski
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Moritz Schwartzberg
9. *Father's Occupation,*	Cigarmaker
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other Person who makes this Return	Friederiche Kessler Midwife
Address,	1116 West Pratt St
Remarks,	

B 9 1 0 0 0 0 7 3 9

HEALTH DEPARTMENT RECEIVED APR 29 1908 BALTIMORE, MD.

...ING & CO., CITY PRINTERS AND STATIONERS.

...ians are hereby required, according to the law of this State, to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

A. 179994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the attendant upon the mother, immediately upon the birth of a child, be not a physician or midwife, then the father or mother of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such attendance upon the mother, immediately upon the birth of a child, be not a physician or midwife, then the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as debts of like amount are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, April 21. 1891

4. Place of Birth, (Street and Number) 1805 - Division Street

5. Full Name of Mother, Ida Symmers Knowlin

6. Mother's Maiden Name, Ida Symmers Galaher

7. Mother's Birthplace, Martinsburg West Virginia

8. Full Name of Father, Peyton Randolph Knowlin

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Texas

Name of Medical Attendant, or other person who makes this Return. Alex. L. Hodgson M.D.

Address, 1235 - Lafayette Avenue

Remarks, 8 9 1 0 0 0 0 7 4 0

REGISTERED APR 1 1891 REGISTRAR OF VITAL STATISTICS BALTIMORE MD

WM. A. S. SALAMY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 8-23-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of Child, (if any) James Stanley Gross
2. Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
3. Sex, (State whether male or female) Male
4. Race or color, (if not of the white race) White
5. Date of Birth. April, 21. 1891
6. Place of Birth, (Street and Number) 1328 - Lafayette Avenue
7. Full Name of Mother, Fanny Gertrude Gross
8. Mother's Maiden Name, Fanny Gertrude Offutt
9. Mother's Birthplace, Baltimore Md.
10. Full Name of Father, James Gamble Gross
11. Father's Occupation, Superintendent of factory
12. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other person who makes this Return. Alex. L. Hodgdon M.D.

Address, 1235 - Lafayette Avenue

Remarks, 8910000741

BALTIMORE CITY DEPARTMENT OF HEALTH
MAR 2 1891
FILED

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the person entitled to receive the same, at the time of the third day of each and every month, at the office of the Commissioner of Health. To cause the birth of any child to be recorded without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and without the attendance upon the mother, immediately thereafter, of such physician or practitioner of midwifery, or any such person or persons with whom such mother shall have resided at the time of her confinement, shall subject to the fine of ten dollars for each offence, to be recovered as other forfeitures are recoverable

ED J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 7498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 22 1891 BALTIMORE MD.

1. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
2. Sex, (state whether male or female)
3. Race or Color, (if not of the white race)
4. Date of Birth, April 21st 1891.
5. Place of Birth, (Street and Number) No 207 N Carolina st.
6. Full Name of Mother, Anneta Heise,
7. Mother's Maiden Name, " Bahre,
8. Mother's Birthplace, Pa
9. Full Name of Father, George Heise,
10. Father's Occupation, Balto W. St. Co.
11. Father's Birthplace, Balto city.

Name of Medical Attendant, or other person who makes this Return. J. Ridgway Ariare M.D.

Address, 1123 E. Balto. st.

Remarks,

1891 0000742

GEO. J. G. BALLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 24987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 21st 1891
4. Place of Birth, (Street and Number)	Baltimore 759 W. Franklin St.
5. Full Name of Mother,	Mary E. Phillips
6. Mother's Maiden Name,	Mary E. Lankdin
7. Mother's Birthplace,	Taylors Island Dorchester Co Md.
8. Full Name of Father,	Emmet J. Phillips
9. Father's Occupation.	Grocer Clerk.
10. Father's Birthplace,	Albemarle County Va.
Name of Medical Attendant, or other person who makes this Return.	Lucy Clayton
Address,	23 N. Fayette Eaton St.
Remarks,	18910000743

APR 27 1891 HEALTH DEPARTMENT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

CYCLE NAME ADDED 4-4-55

RETURN OF A BIRTH. A 29488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 27 1891 BALTIMORE MD

1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) Gladys Louise ~~Brinkershaff~~ 2
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race)
4. Date of Birth, Apr 21 1891
5. Place of Birth, (Street and Number) 415 Roberts St.
6. Full Name of Mother, Amanda Brinkershoff Robinson
7. Mother's Maiden Name,
8. Mother's Birthplace, New York
9. Full Name of Father, H. H. Brinkershoff
10. Father's Occupation. Agent
11. Father's Birthplace, New York
12. Name of Medical Attendant, or other person who makes this Return. H. M. Wilson
13. Address, 1008 Madison Ave
14. Remarks, 8910000744

month, do shall act forth its, or on the same on a sheet, to be delivered to the occupation of its parents, the date and place of birth, and the been conferred; its sex, color, the full name and occupation of the parents, if married; and the said attendant shall be required by the practitioner in the form of a certificate the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person, or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period aforesaid, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 24989.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (State whether male ~~or female~~)	Male.
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April 21st 1891
4. Place of Birth, (Street and Number)	1538 N. Carey Street
5. Full Name of Mother,	Nettie L. Newberry.
6. Mother's Maiden Name,	" " Sneall
7. Mother's Birthplace,	Frederick, Md.
8. Full Name of Father,	Johnson F. Newberry
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	N. C.
Name of Medical Attendant, or other person who makes this Return.	J. Williams Lord
Address,	825 Arlington Ave.
Remarks,	8910000745

BALTIMORE, MD. APR 27 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Sheets, and shall set forth as far as the same can be ascertained, the full name, the late and place of birth, and the month, and shall set forth as far as the same can be ascertained, the full name, the late and place of birth, and the [illegible] occupation of the parents of each child born alive, and the [illegible] of a certificate, between the [illegible] of any child [illegible] of each [illegible] to the office of the Registrar of Vital Statistics, Board of Health. In case no other person be in [illegible] of the person or parties required to [illegible] and shall be delivered with the certificate, and the [illegible] of the person or parties required to [illegible] said schedule shall be delivered to the officer [illegible] of the person or parties required to [illegible] third day of each [illegible] the attendance of a city [illegible] shall [illegible] the period above [illegible] shall [illegible] notice upon the mother, immediately [illegible] of Health. In [illegible] shall be [illegible] child to report its birth to the Registrar of Vital Statistics, Board of Health, as above required, any such person who shall [illegible] shall be subject to the [illegible] dollars for each offense. All [illegible] forfeitures are recoverable before [illegible] Jacket to the [illegible] of ten dollars for each offense.

RETURN OF A BIRTH.

A 74990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female
2. *Race or Color. (if not of the white race)*	White
3. *Date of Birth,*	April 25 1891
4. *Place of Birth, (Street and Number)*	109 E Hamb &
5. *Full Name of Mother,*	Louisa Kelly
6. *Mother's Maiden Name,*	Louisa Pintchuk
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Kelly
9. *Father's Occupation.*	Mariner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Y. R. Noble M.D
Address,	201 Milton ave
Remarks,	8 9 1 0 0 0 0 7 4 6

month, and shall set forth as far as the same can be ascertained the full name of each child born alive [illegible] any child [illegible] licen entered, [illegible] color, the day [illegible] by the practitioner in the form of a certificate between the 1st and 10th days of each and every month to the office of the Commissioner of Health, or shall no other person be in [illegible] child born alive [illegible] shall occur without the attendance of a physician or midwife, or shall no other person be in attendance upon the mother [illegible] shall occur without the attendance of a physician or midwife, or shall no other person be in attendance upon the mother [illegible] child born alive [illegible] person or persons who shall [illegible] subject to the fine of ten (10) dollars for each offense. [illegible] shall be subject to the fine of ten (10) dollars for each offense. [illegible] penalties and forfeitures are recoverable.

RECEIVED NOV 2 1891 REGISTRAR'S OFFICE BALTIMORE MD.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 27991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ed child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, April 21 1891

4. Place of Birth, (Street and Number) 1118 Light st.

5. Full Name of Mother, Lina Miller

6. Mother's Maiden Name, Loll

7. Mother's Birthplace, Germany

8. Full Name of Father, John Miller

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. J. Schwaesker midwife

Address, 1032 Hanover st

Remarks,

8 9 1 0 0 0 0 7 4 7

APR 29 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 79992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 April 1891
4. *Place of Birth, (Street and Number)* 616 South Ann Street
5. *Full Name of Mother,* Mary August
6. *Mother's Maiden Name,* " Mike
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis August
9. *Father's Occupation.* [illegible]
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. H. C. Knowles

Address, [illegible] N. Washington St.

Remarks, 8910000748

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 79993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth occurs in the absence of any attendant, the certificate shall be signed by the person in charge of the house or by the nearest person present at the birth. Every physician or midwife, or other person required to report the birth of a child, who shall neglect to make such report within the time prescribed by this section, shall forfeit and pay for each offense a sum not exceeding ten dollars, to be recovered with costs in the name of the People of the State of Maryland, before any justice of the peace of the city in which such offender resides, on the complaint of any person who will sue for the same; and any such person or persons who shall neglect or refuse to make the return required by this section shall be subject to the fine of ten dollars for each offense, to be recovered with costs as aforesaid.

APR 22 1891 BALTIMORE, MD.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) The Child

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

3. Date of Birth, The 21 of April 1891

4. Place of Birth, (Street and Number) No 1116 Central

5. Full Name of Mother, Cora Kupfuir

6. Mother's Maiden Name, Cora Lehaub

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Kupfuir

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Ed Lewis

Address, No 1059 Harford Ave

Remarks, 8910000749

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-4-55

RETURN OF A BIRTH. A 79495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Anthony William ~~Crist~~ Eleventh Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 of April 1891
4. Place of Birth, (Street and Number) 1270 Sargent st
5. Full Name of Mother, Clara Crist
6. Mother's Maiden Name, Clara Heil
7. Mother's Birthplace, Prussia Germany
8. Full Name of Father, Louis Crist
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Miss Bonge

Address, 11 Cross St.

Remarks, 1891000750

MAY 1 1891

BY MAIL

...shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive within the district at the time of making the return, the date and the place of birth; and the sex of each child; its sex, color, the full name and occupation of its parents, and the number of children born to such parents; and a certificate between the first and third day of each and every month of a physician or practitioner of midwifery, or in default of such certificate shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur within the district at the time of making the return, and within the period above required, and shall not be returned as aforesaid, the mother, immediately thereafter, shall become and within the period above required, and shall not be returned as aforesaid, the mother, immediately thereafter, shall become and within the period above required, and child to report its birth to the Commissioner of Health. To comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs, and forfeitures are recoverable.

EDW. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 7999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24 1891
4. Place of Birth, (Street and Number) 224 Lancaster St
5. Full Name of Mother, Ida Lindemose
6. Mother's Maiden Name, Ida Evans
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Lindemose
9. Father's Occupation, Grocer
10. Father's Birthplace, D. Chimore

Name of Medical Attendant, or other person who makes this Return. Mary L Covington

Address, 726 Fayette St.

Remarks,

8910000751

Health, it is set forth as far as the same can be ascertained, the full name of each child born alive, the sex and the color, the full name and occupation of each parent, the date and place of birth; and the month, and shall, each and every month, report in the form of a certificate between the first and the fifteenth day of each and every month to the Commissioner of Health, all births of any child born alive within the limits of the city of Baltimore, which shall occur within the preceding month, and which shall not have been reported to the Commissioner of Health. In case no child shall be delivered, duly signed blanks for the Commissioner of Health, in case no other person be in attendance, the mother herself, if able, shall report the birth of her child within the time above required. Every physician or practitioner of midwifery, or other person in attendance upon the mother, immediately thereafter, in the manner and within the period above required, shall report its birth to the Commissioner of Health, in case no child shall be delivered, duly signed blanks for that purpose shall be furnished by the Commissioner of Health. Any person who shall fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offense, and any such person or persons who shall offer after fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22 1891
4. Place of Birth, (Street and Number) 2313 N Calvert Street
5. Full Name of Mother, Sylvia Reynolds
6. Mother's Maiden Name, Williamson
7. Mother's Birthplace, Balt City
8. Full Name of Father, Rivers Reynolds
9. Father's Occupation, Lawyer
10. Father's Birthplace, Delaware

Name of Medical Attendent, or other person who makes this Return. Marburg Brewer M.D.

Address, 1106 McCulloh Street.

Remarks, 8 9 1 0 0 0 0 7 5 2

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, the sex and the color, the date and place of birth; and the full name, residence, and occupation of its parents, the date and place of birth; and the date of the marriage of its parents, and the number of children now living of the mother, and the number of children born alive to her before the birth of the child last born, which information shall be given to the best knowledge of the person making the return. Such return shall be made in writing, and shall be signed by the practitioner in the form of a certificate between the first and last lines of the record, and delivered every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of making such return shall devolve upon the person having charge of the person or parents of such child, and in case the mother, immediately after the birth, is in the manner and within the period above required, and attendance upon the mother, immediately after the birth, is in the manner and within the period above required, and child to report the birth to the Commissioner of Health, in the manner and within the period above required, and such report shall be signed by the person making the same. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered [illegible] other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 79947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d/91

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22d/91
4. Place of Birth, (Street and Number) 1704 Prestman
5. Full Name of Mother, Mary McCullough
6. Mother's Maiden Name, " Sanders
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert McCullough
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo W. Arnie M.D.

Address, 1541 Prestman

Remarks,

1891000753

HEALTH DEPARTMENT APR 25 1891 BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 71998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-
2. Sex, (state whether male or female)	M
3. Race or Color, (if not of the white race)	W
3. Date of Birth,	April 22 - 91
4. Place of Birth, (Street and Number)	1627 E Preston
5. Full Name of Mother,	Hannah Banks Taylor
6. Mother's Maiden Name,	
7. Mother's Birthplace,	B. C.
8. Full Name of Father,	Henry Banks
9. Father's Occupation,	Foreman
10. Father's Birthplace,	B. C.
Name of Medical Attendant, or other person who makes this Return.	Imy Miller
Address,	1207 E Monument St
Remarks,	6910000754

month, and shall set forth as far as the same can be ascertained the full name of every child born alive, and the sex, color, the full name and residence of its parents, the date and place of birth; and the name of each child shall be delivered daily by the practitioner in the form of a certificate between the hours of nine and ten o'clock A. M. to the office of the Commissioner of Health, or, should no other person be in said office to receive it, to the keeper of the City Hall entrance; and the duty of the person or parents of such child to report its birth shall also comply with the provisions of this section. Any such person who shall hereafter fail to comply with the provisions of this section will be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

APR 24 1891 CLERK

888. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name ... and the date and place of birth; and the been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22nd of April 1891.
4. *Place of Birth, (Street and Number)* 137 North Chapel st.
5. *Full Name of Mother,* Cora Hohman
6. *Mother's Maiden Name,* Cora Albach.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Hohman
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendent, or other person who makes this Return, Crescintia Kunkel

Address, 213 North Chapel st per Justina Kunkel

Remarks, Healthy

891000007 55

APR 25 1891 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 30000.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, April 29 91

4. Place of Birth, (Street and Number) 235 N Caroline St

5. Full Name of Mother, Emma

6. Mother's Maiden Name, Heiser

7. Mother's Birthplace, Balto

8. Full Name of Father, Leppo Schuetz

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Dr Hellmuth

Address, 342 Madison Ave

Remarks, 8910000756

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Apl 22
4. *Place of Birth, (Street and Number)*	1801 Park Ave
5. *Full Name of Mother,*	May Magruder Leach
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balt:
8. *Full Name of Father,*	Edward B Magruder
9. *Father's Occupation,*	Manufacturer
10. *Father's Birthplace,*	Washington
Name of Medical Attendant, or other person who makes this Return.	H. M. Widson
Address,	1008 Madison Ave
Remarks,	8910000757

APR 23 1891 HEALTH DEPARTMENT BALTIMORE CITY

month, and shall set forth as far as the same can be ascertained the name, sex, race or color, date and place of birth, and the name, residence and occupation of its parents, the date and place of their marriage, and the number of children born to the mother, and the number of such children now living, and the number born dead, between the first and third days of each month; and every physician or midwife who shall become the duty of the person or persons upon whom such duty is required, and shall neglect or refuse to make such return as aforesaid, shall be liable to a penalty of ten dollars for each and every such neglect or refusal, to be recovered before any justice of the peace of this State, to be paid into the treasury of the county where such offence shall be committed; and every undertaker who shall bury any such person without a certificate from the person authorized by this section to grant the same, shall be subjected to the fine of ten (10) dollars for each and every such offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, ~~2d, 3d, &c.~~) .....

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, April 22 1897
4. *Place of Birth*, (*Street and Number*) 327 N. Gilmore st
5. *Full Name of Mother*, Margaret E. Wilson
6. *Mother's Maiden Name*, " " Lord
7. *Mother's Birthplace*, Maryland
8. *Full Name of Father*, John J. Wilson
9. *Father's Occupation*, Merchant
10. *Father's Birthplace*, Maryland

Name of Medical Attendant, or other person who makes this Return. Frank Cooke M.D.

Address, 914 N. Charles

Remarks, ...

6910000758

month, and shall set forth as far as the same can be ascertained, the full name, sex, color, date and place of birth, and the full name, color, age, residence and occupation of its parents, the date and place of their marriage, whether the first and only child or twin, triplet, etc., and shall duly signed by the practitioner in the form of certificate given below. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of the person or parties required, and said selective shall visit every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the time specified in this section shall be subject to the penalty of ten (10) dollars for each offense. [1911 Ch. 143.] [1914 Ch. 2.]

CITY REGISTRAR

GEO. J. O'DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* One
2. *Sex (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth* Wed 23 day of April 1891
5. *Place of Birth, (Street and Number)* 125 Riverside ave
6. *Full Name of Mother* Mary Meiler
7. *Mother's Maiden Name* Mary Kelley
8. *Mother's Birthplace* Baltimore
9. *Father's Occupation* John George Meiler
10. *Father's Birthplace* Laborer Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Conway

Address

Remarks

1891 0000759

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

BALTIMORE MD. MAR 27 1891

RETURN OF A BIRTH. A 3001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, April, 22, 1891.
4. Place of Birth, (Street and Number) 806 South Chas. St.
5. Full Name of Mother, Winnie C. Ferguson.
6. Mother's Maiden Name, Winnie Pyle.
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, James Patterson Ferguson
9. Father's Occupation, Conductor B. & O. R.R.
10. Father's Birthplace, County Armagh, Ireland

Name of Medical Attendant, or other person who makes this Return. Dr. Minich

Address, 900 Leadenhall St.

Remarks, 1 8 9 1 0 0 0 0 7 6 0

MAY 28 '91

birth; and shall set forth as far as the same can be ascertained, the full name of each child; the day and place of birth; and the full name and residence of its parents, the date and place of birth; and the maiden name of the mother; and shall be verified by the oath or affirmation of the practitioner in the form of a certificate; and the first and third days of each month he shall make a return to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, of all births which may have occurred during the preceding month at which he was present, or in which he was professionally employed; and every such physician or practitioner who shall neglect to become the duty of the person or parents of such child to report its birth to the said Registrar [illegible] comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense; and every person who shall neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

30000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22nd April 1891
4. Place of Birth, (Street and Number) 2030 E. Pratt St.
5. Full Name of Mother, Otelia Lutelle O'Connor. Raley
6. Mother's Maiden Name,
7. Mother's Birthplace, St. Mary's Co. Md.
8. Full Name of Father, Patrick Melville O'Connor
9. Father's Occupation, Dry Goods Clerk
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. E. L. Irons M.D.

Address, 1835 E. Baltimore St.

Remarks, 8 9 1 0 0 0 0 7 6 1

41

Health. This schedule shall contain a list of the names as prescribed the full name of each child, of any still born, and shall set forth as far as the same can be ascertained the full name of each child, of any still born, and shall set forth as far as the same and occupation of its parents, the date and place of birth of such child, the number of children born to the mother, including the present one, and the number of such children now living, and the number, if any, of children born alive previous to the present one, and the number of such children now living, and the number, if any, of children born between the first and last confinements, and the number of months between the first and last confinements, which shall be certified, duly signed by the practitioner in the case of Health. In case the birth of any child said schedule shall be delivered to the Commissioner of Health, or to such person as he may appoint to receive the same, within the first ten days of each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance upon the birth, then the mother of such child shall make out and deliver such schedule as herein required, and shall occur without the attendance of a physician or midwife, it shall become the duty of the person having the charge of the house in which such birth shall occur, or in which the mother of such child may be at the time of the birth thereof, to give notice of such birth, and the attendance upon the birth to the Commissioner of Health, in the manner and within the time herein required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 22 of April 1891
4. Place of Birth, (Street and Number) 1484 Andre Fort Locust Point
5. Full Name of Mother, Antonia Raiman
6. Mother's Maiden Name, Antonie Dvorak
7. Mother's Birthplace, Boheomiean Austria
8. Full Name of Father, John Raiman
9. Father's Occupation, Boot maker
10. Father's Birthplace, Bohemiean Austria

Name of Medical Attendant, or other person who makes this Return, Lina Lang

Address, 1904 Fort Ave Locust Point

Remarks,

6 9 1 0 0 0 0 7 6 2

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 22/91
5. Place of Birth, (Street and Number) 1714 W Lombard St
6. Full Name of Mother, Maggie Albaugh
7. Mother's Maiden Name, Maggie Lebo
8. Mother's Birthplace, Md
9. Full Name of Father, William Albaugh
10. Father's Occupation, Carpenter
11. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. J. E. Timmis MD

Address,

Remarks,

1 8 9 1 0 0 0 0 7 6 3

HEALTH DEPARTMENT

...a Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 30008.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 22 1894

4. Place of Birth, (Street and Number) 631 Gold St-Balto City Md

5. Full Name of Mother, Florence Shipley

6. Mother's Maiden Name, Mayfield

7. Mother's Birthplace, Howard Co Md

8. Full Name of Father, Samuel J Shipley

9. Father's Occupation, Builder

10. Father's Birthplace, Howard Co Md

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke M.D.

Address, 914 N Charles St

Remarks,

6 9 1 0 0 0 0 7 6 4

month, and shall set forth as far as the same can be ascertained, the name, the date and place of birth, and the sex, color and race of the child, the full name and occupation of its father, the full name of its mother, and the name and residence of the physician or midwife, if there was either present at the birth, and the certificate of such physician or midwife, if any, shall be delivered by the parent or other person having charge of the child to the Registrar of Vital Statistics, who shall thereupon issue a certificate setting forth the facts required to be reported, and for which certificate no fee shall be charged. Any person who shall refuse or neglect to report as herein required, or who shall report any false statement touching any of the matters required to be reported, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five dollars nor more than twenty dollars for each offense. And the Commissioner of Health is hereby authorized and empowered to appoint such number of Registrars as he may deem necessary, who shall receive such compensation for their services as may be fixed by the Board of Estimates, and who shall, before entering upon the duties of their office, take the oath of office prescribed by the Constitution of Maryland, and shall give bond to the Mayor and City Council of Baltimore in the penal sum of one thousand dollars, with security to be approved by the Mayor, conditioned for the faithful performance of the duties of their office. Every Registrar shall keep his office open for the transaction of business during such hours as the Commissioner of Health may direct, and shall make a daily return to the Commissioner of Health of all births and deaths registered by him during the preceding day. Every person required by the provisions of this section to report births or deaths, who shall neglect or refuse to make such report within the time prescribed by the Commissioner of Health, shall be subject to a penalty of not less than one dollar nor more than five dollars for each offense, to be recovered as other penalties are recoverable.

APR 26 1894

CITY REGISTRAR

GEO. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth.	April 23rd 1891
4. Place of Birth, (Street and Number)	#1037 N. Fulton Avenue
5. Full Name of Mother.	Sallie S. Cole
6. Mother's Maiden Name.	Sallie S. Sparrow
7. Mother's Birthplace,	Calvert County Md
8. Full Name of Father.	Harry V. Cole
9. Father's Occupation.	Clerk
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Dr. Sparrow Md
Address,	#1037 N. Fulton Avenue
Remarks,	

8910000765

RECEIVED APR 25 1891 BALTIMORE CITY REGISTRAR OF VITAL STATISTICS

...ET & ING., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3010.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother; such report to be verified by the oath of such person.

APR 27 1891 BALTIMORE MD.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second
2. *Sex (state whether Male or Female)* male
3. *Race or Color (if not of the white race)* Colored
4. *Date of Birth* April 23. 91.
5. *Place of Birth (Street and Number)* 642 Green Meadow st.
6. *Full Name of Mother* Florence L. Smith.
7. *Mother's Maiden Name* Florence V. Crawford.
8. *Mother's Birthplace* Balto Co. md
9. *Full Name of Father* George Lewis Smith.
10. *Father's Occupation* Waiter.
11. *Father's Birthplace* Balto. md.

Name of Medical Attendant, or other Person who makes this Return. Dr. Boyd. Wylie M.D.

Address 619 N. Calhoun St.

Remarks Twin Child.

1 8 9 1 0 0 0 0 7 6 6

RETURN OF A BIRTH A 3001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Birth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 23rd
4. *Place of Birth, (Street and Number)*	# 756 Hamburg St
5. *Full Name of Mother,*	Anna S. Leykam
6. *Mother's Maiden Name,*	Anna S. Rodan
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Charles L. Leykam
9. *Father's Occupation,*	Buyer for Packing House
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mrs. Bowyer
Address,	Ellwood Ave.
Remarks,	8910000767

month, and shall set forth as far as the same can be ascertained the name and surname of each parent, the date and place of birth, and the birthplace of the father and mother of the child, and the maiden name of the mother, and the occupation of the father, and the number of children born to the mother (including the child last born), and the number (if any) of children of the mother now living, and the number (if any) of children born alive but now dead, and the date of death of each child so dead. Such return shall be made upon a certificate in the form of a certificate hereinafter provided, signed by the physician or midwife in attendance upon the birth, or in case there was no physician or midwife in attendance, then by the father or mother of the child, or in case the father or mother is dead or absent from the city or unable to act, then by the householder in whose house the birth occurred, or if it occurred in a hospital or other institution, then by the principal officer thereof. Such certificate shall be delivered to the father or mother of the child, or to the householder or principal officer aforesaid, as the case may be, by the physician or midwife in attendance, within ten days after the birth occurs, and it shall be the duty of the person receiving such certificate to fill out the said schedule and deliver it to the office of the Commissioner of Health, or should no other person be in attendance upon the birth, then the father or mother of the child, or the householder or principal officer aforesaid, shall within ten days after the birth occurs, make out and deliver to the office of the Commissioner of Health, a certificate of the birth of any child born in the city of which he or she has knowledge, and which is not reported as above provided. In the manner and within the period above specified, every physician, midwife, householder or principal officer shall report to the Commissioner of Health the birth of each child born in the city of which he or she has knowledge, and which is not reported as above provided. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SUN. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, April 23d 1891

4. Place of Birth, (Street and Number) 1115 William St

5. Full Name of Mother, Jos Hannah Albert

6. Mother's Maiden Name, Jo Hannah Viennau

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Laurence Edward Albert

9. Father's Occupation, Butler

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return. Catherine [illegible]

Address, 800 Leadenhall St

Remarks, + 8910000768

BALTIMORE … 1891

… month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

… J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A. 31013

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* 1

1. Sex, *(state whether male or female)* M
2. Race or Color, *(if not of the white race)* W
3. Date of Birth, Apl 23 - 91
4. Place of Birth, *(Street and Number)* 1241 E Monument St
5. Full Name of Mother, Ellen Watkins
6. Mother's Maiden Name, Magness
7. Mother's Birthplace, BC
8. Full Name of Father, Jas Watkins
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, BC

Name of Medical Attendant, or other person who makes this Return. Irving J Miller

Address, 1207 E Monument St

Remarks, 8910000769

Wm. J. C. Dulany & Co., City Printers and Stationers.

RETURN OF A BIRTH A. 30014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April th 29 1891
4. Place of Birth, (Street and Number) Chiney [?] street No 213
5. Full Name of Mother, Josphene Chanly [?]
6. Mother's Maiden Name, Josephene razrel [?]
7. Mother's Birthplace, Baltimor
8. Full Name of Father, Robert rizrel [?]
9. Father's Occupation, labour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. razrat [?] Jane Wilson [?]

Address, No 115 Henry [?] st

Remarks, 1891000000770

APR 29 1891 BALTIMORE MD. [illegible] DEPARTMENT

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall [illegible] fail to comply [illegible] provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to [illegible] and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex, (state whether male or female),	Female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	April 23/91
4. Place of Birth (Street and Number),	922 E Monument St
5. Full Name of Mother,	Mamie Lenin
6. Mother's Maiden Name,	" Daly
7. Mother's Birthplace,	Philadelphia
8. Full Name of Father,	Harry Lenin
9. Father's Occupation,	Bank clerk
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	R W Mansfield M.D
Address,	129 S Broadway
Remarks,	8910000771

The Board will not receive as the same any certificate in which the full name of each child, if any shall have been omitted, and shall set forth as to the same the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person making the same, to the Registrar of Vital Statistics, at the office of the Board of Health. In case the birth of any child shall occur without the limits of the city, the certificate shall be made by the person in attendance upon the mother at the time of such birth, or if there be no such person, then by the householder in whose house or on whose premises the birth shall occur, and every such certificate shall be delivered to the Registrar of Vital Statistics, at the office of the Board of Health, within ten days after the birth to which it relates. In case the birth occurs in a hospital, asylum, or other institution, the superintendent or other officer thereof shall become the duty of the person in charge of the institution to report the birth to the Registrar of Vital Statistics, at the office of the Board of Health, within ten days after the birth to which it relates. In the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Baltimore Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 1-31-58

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~ Margaret Mc Kenna Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) (White 23-91
3. Date of Birth, 1312 E Lay
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Margaret M. Kenna
6. Mother's Maiden Name, " Malloy
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Mc Kenna
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Allwell

Address, 712 Mc Donogh St

Remarks,

8 9 1 0 0 0 0 7 7 2

months not shall set forth as far as the same can be ascertained the full name of each child, if one shall have been given to it, the sex, color, the full name and occupation of the father, and the maiden name of the mother, the place of birth and the time elapsed between the first and third day of each and every instance of a physician or midwife, or should no other person be present at the birth, then the nearest relative present, or in case there is no relative present, the owner or agent of the house in which the birth occurs, shall report the same within the period above required, and shall deliver to the parent or person having charge of the infant a certificate containing a copy of the information required to be reported to the Commissioner of Health, and which certificate shall be signed by the person making such report. Any person who shall refuse or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND

RETURN OF A BIRTH B 30017.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 23rd 91
4. Place of Birth, (Street and Number)	677 W Barre St
5. Full Name of Mother,	Mrs Lucretia G Constantine
6. Mother's Maiden Name,	Miss L. G. Nagle
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Henry Constantine
9. Father's Occupation,	Conductor on B & O R.R.
10. Father's Birthplace,	Howard Co Md
Name of Medical Attendant, or other person who makes this Return,	B. F Phillips
Address,	719 W Fayette St
Remarks,	

1 8 9 1 0 0 0 0 7 7 3

BALTIMORE CITY

SEC. 1. That each and every person who shall hereafter be present at any birth, or who shall have charge of any child born, shall, within ten days after such birth, report to the Registrar of Vital Statistics, at the office of the Board of Health, the full name of each child, if any shall have been given it, the full name and residence of its parents, and the date and place of birth; and the Registrar shall, upon the receipt of such report, issue a certificate setting forth the same, and shall enter the same in a book to be kept for that purpose, which certificate shall be delivered, duly signed by the Registrar, to the person reporting such birth. In case the birth of any child shall occur without the knowledge of the parents or person in charge, then the same shall be reported within the period above required, and duly signed by the Registrar, to the Coroner of the City, who shall, within the period above required, report its birth to the Commissioner of Health, with such particulars as of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 30018.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	First
1. Sex, (state whether ~~male or~~ female),	Female.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	April 23.d 91.
4. Place of Birth (Street ond Number),	Baltimore University Hospital.
5. Full Name of Mother,	Hilda Turner.
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Altoona Penn.
8. Full Name of Father,	Richard Wolf.
9. Fother's Occupation,	Dental Student.
10. Fother's Birthplace,	Munroe N.C.
Name of Medical Attendant, or other person who makes this Return.	Jaten H. McGaun, M.D.
Address,	Baltimore University Hospital,
Remarks,	

8 9 1 0 0 0 0 7 7 4

MAR 27 1891 BALTIMORE MD. REGISTERED

ferred), its sex; color, the full name of the mother, her maiden name, her birthplace, the full name of the father, his occupation, his birthplace, the name of the medical attendant or other person who makes this return, his address, and any remarks which may be required. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person acting as nurse to such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 36019.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Mar 23rd 91

4. Place of Birth, (Street and Number) No. 14 Loudon Ave

5. Full Name of Mother, Annie Baum

6. Mother's Maiden Name, Annie Kelley

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Baum

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

APR 2 1891

8910000775

[illegible] month, and shall set forth as far as the same can be ascertained the [illegible] name of each [illegible] the date and place of birth: and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form [illegible]. In case the birth of any child third day of each and every month to the office of the Commissioner [illegible] should no other person be in shall occur without the attendance of a physician or practitioner [illegible] of the person or parents of such attendance upon the mother, immediately thereafter shall [illegible] the period above required, and child to report its birth to the Commissioner of Health in the manner [illegible] of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions [illegible] other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 23rd 91

4. Place of Birth, (Street and Number) 402 W. Fourtth St.

5. Full Name of Mother, Mrs. Elizabette Prosser

6. Mother's Maiden Name, Elizabette Ellis

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Wm C Prosser

9. Father's Occupation, Brakeman on P. C. R. R.

10. Father's Birthplace, Shrewsbury Penn.

Name of Medical Attendant, or other person who makes this Return. Cecil G. Stewart. M.D.

Address, 120 W. Fourtth St.

Remarks,

8 9 1 0 0 0 0 7 7 6

APR 30 1891

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month, and by other persons in case there is no such practitioner in attendance; and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person shall attendance upon the mother immediately thereafter (except the duty of the person or parents of such child to report the same to the Commissioner of Health, as hereinafter required), and shall forthwith report the same to the Commissioner of Health, in writing, and in case of his neglect so to stay such person or persons who shall have neglected to make such report shall be liable, and subject to the fine of ten (10) dollars for each offence. [illegible] other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30021.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 24 1891
4. Place of Birth (Street and Number)	715 Cumberland Place
5. Full Name of Mother	Rosie Mayhrantz
6. Mother's Maiden Name	" Edell
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Mayhrantz
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. Fawcett, M.D
Address	550 Mosher St
Remarks	8910.000777

I hereby promise to report to the Registrar of Vital Statistics, Board of Health, of the City of Baltimore, any child within the City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RECEIVED APR 27 1891

RETURN OF A BIRTH

A 300 77

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3a

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24th 1891
4. Place of Birth, (Street and Number) 31 N. Pat. Park Ave.
5. Full Name of Mother. Adella Sophia Miller
6. Mother's Maiden Name, Zeigler
7. Mother's Birthplace, Balto. City
8. Full Name of Father, George Curtis Miller
9. Father's Occupation, Coal dealer
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. C. P. Irons M.D.

Address, 1835 E. Balto. St.

Remarks,

8 9 1 0 0 0 0 7 7 8

Health. This schedule shall contain a list of every child born within the city which have come to the knowledge of the person required to report its birth, during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been determined upon, the name and surname of the father, the name and maiden surname of the mother, the place of birth, the date and place of birth; and the said schedule shall be delivered by the physician in charge, or other person required to report the birth, to the office of the Commissioner of Health, in case between the first and third day of each and every month, and in case of the neglect or refusal of any physician or midwife, or other person required to report the birth of any child to the office of the Commissioner of Health, within the time above specified, the physician or midwife, or other person so neglecting or refusing, shall become liable and subject to a penalty of ten dollars for each and every case of such neglect or refusal, to be recovered as other fines and forfeitures are recoverable.

And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable and subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5 600 94

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Apl. 24, 1891
4. Place of Birth, (Street and Number) 2 Montabello Ave.
5. Full Name of Mother, Margaret Green
6. Mother's Maiden Name, " Tilghman
7. Mother's Birthplace, Md.
8. Full Name of Father, Edwd. Green
9. Father's Occupation, Laborer
10. Father's Birthplace, Va.

Name of Medical Attendant, or other Person who makes this Return, Jas. M. Craighill

Address, 1730 N. Charles

Remarks, 8 9 1 0 0 0 0 7 7 9

HEALTH DEPARTMENT 1891 BALTIMORE MD.

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child born within the district during the month preceding, the date of birth, sex, color and occupation of its parents, the date and place of their marriage, and such other information as may be required by the Board of Health. Any person who shall refuse or neglect to make such return, or who shall make a false return, or who shall refuse or neglect to furnish any information required by the Board of Health, midwifery, or practice as a midwife, without the certificate of a physician, or who shall refuse or neglect to report the birth of any child born without the attendance of a physician or midwife, or who shall refuse or neglect to report the death of any child immediately thereafter, it shall then become the duty of the undertaker employed to bury such child to report its birth to the Board of Health. In the manner and within the period above specified, except in the case of the births and deaths of children of paupers, and of such persons as are buried at the public expense, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PLATT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 24/91
4. Place of Birth, (Street and Number)	330 Fulton Ave (Avenue)
5. Full Name of Mother,	Ella Olen
6. Mother's Maiden Name,	" Gray
7. Mother's Birthplace,	Balto Co, Md
8. Full Name of Father,	Joshua Olen
9. Father's Occupation.	Clerk
10. Father's Birthplace,	Balto Co, Md
Name of Medical Attendant, or other person who makes this Return.	Geo W Koons M D
Address,	1501 Pennsylvania
Remarks,	1891000078 0

BALTIMORE MD APR 28 1891 HEALTH DEPT

SM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth in the return the full name of each child, (if any shall have been born since the last return,) the sex, color, date and place of birth; and the full name and occupation of its parent or parents, and a certificate between the first and second days of each and every month to the office of the Commissioner of Health, duly signed by the practicing physician or midwife, or other person in attendance upon such birth, or if there be no such person in attendance, then by the parent or parents of such child, a return of the same; and if any midwife or practitioner of midwifery, or the person or parents of such child, as aforesaid, shall neglect or refuse to comply with the provisions of this section, he or she shall forfeit and pay for each offense, to be recovered as other fines and forfeitures are recoverable, as a penalty, the sum of ten (10) dollars; and if any physician shall neglect or refuse to make such return, or to certify as to the cause of death, when required by the Commissioner of Health, he shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

30024½

1. Sex, Male No. of Child of Mother 2
2. Race or Color, White
3. Date, 24 June 94
4. Place of Birth, Hughes St 112
5. Full Name of Mother, Lilie O'neill
6. Mother's Maiden Name, ll O'Day
7. Mother's Birthplace, Baltimore
8. Full Name of Father, David O'Neill
9. Father's Occupation, Driver
10. Father's Birthplace, Balto

Mrs Mary Hayes
412 Scott

BALTIMORE CITY LIFE INSURANCE CO. MAY 1 1894

A 1 0 0 0 0 7 8 1

RETURN OF A BIRTH 30020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, and the sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered by the practitioner in the form of a certificate between the first and tenth day of each month to the office of the Commissioner of Health. And should no other person be in attendance upon the mother immediately after the birth of such child, the duty of the person or parents of such child to report the birth as above required, and shall occur without the attendance of a physician or practitioner, the duty of the person or parents of such child to report the birth as above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

APR 28 1899 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex, (~~state whether male or female~~)
2. Race or Color, (~~if not of the white race~~)
3. Date of Birth, April 24 1899
4. Place of Birth, (Street and Number) 230 S Edwards Balto City Md
5. Full Name of Mother, Matilda Glogesburg
6. Mother's Maiden Name, " Abrams
7. Mother's Birthplace, England
8. Full Name of Father, Harry Glogesburg
9. Father's Occupation, Tailor
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Thos. Cooke Jr Md

Address, 914 N Charles

Remarks,

+ 8 9 1 0 0 0 0 7 8 2

GEO. J. O. GULARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	24 " April
4. *Place of Birth, (Street and Number)*	214 Division Street
5. *Full Name of Mother,*	Georgeanna Decker
6. *Mother's Maiden Name,*	Georgeanna Black
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Milton B Decker
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Mrs Donlley
Address,	1635 Little walth Ave
Remarks,	None

8 9 10 0 0 0 7 8 3

mouth, and shall set forth as far as the same can be ascertained, the name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the place and date of birth; and the said schedule shall be delivered, duly sealed, at the office of the Commissioner of Health, in case the birth of any child shall occur within the city limits, and no physician or midwife in attendance upon the mother, immediately thereafter, shall report such birth to the Commissioner of Health, as aforesaid, then the parent or parents of such child shall report its birth to the Commissioner of Health, as aforesaid, within ten days after the birth of such child, and in default of either the attendance of a physician or midwife upon the mother, or the report of such attendance upon the mother, immediately thereafter, as aforesaid, or the report of the birth of such child within ten days after the birth thereof, as aforesaid, the person or persons upon whom any such default shall be chargeable shall severally forfeit and pay for every such default the sum of ten (10) dollars, which may be recovered as other fines and penalties are recoverable.

SEE SECTION 12

TIMOR

USE J. C. BULANT & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-5-59

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Florence Estelle Luckett First (1st)

1. Sex, (state whether ~~male~~ or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 24, 1891
4. Place of Birth, (Street and Number) No 1421 North Bond St.
5. Full Name of Mother, Mrs. Sarah Ann Luckett
6. Mother's Maiden Name, Miss Sarah Ann Wilson
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. J. Parker Luckett
9. Father's Occupation, Sinner
10. Father's Birthplace, Hancock, Washington Co. Maryland

Name of Medical Attendant, or other person who makes this Return, Wm. H. Clendinen M.D.

Address, 701 North Broadway

Remarks,

89 10000784

HEALTH DEPARTMENT APR 24 1891 BALTIMORE, MD.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 4-11-37 30078

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick Ellsworth Stevens

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	[illegible]
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	Colored.
3. Date of Birth,	April 24.
4. Place of Birth (Street and Number),	626 [illegible] Alley.
5. Full Name of Mother,	Mary Stevens.
6. Mother's Maiden Name,	Mary Howard,
7. Mother's Birthplace,	Balto., Md,
8. Full Name of Father,	John H. Stevens
9. Father's Occupation,	Laborer,
10. Father's Birthplace,	Balto. Md,
Name of Medical Attendant, or other person who makes this Return.	[illegible] Foster.
Address,	57 [illegible] St.
Remarks,	

8910000785

and shall set forth as far as the same can be ascertained [illegible] of birth; and the said schedule [illegible] ferred), its sex, color, the full name and occupation of the parents, the [illegible] the first and third day of [illegible] shall be delivered, duly signed by the practitioner [illegible] the form [illegible] any child shall occur without each and every month to the office of the Commissioner of Health. In case the birth of [illegible] in attendance upon the the attendance of a physician or practitioner of midwifery [illegible] other person [illegible] child to report its birth to mother. Immediately thereafter it shall become the duty of the parents of such child [illegible] and any such person or persons the Commissioner of Health, in the manner and within the period above [illegible] shall be subjected to the fine of ten (10) dollars who shall hereafter fail to comply with the provisions of this section [illegible] are recoverable for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

Baltimore Publishing Co., City Printers and Stationers.

A. 30 [illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	April 24
4. Place of Birth, (Street and Number)	Baltimore Carolina St. 62
5. Full Name of Mother,	Johanna Courtney
6. Mother's Maiden Name,	Johany Hatton
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Courtney
9. Father's Occupation,	Horse Shoer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Walter
Address,	203 N. Carolina St.
Remarks,	

8 9 1 0 0 0 0 7 8 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been registered, sex, color, date and place of birth; and the full name, residence and occupation of its parents, the date and place of birth; and the number of children to whom the mother has given birth, and the number of the living child. And every such physician or midwife or other person in attendance upon such birth shall deliver, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health, [illegible] shall be subject to the penalty hereinafter [illegible] for each offence, to be recovered as other forfeitures are recoverable.

APR 27 1891 BALTIMORE CITY REGISTRAR'S DEPARTMENT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A. 30630

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Son
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Col'd
3. Date of Birth,	April 24
4. Place of Birth, (Street and Number)	424 N. Eden St
5. Full Name of Mother,	Sarah Green
6. Mother's Maiden Name,	Sarah Green
7. Mother's Birthplace,	St Mary's County Md.
8. Full Name of Father,	George Wise
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	Reggie Hudnall
Address,	937 N. Donough St
Remarks,	could get the midwife until the 26th which caused delay

1891 0000787

APR 28 1891

month and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth; and the full name, age, color, and birthplace of its parents, the date and place of birth; and the number of children born to the mother, and the number now living; and whether the birth is the first, second, third, or other birth; and whether the child was born alive or dead; and whether the birth was single, twin, triplet, or other plural birth; and the full name and residence of the physician or midwife in attendance upon the mother. Immediately thereafter, in the manner and within the period above required, said person shall deliver said schedule to the office of the Commissioner of Health. If there should be no other person to be in attendance upon the mother, then it shall be the duty of the person or parents of such child to report its birth to the said Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the forfeitures are recoverable.

SEC. 2. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause to be prepared a sufficient number of blank schedules, in accordance with the provisions of this act, and to furnish the same to the physicians, midwives, and other persons who may apply for the same, and to cause the same to be distributed to such persons as he may deem necessary, and to prescribe such rules and regulations as may be necessary to secure the prompt and efficient execution of this act.

SEC. 3. And be it further enacted, That any person who shall refuse or neglect to make the return required by this act, or who shall make a false return, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than ten (10) dollars nor more than fifty (50) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be [illegible] the name of each child, if any shall have been conferred) its sex, color, the full name and [illegible] parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately the [illegible] the duty of the person or parents of such child to report its birth to the Commissioner of Health. [illegible] the mother and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] fines and forfeitures are recoverable.

APR 30 1891

RETURN OF A BIRTH A 30031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* ~~1st, 2d, 3d~~, *&c.*) 4th

1. *Sex,* (*state whether* ~~male~~ *or female*)

2. *Race or Color,* (*if not of the white race*) [illegible]

3. *Date of Birth,* April 24th 1891

4. *Place of Birth,* (*Street and Number*) #1804 Penn.a Av

5. *Full Name of Mother,* Susie Inemer

6. *Mother's Maiden Name,* " Brown

7. *Mother's Birthplace,* Balt.o Md

8. *Full Name of Father,* H. C. Inemer

9. *Father's Occupation,* Bookbinder

10. *Father's Birthplace,* Balt.o Md

Name of Medical Attendant, or other person who makes this Return. John G. Huck.

Address, #647 Lafayette Ave (West)

Remarks,

1891000000788

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 3-29-5-9 A 30037

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Archibald ~~William~~ Black

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 17th ~~[illegible]~~ 1891

4. Place of Birth, (Street and Number) 2244 Canton Ave

5. Full Name of Mother, Elizabeth Black

6. Mother's Maiden Name, Bollet

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Black

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Amelia G. Summers

Address, GIVEN NAME ADDED 3-26-54 611 South So Park ave

Remarks, 1 M.

T 89 1 0000789

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 300375

1. Sex, Male No. of Child of Mother 7
2. Race or Color, White
3. Date, 25 April
4. Place of Birth, 211 W. Lee St
5. Full Name of Mother, Sarah Gillam
6. Mother's Maiden Name, Richard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Gillam
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

New Mary Harrison

412 Scott St 8 9 1 0 0 0 0 7 9 0

B

HEALTH CLERK'S OFFICE MAY 1 1891 BALTIMORE MD

RETURN OF A BIRTH. A 30037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	Colored
	Date of Birth,	April 25th
	Place of Birth, (Street and Number)	252 Druid St
5.	*Full Name of Mother,*	Belinda Brown
6.	*Mother's Maiden Name,*	Middleton Va
7.	*Mother's Birthplace,*	Mathew Brown
8.	*Full Name of Father,*	Driving
9.	*Father's Occupation,*	Prime glazing Co.
10.	*Father's Birthplace,*	Isaac Nailer
	Name of Medical Attendant, or other person who makes this Return.	No 26 Vincent Alley
	Address,	
	Remarks,	

1 8 9 1 0 0 0 0 7 9 1

month, and shall set forth as far as the same can be ascertained the full name and occupation of the father, the place of birth, and the full maiden name of the mother, the place of birth, and the number of children born to her, the number of living children, the number born dead, the number now dead, the number born alive but now dead, the number between the first and the last child born alive, the date of birth of each child now living, the date of birth of the last child born alive, whether a male or female child has been conferred, the sex, whether male or female, of each child, the name which has been given to each child, and the full name and residence of the person in attendance at the birth, and the cause of each stillbirth, and such other information as may be required by the Commissioner of Health. Any person who shall refuse or neglect to make such return as aforesaid, or who shall refuse or neglect to furnish such information as he may have in his possession, or who shall furnish information which he knows to be false, shall be guilty of a misdemeanor, and on conviction thereof in the Criminal Court of Baltimore City, shall be fined not more than one hundred dollars, or imprisoned not more than thirty days, or both, at the discretion of the Court. Any midwife who shall neglect or refuse to make the return required by this section within the time specified, or who shall refuse to furnish such information as she may have in her possession, shall forfeit to the use of the Board of Health the sum of five dollars, to be recovered before any justice of the peace of Baltimore City, upon the complaint of the Commissioner of Health, and in default of payment of such fine and costs, shall be committed to the House of Correction for a period not exceeding thirty days. All fines and penalties imposed and collected under the provisions of this section shall be paid into the treasury of the Board of Health. Any midwife who shall neglect or refuse to comply with the provisions of this section shall be guilty of a misdemeanor, and on conviction thereof shall be fined not more than one hundred dollars, or imprisoned not more than thirty days, or both, at the discretion of the Court. Any midwife who shall refuse or neglect to make the return required by this section within the time specified, or who shall refuse to furnish such information as she may have in her possession, shall forfeit to the use of the Board of Health the sum of five dollars, to be recovered before any justice of the peace of Baltimore City, upon the complaint of the Commissioner of Health, and in default of payment of such fine and costs, shall be committed to the House of Correction for a period not exceeding thirty days. All fines and penalties imposed and collected under the provisions of this section shall be paid into the treasury of the Board of Health. Any midwife who shall neglect or refuse to comply with the provisions of this section shall be guilty of a misdemeanor, and on conviction thereof shall be fined not more than one hundred dollars, or imprisoned not more than thirty days, or both, at the discretion of the Court. Any midwife who shall refuse or neglect to make the return required by this section within the time specified, or who shall refuse to furnish such information as she may have in her possession, shall forfeit to the use of the Board of Health the sum of five dollars, to be recovered before any justice of the peace of Baltimore City, upon the complaint of the Commissioner of Health, and in default of payment of such fine and costs, shall be committed to the House of Correction for a period not exceeding thirty days. All fines and penalties imposed and collected under the provisions of this section shall be paid into the treasury of the Board of Health.

BALTIMORE, MD.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 0 7 9 2

Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 30 58.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	April 25 - 91
4.	*Place of Birth, (Street and Number)*	1034 N Wolfe
5.	*Full Name of Mother,*	Mary V. Appel
6.	*Mother's Maiden Name,*	" " Hoffnagle
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	George F. Appel
9.	*Father's Occupation,*	Driver
10.	*Father's Birthplace,*	Md
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
	Address,	9 N McDonogh
	Remarks,	1891000793

month, and shall set forth on the same can be essential to the full name and occupation of the parents, the first and last place of birth, and the said certificate shall be delivered, duly signed by the person in the form of a certificate to be given the first and third day of each and every month to the office of the Commissioner of Health, or such other person as he is shall occur without the attendance of a physician, it shall be the duty of the person or parents of such attendance to report such birth to the Commissioner of Health, in the manner and with the particulars required, and shall forward a certificate of such birth to the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Irene A. Weber

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth (8th) ~~Sixth (6th)~~
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 25th 1891
4. Place of Birth, (Street and Number)	1097 W Fort Ave
5. Full Name of Mother,	Mrs Sarah Weber
6. Mother's Maiden Name,	Miss Sarah Cather
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Geo Weber
9. Father's Occupation,	Barber
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	B F Phillips
Address,	719 W Fayette St
Remarks	Name added Aug 21-1895 by Mother. Mrs Sarah Weber

8901000079 4

month, and shall set forth as far as the same can be ascertained the full name of each child born alive; if any shall have been conferred; its sex; color; the full name, age and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person making the return, to the Registrar of Vitals Statistics; and the said Registrar shall on every month to the office of the Commissioner of Health a certificate between the first and attendance upon the mother, or if a midwife or nurse, or other person was present at the birth of any child shall neglect or refuse to report its birth to the Commissioner of Health, as herein required, or shall report any false or incorrect particulars concerning the same, the person so offending shall forfeit and pay for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY
MAY 2 1895

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 4-25-56

RETURN OF A BIRTH. A 30037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Johnson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 25th 91
4. Place of Birth, (Street and Number)	403 Grindall St
5. Full Name of Mother,	Mrs Elizabeth Johnson
6. Mother's Maiden Name,	Elizabeth Marks
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Montgomery Johnson
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	D F Phillips
Address,	719 W Fayette St
Remarks,	

1891 00000795

Month, and shall set forth, as far as the same can be ascertained, the full name of each child of any such mother born alive, the sex, the color, the full name and occupation of its parents, the date and place of birth; and the name of the physician, midwife or other person in attendance at the birth of any child; and the certificate shall be delivered, duly signed by the proper officer, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance at the birth of any child, then the certificate shall be signed by the person or persons having charge of the person or parents of such child, and shall be delivered, duly signed, by the person having charge of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified; and any such person or persons who shall neglect, refuse or omit to make such certificate, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RECEIVED MAY 2 1891

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 25 1891
4. Place of Birth, (Street and Number) 4683 Columbia Ave.
5. Full Name of Mother, Margaret Elmhorst,
6. Mother's Maiden Name, Sang,
7. Mother's Birthplace, Balto, Md.
8. Full Name of Father, Frederick Elmhorst,
9. Father's Occupation, Harness-maker
10. Father's Birthplace, Germany,

Name of Medical Attendant, or other person who makes this Return. Fred'k Hellweg M.D.

Address, 4721 Columbia Ave.

Remarks,

8 9 1 0 0 0 0 7 9 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 25th '91
4. Place of Birth, (Street and Number) 322 Parkin St.
5. Full Name of Mother, Anne R. Young
6. Mother's Maiden Name, Supplee
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph Thos. Young
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. H. H. Webster, M.D.

Address, 723 N. Lombard St.

Remarks, Natural Labor

1 8 9 1 0 0 0 0 7 9 7

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J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. E. 300 20

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 6th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 25th 1894
4. Place of Birth, (Street and Number) 1106 Caty Ave Baltimore Co Md
5. Full Name of Mother, Elizabeth Pfaff
6. Mother's Maiden Name, Suzuki
7. Mother's Birthplace, Baltimore Co Md
8. Full Name of Father, John Pfaff
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return: Thos Cooke M.D.

Address, 94 E Chase St

Remarks,

8 9 1 0 0 0 0 7 9 8

...every case such contains a list of the births which have occurred under his or her care di... month, and shall set forth as far as the same can be ascertained the name of each child (if any al... been conferred) its sex, color, the full name, age, occupation and residence of its parents, the date and place of birth; ... said schedule shall be delivered to the Commissioner of Health, or should no other per... child to report its birth to the Commissioner of Health within the period above recited ... shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person or parents ... attendance upon the mother, immediately after the birth, to report the same to the Commissioner of Health within the period above recited ... any and every person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recov...

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25th of April 1891
4. Place of Birth, (Street and Number) 111 North Castel st.
5. Full Name of Mother, Maggie Dörring
6. Mother's Maiden Name, Maggie Newman
7. Mother's Birthplace, Germany
8. Full Name of Father, Conrad Dörring
9. Father's Occupation, Tailor
10. Father's Birthplace, Gumany

Name of Medical Attendent, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel st. per Justina Kunkel

Remarks, Healthy

C 9 1 0 0 0 0 7 9 9

mail, and shall act forth as far as the same can be ascertained, the full name of the child, if it has been christened, its sex, color, &c., duly signed by the practitioner in the form of a certificate, and the full address of such practitioner. And every midwife or other person who shall undertake to perform the duties of a midwife in the case of any child shall deliver such mail every month to the office of the Commissioner of Health, or should no other person be in charge of such child within the time above specified, it shall become the duty of the person or persons of such family last in charge of such child to report the same to the Commissioner of Health, in the manner and within the period in this section specified, and the failure to comply with the requirements of this section shall be subject to the same penalties as the failure to report the birth of a child, as provided in section 2 of this ordinance. Midwives or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 3004

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* 1st

1. Sex, *(state whether male or female)* Male

2. Race or Color, *(if not of the white race)* White

3. Date of Birth, April 25/91

4. Place of Birth, *(Street and Number)* 445 Aiggle

5. Full Name of Mother, J. Lymann

6. Mother's Maiden Name, J. Baker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, G. Lymann

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo W Arnold M.D.

Address, 1501 Preston

Remarks, Balto Md

8910000800

[illegible] months, and shall set forth as far as the same can be ascertained [illegible] full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of [illegible] parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health; and in case the birth of any child shall occur without the attendance of a physician or practitioner, then [illegible] midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
2. *Sex, (state whether male or female)*	Male
3. *Race or Color, (if not of the white race)*	white
4. *Date of Birth,*	april 25 1891
5. *Place of Birth, (Street and Number)*	No 512 Harris. Al
6. *Full Name of Mother,*	Kathrin Harden
7. *Mother's Maiden Name,*	Kirby
8. *Mother's Birthplace,*	Baltimor
9. *Full Name of Father,*	David Harden
10. *Father's Occupation.*	Stone Mason
Father's Birthplace.	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah T Harington
Address,	No 524 Biney St
Remarks,	

1891000080 1

month, and shall set forth as far as the same can be ascertained the full name of each child born alive since the last return, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered to the officer or person appointed to receive the same between the first and third day of each and every month to the office of the Commissioner of Health. In case the births of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be connected therewith, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. The penalty for neglect or refusal to comply with the provisions of this section shall be, as to any such person or persons who shall hereafter fail to comply with the provisions of this section, liable and subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED DEC 28 1891 REGISTRAR'S OFFICE BALTIMORE CITY

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 30044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child of any mother have been collected, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April the 25 1891
4. Place of Birth, (Street and Number)	514 South Patterson Park av
5. Full Name of Mother,	Kate Hueber
6. Mother's Maiden Name,	Kate Schmerbach
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Hueber
9. Father's Occupation,	Wharf Building
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Amelia G Sommer
Address,	611 south Patterson Park av
Remarks,	

1891 00000802

GEO. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 300 D.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 + 6 —

1. Sex, (state whether male or female) F.
2. Race or Color, (if not of the white race) W
3. Date of Birth, April 26/91
4. Place of Birth, (Street and Number) 1119 Valley.
5. Full Name of Mother, Sadie Adams
6. Mother's Maiden Name, Sams
7. Mother's Birthplace, Penna
8. Full Name of Father, A E Adams
9. Father's Occupation, Manager
10. Father's Birthplace, Pa —

Name of Medical Attendant, or other person who makes this Return. Dr Wm Miller

Address, 1107 E. Monument St

Remarks, 8 9 1 0 0 0 0 8 0 3

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, to the person applying for the certificate, or mailed to his or her address, within the third day of such application. And it shall be the duty of the person or parents of such child to report its birth to the Commissioners as aforesaid, in the manner and within the period above required, and in default thereof, or neglect or refusal to make the returns required, and to comply with the provisions of this section, such person or parents of such child shall be liable to the attendance of a physician or practitioner appointed by the Commissioners as aforesaid, at the office of the Commissioners as aforesaid, and shall be required to give evidence touching the birth of such child, and the attendance upon the mother, immediately thereafter; and the failure to make such return, or to comply with the provisions of this section, shall subject the person so neglecting or refusing to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MAY 1 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30046.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26 1891
4. Place of Birth, (Street and Number) 1909 Eastern Av.
5. Full Name of Mother, Annie Schaeffer
6. Mother's Maiden Name, Annie Phillips
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles Schaeffer
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 1913 Eastern Av

Remarks,

1891 APR 27

1 8 9 1 0 0 0 0 8 0 4

Every child born within the City of Baltimore shall have a name conferred upon it by the parents or guardians of such child, or by the person having the charge of such child, within ten days after the birth of such child; and the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or the person who shall confer a name upon such child, or by the parent or guardian of such child, to the Commissioner of Health, at the office of the Commissioner of Health, in the City of Baltimore, on the first and third day of each and every month of the year. Any physician or midwife who shall neglect or refuse to report the birth of any child as in this section required, and any such person or persons who shall neglect or refuse to report the name of such child as in this section required, shall be subject to the fine of ten (10) dollars for each and every such neglect or refusal, and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 30047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 26 / 91
4. Place of Birth, (Street and Number)	St. Vincents Inf. Asylum
5. Full Name of Mother,	Mary Sullivan
6. Mother's Maiden Name,	Mary Ryan
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	John Sullivan
9. Father's Occupation.	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	L. D. Hand M. D.
Address,	1520 Druid Hill Ave
Remarks,	

1 8 9 1 0 0 0 0 8 0 5

month, and shall set forth as far as the same can be ascertained the full name of each child of any adult have been conferred; its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered daily at the office of the Commissioner of Health, or to such other person he in third day of each month the attendance of a physician or practitioner at the birth of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and attendance upon the mother, immediately thereafter, in the manner aforesaid, shall be guilty of a misdemeanor, and subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A. 30048.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEPARTMENT OF HEALTH APR 27 1891 BALTIMORE MD. SPECIMEN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born April 26th 1891
4. Place of Birth, (Street and Number)	#19 Frederick Ave
5. Full Name of Mother,	Mrs Maggie Stroebe
6. Mother's Maiden Name,	Wife " Keel
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father.	Mr John Stroebe
9. Father's Occupation.	Painter
10. Father's Birthplace,	Baltimore
Name of Medical Attendent, or other person who makes this Return.	Mrs Hilles
Address,	2127 N Paca Str
Remarks,	

8 9 1 0 0 0 0 8 0 6

month, and shall set forth as far as the same can be ascertained the full name of each child (if any still have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be signed by the practitioner in the form of a certificate between the first and the last child; and in every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately after the birth of any child, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 9-29-32

RETURN OF A BIRTH. A 30049.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William James Huber	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	26th of April 1891
4. Place of Birth, (Street and Number),	534 Burke Street
5. Full Name of Mother,	Lillie ~~Hubert~~ Huber
6. Mother's Maiden Name,	Lillie Lindner
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William ~~Hubert~~ Huber
9. Father's Occupation,	Laborman
10. Father's Birthplace,	Baltimore
Name of Medical Attendent, or other person who makes this Return,	Rosantia Kunkel
Address,	213 North Chapel St. per Justina Kunkel
Remarks,	Healthy. 8 9 1 0 0 0 0 8 0 7

month, and shall set forth as far as the same can be ascertained the full name of each Child born alive and not previously reported, the name and occupation of its parents, the date and place of birth, and the fact of the child having been born alive. Such Return shall be signed by the practitioner in the form of a certificate hereinbefore prescribed, and if there was no such practitioner in attendance upon the mother, then the Return of the birth of any child born alive and not previously reported, shall be made within the first ten days of the month following that in which the birth occurred, by the owner, agent or manager of the premises where the birth occurred, or by the mother of such child if able to do so, and if there be no such owner, agent or manager, or if he be absent from the city, or if the mother be unable to make such Return, then the Return shall be made by the person occupying the premises where the birth occurred, or by the nearest relative of the mother present in the city of Baltimore at the time of the birth, or by the attendant upon the mother, immediately after the birth. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the penalty of ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 30088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 23 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 26 th
4. Place of Birth, (Street and Number)	No 1424 Boltimore St
5. Full Name of Mother,	Anne Gately
6. Mother's Maiden Name,	Anne Gallagher
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Michael Gately
9. Father's Occupation,	Labor
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Christina Lewis
Address,	No 59 Harford Ave
Remarks,	Colored No

1891 0 0 0 0 8 0 8

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the full name of each and every physician, midwife or other person present at the birth of any live child, and every such physician, midwife or other person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recovered by law.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

B 30031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether male or female),*	male
2. *Race or Color (if not of the white race),*	white
3. *Date of Birth,*	26 April
4. *Place of Birth (Street and Number),*	No 630 light st
5. *Full Name of Mother,*	Mrs mattie b conaway
6. *Mother's Maiden Name,*	ellis meelister
7. *Mother's Birthplace,*	Delware
8. *Full Name of Father,*	John E conaway
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth scarbrough
Address,	
Remarks,	

8 9 10 0 0 0 8 0 9

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

A 30087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st Child~~ 6th Chd.

1. Sex, (state whether male or female) fem. Weiss

2. Race or Color, (if not of the white race) Weiss Geschlecht

3. Date of Birth, Sun 1 April

4. Place of Birth, (Street and Number) 2827 O Donnell St

5. Full Name of Mother, Dorothea Neserke

6. Mother's Maiden Name, Dorothea Pfeiffer

7. Mother's Birthplace, Waldenberg

8. Full Name of Father, Charles Neserke

9. Father's Occupation, Carpenter

10. Father's Birthplace, and Clerks

Name of Medical Attendant, or other person who makes this Return, M. D. Lissenness.

Address, Fair & 1226.

Remarks,

1 8 9 1 0 0 0 0 8 1 0

HEALTH DEPARTMENT BALTIMORE, MD.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child of the mother (if twins or triplets or more have been conferred) its sex, color, the full name and description of each parent, the date of birth, and the place of birth, which shall be stated by the number of the house, street, avenue, lane, court, square, or locality, and the city or county in which the delivery took place. If the delivery was attended by a physician or midwife, the name and address of such physician or midwife shall be given in the return; if there was no attendance at the birth, the return shall state the fact. Every midwife who shall assist at the birth of any child shall report the birth to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or where no midwife or physician is in attendance upon the mother immediately thereafter, the father, or in his absence, the mother, and in the absence of both father and mother, the householder or other person present at the birth of such child to report the birth to the office of the Commissioner of Health in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 30003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 1935
4. Place of Birth, (Street and Number) Bond 935
5. Full Name of Mother, Mary Devin
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Devin
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendent, or other person who makes this Return. Mary Hopkins

Address, Washington Co

Remarks,

1891000081 1

MAY 4 1935

BALTIMORE CITY

month, and shall set forth as far as the same can be ascertained the full name or each child of any child have been delivered, duly signed by the person in attendance at the birth, or if there was no such person, then by the father or mother of such child, or the householder, or the manager of the institution where such birth occurred, a certificate containing the date and place of birth, and the full name, if any, and the sex and color of such child, and the full name, residence and occupation of its parents, provided that when any child shall occur without the attendance of a physician or midwife, or should no other person be la child to report its birth to the Commissioner of Health, it shall be the duty of the person or parents of such any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense. In case the birth of any child Commissioner of Health, within the first ten days of each and every month to the

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 30006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 2nd 1925
4. Place of Birth, (Street and Number) Boston St. 2704 E.
5. Full Name of Mother, Sophia Fry.
6. Mother's Maiden Name, Sophia Sullivan
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Thomas L. Fry.
9. Father's Occupation, Steamfitter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Pauline Lissanna

Address, Here St. 1925

Remarks,

1 8 9 1 0 0 0 0 8 1 2

WM. J. O. SULLARY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 2005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: William Patrick McGuire

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 2nd 91

4. Place of Birth, (Street and Number) 1413

5. Full Name of Mother, Mary McGuire

6. Mother's Maiden Name, [redacted] Mazzara

7. Mother's Birthplace, Pikesville Md

8. Full Name of Father, Matthew McGuire

9. Father's Occupation, Septon

10. Father's Birthplace, Pikesville Md

Name of Medical Attendant, or other person who makes this Return. Dr. O B Billingslea

Address,

Remarks,

8 9 1 0 0 0 0 8 1 3

NOV 5 1891 BALTIMORE MD

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been christened, the sex, color, the full name and full occupation of its parents, the date and place of birth, and the time elapsed between the birth and delivery; duty signed by the practitioner in the form of a certificate that he was present at the birth of each child stated in the return, or gave the required care to the mother at such birth, or should no other person be in attendance upon the mother at the delivery, or should no other person be in attendance upon the mother at the delivery, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner required by the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. HUBER & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 30056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 3. 1894.
4. Place of Birth, (Street and Number) 157 Harrison st
5. Full Name of Mother, Sara Blumberg
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Benett Blumberg
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Dr Cecile Bernstein

Address, 122 S. Exeter st

Remarks,

8 9 1 0 0 0 0 8 1 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30057.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* Girl
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 24th April 1891
5. *Place of Birth, (Street and Number)* Canton Ave 2418
6. *Full Name of Mother,* Maggie Ott.
7. *Mother's Maiden Name,* Fiesters
8. *Mother's Birthplace,* Germania
9. *Full Name of Father,* John Fiesters
10. *Father's Occupation,* Tanmakers
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Dr. Buehler

Address, 1 Washington Ave

Remarks,

8 9 1 0 0 0 0 8 1 5

month, and shall set forth as far as the same can be ascertained the number of children born to the mother, (if any shall have been previously born,) the full name and occupation of the father, and the age, color, and birthplace of each parent; and the number conferred by the first child, the second by the second child, and so on; and the date of birth; and the sex, color, the full name and occupation of the father, and the age, color, and birthplace of each parent; and the number conferred by the first child, the second by the second child, and so on; and the date of birth; and the said schedule shall be delivered, duly signed by the person making the same, at the office of the Commissioner of Health, within the third day of each and every month; and every person who shall neglect or refuse to make such return, or to deliver such schedule within the time aforesaid, or who shall make a false return, shall forfeit and pay for each offence the sum of fifty dollars; and the attendance of a physician or practitioner of midwifery upon the mother, immediately thereafter shall be prima facie evidence of the neglect of the person or persons required, and attendance upon the mother, immediately thereafter shall be prima facie evidence of the neglect of the person or persons required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 30[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
2. Sex, (State whether male or female) Female
3. Race or color, (if not of the white race)
4. Date of Birth, April 4th 1891
5. Place of Birth, (Street and Number) 133 S. Bond
6. Full Name of Mother, Camilla Earle
7. Mother's Maiden Name, Camilla Reynolds
8. Mother's Birthplace, Virginia
9. Full Name of Father, John C. Earle
10. Father's Occupation, R. R. Brakeman
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Kenwood E. Silver

Address, 1427 E. Fayette St

Remarks,

6 9 1 0 0 0 0 8 1 6

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child of any such mother born since the last preceding return, and the sex, color, the full name and occupation of the father, and the date and place of birth; and the number of children of such mother born alive, and the number now living, and the date of birth of the last child born previous to the one mentioned in the return; and the date of birth of any child born since the last return; and the place of birth, (the street and number, if in the city of Baltimore,) of each child mentioned in the return; and the name and address of the physician or midwife in attendance upon such birth; and if there was no physician or midwife in attendance upon such birth, the reason why such attendance was not employed; and the name and address of the person making the return. The return of births required to be made monthly by this section shall be made on or before the third day of each month, and shall include all births occurring within the city during the preceding month. Any physician or midwife in attendance upon the mother, immediately thereafter, shall report to the Commissioners of Health the birth of each child born of such mother, and any person required by this section to report the birth of any child who shall refuse or neglect to do so within the time herein specified, or who shall knowingly make a false return of the particulars of such birth, shall be liable to a penalty of five dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

898 J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 30059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th April 1891
4. Place of Birth, (Street and Number) 26 W. Pratt St
5. Full Name of Mother, Rosa Pearlman
6. Mother's Maiden Name, Hamel
7. Mother's Birthplace, Germany
8. Full Name of Father, Isack Pearlman
9. Father's Occupation, Shoe-maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. C. Herman

Address, 42 Albemarle St.

Remarks, 8910000817

BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and [occupation] of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] in the form of a certificate between the first and third day of each and every month to the [Commissioner] of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

DEPARTMENT ... MAY ... 1891

GIVEN NAME ADDED 7-27-58 A. 30060

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Marie Lucas

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May ~~Oct.~~ 4 1891
4. *Place of Birth, (Street and Number)* 10 St. Exeter St
5. *Full Name of Mother,* Marie Lucas
6. *Mother's Maiden Name,* Poncet
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George T. Lucas
9. *Father's Occupation,* Confectioner
10. *Father's Birthplace,* Illinois

Name of Medical Attendant, or other person who makes this Return. Thomas Opie

Address, 600 N. Howard St

Remarks, 8910000818

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	October 1st
4. Place of Birth (Street and Number),	310 Hanover St.
5. Full Name of Mother,	Lena Schlingloff
6. Mother's Maiden Name,	Lena Benitt
7. Mother's Birthplace,	Vienna Austria
8. Full Name of Father,	George Schlingloff
9. Father's Occupation,	Flour Inspector
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Benitt
Address,	310 S. Hanover St.
Remarks,	

8 9 1 0 0 0 0 8 1 9

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born previously,) sex and color of child, full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the mother or father as aforesaid, or in case of the death of both father and mother, by the undertaker who has charge of the interment of the body of the child, to the Registrar within thirty days after the birth; and every month to the office of the Commissioner of Health. In case child shall have been born without the Limits of the City, but the mother shall have resided within the City at the time of the birth, or should no other person be in attendance, it shall be the duty of the physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 4th
4. *Place of Birth, (Street and Number)*	1220 Light St
5. *Full Name of Mother,*	Cora Walraven
6. *Mother's Maiden Name,*	" Riggins
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Frank Walraven
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Kent County Md
Name of Medical Attendant, or other person who makes this Return.	J. C. Bandy M.D
Address,	511 Hanover St
Remarks,	1891 00000820

...month, and shall set forth as far as the same can be ascertained the full names of such child, of any shall ... sex, color, the full name and occupation of its father, and the maiden name of its mother, and ... the first ... case the birth of any child ... shall be delivered, duly signed by the Commissioner of Health, ... third day of each and every month, a certificate of the number and ... shall occur within the preceding month, immediately thereafter, it shall become and will be the duty of ... child to report its birth to the Commissioner of Health, and any person who shall fail to comply with the provisions of this section shall be ... subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30060

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 2 1891 CITY OF BALTIMORE, MD.

1. No. of Child to Mother, (state whether 1st, 2d, 3d, &c.) 3rd
2. Sex (state whether Male or Female) female
3. Race or Color (if not of the white race) race
4. Date of Birth 4 April
5. Place of Birth (Street and Number) 717 Dallas st
6. Full Name of Mother Kathina Scholling
7. Mother's Maiden Name Kathina Lurth
8. Mother's Birthplace Pfalz
9. Fult Name of Father Robert Scholling
10. Father's Occupation Laborer
11. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Anna Grenkowale

Address 1716 Lancaster st

Remarks

6 9 1 0 0 0 0 8 2 1

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 30064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11th
2. *Sex, (state whether male or female)* Girl
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* April 4th 189[illegible]
5. *Place of Birth, (Street and Number)* Canton Ave 812
6. *Full Name of Mother,* Henriette Stengle
7. *Mother's Maiden Name,* Thron
8. *Mother's Birthplace,* Germania
9. *Full Name of Father,* Mich. Thron
10. *Father's Occupation,* Backer
11. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks, 1891 0000822 Mrs. Buehler 235 E. Madison Ave

month, and shall set forth as far as the same can be ascertained, the particulars which have occurred since the last preceding return, and which are required to be reported by this act. And every midwife who shall neglect or refuse to make such return within the time and in the manner aforesaid, shall forfeit and pay for each offense a sum not exceeding ten dollars, to be recovered as debts of like amount are now recovered by law.

CERTIFIED COPY

APR 4 1891

WM. J. O. SULLIVAN CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3011 16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 14th 91
4. Place of Birth, (Street and Number) 32 S. Calhoun St
5. Full Name of Mother, Lena Buchbaum
6. Mother's Maiden Name, Hernandez
7. Mother's Birthplace, New York
8. Full Name of Father, Rudolph Buchbaum
9. Father's Occupation, Hand maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. J. Lewis

Address, 334 S. Fremont St.

Remarks, Hard labor

1891 0000823

MAY 4 1891 HEALTH DEPARTMENT BALTIMORE, MD.

Note.—This section of this blank contains a list of the births which have occurred under his or her care during the month, and shall set down the sex and color of each child, the date of birth, and the full name of such child, if any shall have been registered, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in Baltimore City; and any such person so neglecting or refusing to make such return, or who shall make a false return, shall forfeit and pay for every such offence a sum not exceeding fifty dollars, nor less than ten dollars, to be recovered by the Commissioner of Health, in Baltimore City, and within the period above required, said attendant upon the mother immediately thereafter is shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in Baltimore City, and within the period above required, said any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the same penalties and forfeitures are recoverable before any justice of the peace in Baltimore City, by warrant under his hand and seal, on the complaint of any person, and on conviction thereof shall forfeit and pay a sum not exceeding ten dollars, nor less than five dollars, for each offence, to be recovered by the Commissioner of Health, in Baltimore City, and within the period above required, said Jacket to the fine of ten (10) dollars for each offence, to be recovered by the Commissioner of Health, in Baltimore City.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 30066.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, 5 April 1891
5. Place of Birth, (Street and Number) 1014 Hill St
6. Full Name of Mother, Annie Muzdefsky
7. Mother's Maiden Name, Annie Hebrald
8. Mother's Birthplace, Russia
9. Full Name of Father, Wm Muzdefsky
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 72 Albemarle St

Remarks,

1 8 9 1 0 0 0 0 8 2 4

APR 4 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

over

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) Louise Sommers VI
2. Sex, (state whether male or female) Girl
3. Race or Color, (if not of the white race) white
4. Date of Birth, April 5th 1891
5. Place of Birth, (Street and Number) S. Castle St. 248
6. Full Name of Mother, Katharina Krumeck
7. Mother's Maiden Name, (~~Sommers~~) Sommers
8. Mother's Birthplace, Balto.
9. Full Name of Father, August (~~Sommers~~) Sommers
10. Father's Occupation, Police
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Dr. Brehler

Address, 235 E. Washington St.

Remarks, 8 9 1 0 0 0 0 8 2 5

MAY 11 1891

HEALTH DEPARTMENT

BALTIMORE

... month, and ... shall set forth as far as ... which have occurred under his or her care during the ... been conferred, the sex, color, the full name and ... said midwife shall keep ... third day of each and every ... shall ... attendance without the ... child to report its birth to ... any such person or persons ... ject to the fine of ten (10) dollars for each offense, to be recovered as ... of the births ... cause can be ascertained the full name ... connection ... by the parents, or parent, ... birth, and the ... office of the Commissioner of Health, ... the date of such ... with and within the period ... are required ... reader fail to comply ... are recoverable ...

WM. J. O. SULLIVAN CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 30084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 1 1891
BALTIMORE, MD.

No. 3d Child of Mother, (state whether 1st, 2d, 3d, &c.)
Sex, (state whether male or female) Female
Race, (if not of the white race) white
Date of Birth, April 5th 1891
Place of Birth, (Street and Number) 1578 N Chester
5. Full Name of Mother, Elizabeth Zink Smith
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J Philip Zink
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return. Geo R Graham
Address,
Remarks, 8 9 1 0 0 0 0 8 2 6

The Mother, Father, Physician, Midwife, Householder, or other person having knowledge of the facts, shall report to the Registrar of Vital Statistics the full name of each child, (if any shall have been born without previous return,) the sex, color, the full name and occupation of the parents, the date and place of birth, and the name of the attending physician or midwife, if any was present, within ten days after the birth, and if the child be still living at the expiration of one month, and shall not have been previously reported, the Physician, Midwife, Householder, or other person having knowledge of the facts, shall report the same to the Registrar of Vital Statistics, and the Registrar shall enter the same in a book to be kept for that purpose, and shall give to the informant a certificate setting forth the date of such birth, and the name, sex, color, and parentage of the child, as entered in his record. Such certificate shall be prima facie evidence in all courts of the facts therein stated. Any person who shall refuse or neglect to report, as aforesaid, the birth of any child, or to give the certificate aforesaid, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars. It shall be the duty of the Commissioner of Health, in case no other person be in attendance upon the mother, immediately hereafter, to make the return required, and to give the certificate aforesaid. Every physician or midwife in attendance upon any case of birth shall, within ten days after the birth of the child, report its birth to the Commissioner of Health, and any such physician or midwife who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 5, 1911.
4. *Place of Birth, (Street and Number)* 8 Eden st
5. *Full Name of Mother,* Hanne Kirshner
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Moses Kirshner
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilia Bernstein

Address, 182 S. Exeter st

Remarks,

1 8 9 1 0 0 0 0 8 2 7

month, and shall set forth as far as the same can be ascertained [illegible] name of each child if any prior [illegible] certificate of birth has not been [illegible] name of the child, and the name, residence and occupation of its parents, and the [illegible] of the child; and the said schedule shall be delivered, duly signed by the [illegible] a certificate between the first and third day of each and every month to the office of the [illegible] Baltimore City. In case the birth of any child shall occur without the attendance of a physician or [illegible] shall no other person be in attendance, such [illegible] shall have the same duty to perform as to the [illegible] child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are now recoverable by law.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) Twins Male-female
2. Race or color, (if not of the white race) White
3. Date of Birth, Nov. 5-6- 91
4. Place of Birth, (Street and Number) 616 Elder Ave
5. Full Name of Mother, Rose Mary Miller
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto
8. Full Name of Father, Thos Miller
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. A. F. Eddleman

Address, 1st Chestnut Ave

Remarks, Alg about 6 lbs 8 lbs 2 ozs

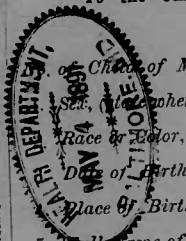
8 9 1 0 0 0 0 8 2 8

MORE, MD.

J. S. GULAVY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* April 6/1891
5. *Place of Birth, (Street and Number)* Lombard st 1729
6. *Full Name of Mother,* Hannah Warfield
7. *Mother's Maiden Name,* Hannah Nicholas
8. *Mother's Birthplace,* Frederick Co Md
9. *Full Name of Father,* Lucius Warfield
10. *Father's Occupation.* Barber
11. *Father's Birthplace,* Frederick Co Md

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelly

Address, 2022 Mulberry Av

Remarks,

1 8 9 1 0 0 0 0 8 2 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 6 1891
4. Place of Birth, (Street and Number) McHenry st 1836
5. Full Name of Mother, Margrete Krotter
6. Mother's Maiden Name, Margrete Kregle
7. Mother's Birthplace, Carrol Co Md
8. Full Name of Father, George Krotter
9. Father's Occupation, Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelley

Address, 2022 Wilkins Ave

Remarks,

1891000830

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 6077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth. April 6th 91
4. Place of Birth, (Street and Number) # 70 Landwehr Lane.
5. Full Name of Mother, Mary L. Läth
6. Mother's Maiden Name, " " Schaffer
7. Mother's Birthplace, Birkenfeld
8. Full Name of Father. Henry L. Läth.
9. Father's Occupation. Butcher.
10. Father's Birthplace, Bavaria.

Name of Medical Attendant, or other person who makes this Return, Louis Lindner

Address, # 106 S. Monroe St.

Remarks,

1891000831

MORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
Date of Birth,	Jan 7th 1891
Place of Birth, (Street and Number)	24 Plymouth Ave. West Woodberry, Balt.
Full Name of Mother,	Margaret Eliza Warner
Mother's Maiden Name,	Margaret Eliza Russell
Mother's Birthplace,	Balt. Co. Md.
Full Name of Father,	John W. Warner
Father's Occupation,	Painter
Father's Birthplace,	Balt. Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Geo. T. Showers M. D.
Address,	123 - 3d Ave. Woodberry, Balt.
Remarks,	+ 8 9 1 0 0 0 0 8 3 2

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the first day of January, eighteen hundred and ninety-one, it shall be the duty of the Board of Health of Baltimore City to procure a set of blank forms, which shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the name, sex, color, the date and place of birth, and the full name and birthplace of the father and mother of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name and birthplace of the father and mother of each child; and the said schedule shall be delivered, duly filled in, to the Registrar of Vital Statistics, or shall be mailed to the office of the Registrar of Vital Statistics, postage prepaid, within the period above required; and every physician, midwife or other person in attendance upon the mother, immediately after the birth of each child, shall report its birth to the Registrar of Vital Statistics, in the manner and within the time above required, and every physician, midwife or other person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each and any such failure to be recovered as other fines and forfeitures are recoverable.

WM J C BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 30070

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 1 1891 BALTIMORE, MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex (state whether Male or Female) female
3. Race or Color (if not of the white race) race
4. Date of Birth 8 April
5. Place of Birth (Street and Number) 1626 Lancaster st
6. Full Name of Mother Katrina Robotnik
7. Mother's Maiden Name Katrina Karas
8. Mother's Birthplace Posen
9. Full Name of Father Poznan Robotnik
10. Father's Occupation Laborer
11. Father's Birthplace Posen

Name of Medical Attendant, or other Person who makes this return. Anna Ehrenskawk

Address 1716 Lancaster st

Remarks

8 9 1 0 0 0 0 8 3 3

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 30076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 April 1891
4. *Place of Birth, (Street and Number)* 203 W. Exeter St
5. *Full Name of Mother,* Mil Leberman
6. *Mother's Maiden Name,* " Dishler
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Leberman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. C. Sherman

Address, 42 Albemarle St

Remarks, 8910000834

Health. [illegible] schedule shall contain a [illegible] of each child (if any shall have [illegible]) and shall set forth as far as the same [illegible] be ascertained [illegible] date and place of birth; and the [illegible] and occupation of its [illegible] name and [illegible] been conferred) its sex, color, the full name [illegible] signed by the practitioner [illegible] a certificate between the first and said schedule shall be delivered, duly [illegible] the office of the Commissioner of Health [illegible]. In case the birth of any child third day of each and every month [illegible] physician [illegible] midwife or should no other person shall occur without the attendance of a physician [illegible] or should no other person be in attendance upon the mother, immediately thereafter it shall [illegible] the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] and forfeitures are recoverable.

MAY 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 April 1891
4. Place of Birth, (Street and Number) 1735 Eutaw St
5. Full Name of Mother, Rachel Adelberg
6. Mother's Maiden Name, " Nevenansky
7. Mother's Birthplace, Russia
8. Full Name of Father, Abram Adelberg
9. Father's Occupation. Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, [redacted] Albemarle St

Remarks,

8910000835

Health. This section is to be filled out by the person making the return of each child (if any shall have been born) to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the date and place of birth. In case the child is a twin, triplet, or other plural birth, the fact must be stated in the proper column, and the number of each child must be given in the order of birth, first, second, third, &c. In case the birth of any child shall occur without the limits of the city, or should no other person be in attendance, the mother herself must make return of such birth. In case the person or persons required by law to make return of any birth shall neglect or refuse to do so for the space of ten days after the date of such birth, he, she or they shall be liable to a penalty of ten (10) dollars for each and every month he, she or they shall neglect or refuse to make such return after the first month. The physician, midwife or other person in attendance upon the mother, immediately hereafter is required to deliver to the person or persons whose duty it is to report such birth to the Commissioner of Health, a certificate containing the particulars required by this section, and any such person or persons who shall neglect or refuse to deliver such certificate shall be subjected to the fine of ten (10) dollars for each and every such neglect or refusal, to be recovered as other fines and forfeitures are recoverable.

OF MD

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 April 1891
4. *Place of Birth, (Street and Number)* 64 Market - St.
5. *Full Name of Mother,* Sarah Max
6. *Mother's Maiden Name,* " Ither
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Sam Max
9. *Father's Occupation,* Shoe-maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. C. Sherman

Address, 42 Albemarle St

Remarks,

8 9 1 0 0 0 0 8 3 6

Health. This section of [illegible] shall not be construed to [illegible] of each child, (if any shall have been conferred) its sex, color, the full name and place of birth; and the said schedule shall be delivered, duly signed, to the [illegible] certificate between the first and fifth days of each month, and shall set forth as far as the same [illegible] the birth of any child shall occur without the attendance of a physician or midwife, the person or parents of such child to report its birth to the Commissioner of Health of the name and residence of the attendant upon the mother, immediately thereupon. And each and every person [illegible] duty of such attendance as aforesaid, who shall neglect to [illegible] within the period above required, and upon [illegible] shall be subjected to the fine of ten (10) dollars for each [illegible] and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A-30074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 8. 11.
4. Place of Birth, (Street and Number) 1010 E. Lombard st
5. Full Name of Mother, Bessie Kyvis
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, David Kyvis
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. Cecilie Bevis

Address, 122 S. Exeter st

Remarks,

1 8 9 1 0 0 0 0 8 3 7

month, and shall set forth as far as the same can be ascertained the full name, color, the sex, and the date of birth of each child of any female who shall have been confined in any month, and the full name, color, and residence of the mother of such child; and if any child shall have been born dead, the fact shall be stated. The first return under this section shall be made between the first and third day of each and every month to the office of the Registrar of Vital Statistics, and shall contain the births of any child shall occur without the attendance of a physician or midwife, or shall not be reported as aforesaid, the mother, immediately after the birth of such child, shall report the same to the Registrar of Vital Statistics, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 3004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
Date of Birth,	Apr. 6, 1891.
Place of Birth, (Street and Number)	110 N. Stricker
Full Name of Mother,	Avalina Blanche Poulson
Mother's Maiden Name,	Marsh
Mother's Birthplace,	Baltimore
Full Name of Father,	Martin H. K. Poulson
Father's Occupation,	Commission Merchant
Father's Birthplace,	Denmark
Name of Medical Attendant, or other person who makes this Return.	John Hood
Address,	1187 Harlem av.
Remarks,	8910000838

BAL. MORE. MD.

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and residence of parents, the date and place of birth, and the said accouchement was performed, and the name and residence of the person who was present and shall occur without the attendance of such physician or practitioner, or should no other person be in attendance upon the mother, immediately thereupon, such person shall report the case to the Commissioner of Health, the particulars of such birth to the Commissioner of Health, the penalties of this section shall be subjected to the fine of ten (10) dollars for each and every neglect to report as aforesaid, and to other penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, such mother shall within the period herein required, such child to report the particulars which shall hereafter fail to be reported, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered and forfeitures are recoverable.

MAY 5 1891

BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)		1st.
1. Sex, (state whether male or female)		Female.
2. Race or Color, (if not of the white race)		White.
3. Date of Birth,		April 9th, 1891.
4. Place of Birth, (Street and Number)		520 Olivia Place.
5. Full Name of Mother,		Alice May Wilson
6. Mother's Maiden Name,		Wilson.
7. Mother's Birthplace,		Md.
8. Full Name of Father,		Jacob Shockley
9. Father's Occupation,		Labourer
10. Father's Birthplace,		
Name of Medical Attendant, or other person who makes this Return		Chas. H. Mitchell.
Address,		291 Chestnut ave.
Remarks,		Name of father as given by mother.

B 91 0 0 0 0 8 7 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 30482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
	Sex, (state whether male or female)	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	9th Day of April
4.	*Place of Birth, (Street and Number)*	2726 Lancaster st.
5.	*Full Name of Mother,*	Elizabeth Rehmert
6.	*Mother's Maiden Name,*	Elizabeth Bien
7.	*Mother's Birthplace,*	Baltimore City
8.	*Full Name of Father,*	Henry J. Rehmert
9.	*Father's Occupation,*	House and Sign Painter
10.	*Father's Birthplace,*	Baltimore City
	Name of Medical Attendant, or other person who makes this Return.	M. D. Licensed
	Address,	Hart. St. 1225,
	Remarks,	8910000840

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4"
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	April 9" 1891
4. *Place of Birth, (Street and Number)*	694 Columbia ave
5. *Full Name of Mother,*	Annie N Higgins
6. *Mother's Maiden Name,*	Nealon
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Michael J Higgins
9. *Father's Occupation,*	Foreman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo R Salem
Address,	
Remarks,	

1 8 9 1 0 0 0 0 8 4 1

month, and shall set forth as far as the same can be ascertained the full names of each child (if same shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the householder or parents of such child or other person having knowledge of the same shall report the same to the Commissioner of Health within the period above required, and such report shall be made by the said householder or parents in the manner and within the period above required, and such householder or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	II
1.	*Sex, (state whether male or female)*	Girl
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	7th April 1891
4.	*Place of Birth, (Street and Number)*	Fulton Ave 1449
5.	*Full Name of Mother,*	Lina Fuchs
6.	*Mother's Maiden Name,*	" Huber
7.	*Mother's Birthplace,*	Germania
8.	*Full Name of Father,*	Paul Huber
9.	*Father's Occupation,*	Saloonkeeper
10.	*Father's Birthplace,*	Germania
	Name of Medical Attendant, or other person who makes this Return,	Wm. Bucher
	Address,	1 Washington Ave
	Remarks,	1 8 9 1 0 0 0 0 8 4 2

MAY 1 1891

DEPARTMENT OF HEALTH BALTIMORE.

Section 1. Be it ordained, &c., That it shall be the duty of the Commissioner of Health to prepare a list of the births which have occurred under his or her care during the month, and shall set forth in the same the name of each child, (if any shall have been registered), the full name and occupation of the parents, the date and place of birth, and the name of the physician or midwife present at the birth, and shall cause the birth of any child which shall occur without the attendance of a physician or midwife to be reported to him immediately thereafter by the person in charge of the house in which such child shall be delivered, duly signed by the person reporting the same, with the address of such person; and it shall be the duty of each and every person who shall become the parent or parents of such child to report its birth to the Commissioner of Health in the manner and within the time prescribed in this section, and any such person or persons who shall refuse or fail to do so, or to report other matters and circumstances required by the Commissioner of Health, shall be guilty of a misdemeanor and upon conviction thereof shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable by law.

194 J. C. BULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A. 3085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4
2. *Sex, (state whether male or female)* Boy
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* 7th April 1891
5. *Place of Birth, (Street and Number)* E. Durham 107
6. *Full Name of Mother,* Josephine Hoock
7. *Mother's Maiden Name,* Weiders
8. *Mother's Birthplace,* Balt.
9. *Full Name of Father,* Joseph Weiders
10. *Father's Occupation,* marksman
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Boehler

Address, 1 8 9 1 0 0 0 0 8 4 Bingham St.

Remarks,

RECEIVED MAY 4 1891 REGISTRATION DEPARTMENT

Every midwife shall enclose a list of the births which have occurred under his or her care during the month, and shall set forth as far as he or she can learn the full name and occupation of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date of birth, and the street and number where such birth occurred. Such list shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the fifth days of each calendar month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified; and every person who shall neglect or refuse hereafter fully to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as aforesaid. Fees and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 10th.
4. Place of Birth, (Street and Number) 211 N. Mount St
5. Full Name of Mother, Emma Slayden
6. Mother's Maiden Name, Knight
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Isaidor A Slayden
9. Father's Occupation, Butcher
10. Father's Birthplace, Shantytown W Va

Name of Medical Attendant, or other person who makes this Return, Dr. J. J. Lucas

Address, 239 E Oldenburg St

Remarks, Stillborn

1891 0000844

Health. This schedule shall contain a list of the births which have occurred in each family or house during the month, and shall set forth as far as the same can be ascertained the full name of each child born, the name and surname of the parents, their residence, the sex and color of the child, whether it was born alive or dead, and the day of birth; and the said schedule shall be delivered, duly signed and verified, to the Commissioner of Health within the first and third day of each and every month to the office of the Commissioner of Health. In the event that a birth or births shall occur without the attendance of a physician or practitioner, it shall be the duty of the parent or parents, guardian or other person having charge of such child to report its birth to the Commissioner of Health within ten days after the occurrence of such birth, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MAY 14 1891

BALTIMORE, MD.

Wm. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 30087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* female
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* April 10. 1891.
5. *Place of Birth, (Street and Number)* 238 S. Exeter st
6. *Full Name of Mother,* Rebecca Barnett
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Europe
9. *Full Name of Father,* Louis Barnett
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecile Barnett

Address, 122 S. Exeter st

Remarks,

1 8 9 1 0 0 0 0 8 4 5

BALTIMORE DEPARTMENT, MAY 1891

Note.—The Sexton's Permit contains a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the parent or parents or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and upon the refusal or neglect of any person so required to report any birth, he or she shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as fines for misdemeanors are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A. 30

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEPARTMENT OF HEALTH MAY 7 1891

1. Age of Child of Mother, (state whether 1st, 2d, 3d, &c.) F
2. Sex, (state whether male or female) Boy
3. Race or Color, (if not of the white race) white
4. Date of Birth 10th April 1891
5. Place of Birth, (Street and Number) S. Lombard St. 1825
6. Full Name of Mother, Mina Pierzer
7. Mother's Maiden Name, A Bushman
8. Mother's Birthplace, Balto.
9. Full Name of Father, August Bushman
10. Father's Occupation, Cigarmaker
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Fuelle

Address, 36 Washington Pl.

Remarks, 8 9 1 0 0 0 0 2 8 4 8

Health. This schedule shall contain a list of the births which have occurred in the house or other place during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been entered) its sex, color, the day signed by the practitioner in the form of a certificate of the birth of any child said schedule shall be signed every month by the practitioner, if there were such births, and the same if there were none, and delivered or mailed to the office of the Commissioner of Health, in the manner and within the period of time as shall be prescribed by the Commissioner of Health. Any practitioner who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 30089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* Female
3. *Color or Race, (if not of the white race)* White
4. *Date of Birth,* 11th April 1897
5. *Place of Birth, (Street and Number)* 207 S. High St.
6. *Full Name of Mother,* Esther Lakstein
7. *Mother's Maiden Name,* Frank
8. *Mother's Birthplace,* Russia
9. *Full Name of Father,* Leopold Lakstein
10. *Father's Occupation,* Boot Maker
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. C. Sherman

Address, 42 Allegheny Ave

Remarks,

8 9 1 0 0 0 0 8 4 7

Health. This schedule shall contain a list of the births which have occurred under the observation of each midwife, nurse or other person required to report births to the Board of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the midwife, nurse or other person required to report births, at the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the midwife, nurse or parents of such child to report its birth to the Commissioner of Health, in accordance with the provisions of this section, and any person who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered, with costs and following, other fines and forfeitures are recoverable.

APR 14 1897

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race)

Date of Birth, 11 of April

Place of Birth, (Street and Number) 908 Park St.

5. Full Name of Mother, Marie Sophie Roselius

6. Mother's Maiden Name, Marie Sophie Schwartz

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Wm. Roselius

9. Father's Occupation, Seaman

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Dr. D. Fürstenau.

Address, 1225 St. Paul St.

Remarks, 8910000848

MAY 4 1891

BALTIMORE

HEALTH DEPARTMENT.

Section 1, Act 1890, Chapter 191, requires a return of the birth which have occurred under his or her care during the month next preceding, and every attendant upon any birth occurring after the passage of this act shall report such birth within ten days thereafter. If any child shall have been born without the assistance of a physician or practitioner of medicine, the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, as required by this section, shall devolve upon the mother immediately thereafter. In the manner and within the period herein prescribed, the death of any child shall be reported to the Commissioner of Health, and no other person be required to report the same, under the penalty of ten dollars for each offence, to be recovered as debts of like amount are now recoverable. Any person or persons who shall wilfully refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as debts of like amount are now recoverable. All other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 11th 191
4. Place of Birth, (Street and Number) 1215 W. Lombard St.
5. Full Name of Mother, Maggie Knight
6. Mother's Maiden Name, " Riley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Knight
9. Father's Occupation, Conductor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Annie Linthicum

Address, 1106 Monroe St.

Remarks, 8 9 1 0 0 0 0 8 4 9

WM J C BULANY DO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

30097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 4 1891 BALTIMORE MD.

No. Child of Mother. (state whether 1st, 2d, 3d, &c.) 4 Child.

Sex. (state whether male or female) Female

Race or Color. (if not of the white race)

Date of Birth. April 11th 91

Place of Birth. (Street and Number) 463 Frederick Ave.

5. Full Name of Mother. Theresa Klein.

6. Mother's Maiden Name, " Krüger.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father. Joseph Klein.

9. Father's Occupation. Liquor Dealer.

10. Father's Birthplace. Baltimore.

Name of Medical Attendant, or other person who makes this Return, Louis Lindner

Address. #126 E. Monroe St.

Remarks, 8910000850

WM J C DULANY CO CITY PRINTERS AND STATIONERS

Health Department. It shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as near as can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and residence of the parents, and the place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, at the office of the Commissioner of Health, on the first Monday of each and every month. In case the birth of any child shall occur without the attendance of a practitioner, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 30693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 4 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Child
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
3. Date of Birth,	April 11 1891
4. Place of Birth, (Street and Number)	426 N Mount St
5. Full Name of Mother,	Nellie Sumtern
6. Mother's Maiden Name,	Nellie Avery
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Chas Sumtern
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Nurse M.D.
Address,	907 N Gilmor St
Remarks,	1891000851

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of every physician, midwife, or other person who shall hereafter attend upon any woman in labor, and of the owner, agent or manager of every lying-in asylum, or other institution, where any child shall be born, to keep a true and correct record of the birth of every child born alive, which record shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the number of each child, if any shall have been previously born alive to the mother, the sex and color of the child, and the time and place of birth, which record shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and 5th days of each month succeeding that in which the births shall occur, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the owner, agent or manager of every lying-in asylum or other institution, where any child shall occur without the attendance of a physician or midwife, and of the person in charge of such child, or the parent, if such child be not in a lying-in asylum or other institution, to report such birth to the Commissioner of Health, in the manner and within the period above required; and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 2004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 1891 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 12, 1891.
4. Place of Birth, (Street and Number) 122 Albemarle str
5. Full Name of Mother, Rosa Linemann
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Hezel Linemann
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter str

Remarks,

1 8 9 1 0 0 0 0 8 5 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30095.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 4 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2 1891
4. Place of Birth, (Street and Number) 2031 Johnson Ct
5. Full Name of Mother, Amelia Weaver
6. Mother's Maiden Name, Amelia Dill
7. Mother's Birthplace, Germany
8. Full Name of Father, William Henry Weaver
9. Father's Occupation, Carter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. C. A. Tully

Address, 928 Light St

Remarks, 8 9 1 2 9 0 8 5 3

Notice. This coupon shall contain a list of the letters which have occurred under his or her care during the month. It shall be filled out as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form as hereto annexed, on the first and third day of each and every month after the birth of any child. Any person within the meaning of this section who shall neglect or refuse to report the birth of any child as aforesaid within the time specified, or who shall wilfully make any false report, and any physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-11-55

RETURN OF A BIRTH.

A 79798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Catherine Cecilia Noon

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White Race
3. Date of Birth 10 april 1891
4. Place of Birth, (Street and Number) 1500 East Fort ave
5. Full Name of Mother, Elizabeth Noon
6. Mother's Maiden Name, Elizabeth Cunningham
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, Michael Noon
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return, Edwd. Ettel

Address, No 1614 Eutaw pl

Remarks,

1 8 9 1 0 0 0 0 8 5 4

APR 15 1891 BALTIMORE MD.

Every child shall be set forth as for as the same can be ascertained the full name of each child, (if any shall have been conferred,) sex, color, the time and place of birth, the name and residence of the parents, and the occupation of the father; and the said schedule shall be delivered, duly signed by the practitioner in the case, or other person in attendance, to the registrar of the district, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the time above specified, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the time above specified, and any such person or persons who shall hereafter fail, neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 29799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male Sex
2. Race or Color, (if not of the white race) Race Colored
3. Date of Birth, April the 10th 1891
4. Place of Birth, (Street and Number) 204 Forest Baltimore MD
5. Full Name of Mother, Mary A Curtis
6. Mother's Maiden Name, Mary A Craig
7. Mother's Birthplace, Chapel Hill N.C.
8. Full Name of Father, Mack Curtis
9. Father's Occupation, Stevedore
10. Father's Birthplace, Henderson N.C.

Name of Medical Attendant, or other person who makes this Return, Caroline Pateson

Address, 117 Chestnut St

Remarks, doing well

HEALTH DEPARTMENT, APR 14 1891 BALTIMORE MD.

… Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1891/0000855

RETURN OF A BIRTH. A 79800.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE MD. MAY 15 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 April 1891

4. Place of Birth, (Street and Number) 1724 Bond St

5. Full Name of Mother, Mary Elizabeth Bingle

6. Mother's Maiden Name, Mary Elizabeth Broeker

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Joseph Edward Bingle

9. Father's Occupation. Tiner

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. C A Tilly

Address, 1828 Eighth St

Remarks, Living Well

1 8 9 1 0 0 0 0 8 5 6

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month at the office of the Registrar of Vital Statistics, Board of Health, Baltimore City; and shall describe with the certificate the number of the house in which the birth of any child attended upon the mother immediately thereafter fail to comply with the provisions of this section, he shall be subjected to the fine of forty dollars for each offense. [illegible] received, with the certificate required, and ...person who shall neglect or refuse to make the return required by this section, or who shall be subjected to the fine of forty dollars for each offense. [illegible] ...ure recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-9-56

RETURN OF A BIRTH.

7980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) Dorothea Bertha Zimmerman
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 11th 1891
5. Place of Birth, (Street and Number) 2221 Custer Ave
6. Full Name of Mother, Louise Zimmerman
7. Mother's Maiden Name, Louise Kellis
8. Mother's Birthplace, Germany
9. Father's Occupation, William Zimmerman Cabinetmaker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Amelia G Summers

Address,

Remarks,

1 89 1 0 0 0 0 8 5 7

BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24817

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth.	April 11th 1891
4. Place of Birth, (Street and Number)	413 Sanders St
5. Full Name of Mother.	Elizabeth J. Long
6. Mother's Maiden Name.	" " Hessey
7. Mother's Birthplace.	Maryland
8. Full Name of Father.	Benj F Long
9. Father's Occupation,	Lee Conductor
10. Father's Birthplace.	Penna
Name of Medical Attendant, or other Person who makes this Return	Sutherell M.D.
Address,	841 N. Eutaw St
Remarks,	C

STATE OF MARYLAND APR 14 1891

8 9 1 0 0 0 0 8 5 8

"Every BIRTH hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether living or dead, and if living, the full name, nativity, and residence of the parents, and the maiden name of the mother, of such child or children."

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 74803.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11. 1891.
4. Place of Birth, (Street and Number) No 135 Sandsine St
5. Full Name of Mother, Annie McCarley
6. Mother's Maiden Name, Annie Sweeney
7. Mother's Birthplace, Ireland
8. Full Name of Father, Lemmer McCarley
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Jos E Ettel

Address, No 16 19 Eutaw St

Remarks, 8 9 1 0 0 0 0 8 5 9

BALTIMORE MD. APR 15 1891

...shall not be sufficient to...be the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the day, month and year of its birth, the name of the parents, and the place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent or nurse in attendance upon the mother at the time of the birth of the child, or if there be no such person present, then within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth of the child, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall neglect, refuse or omit to make the returns of births as herein required, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

WM. J. O. GILARY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 29806

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	9th
2. *Sex (state whether Male or Female)*	Female
3. *Race or Color (if not of the white race)*	White
4. *Date of Birth*	April 11th 1891
5. *Place of Birth (Street and Number)*	216 N. Schroeder St
6. *Full Name of Mother*	Mary Branning
7. *Mother's Maiden Name*	" Roache
8. *Mother's Birthplace*	Balt. City
9. *Full Name of Father*	Henry Branning
10. *Father's Occupation*	"Tinner"
Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	Thos. F. McCormick M.D.
Address	1421 Eutaw St. Place
Remarks	Normal

8 9 1 0 0 0 0 8 6 0

advises at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly, the date of birth, sex and color of the child or children born, its or their physical condition, whether born alive or dead, name, nativity, and residence of the parents, and the maiden name of the mother, of each child or children.

BALTIMORE, MD. APR 15 1891

RETURN OF A BIRTH. A 79506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 11. 1896.
4. Place of Birth, (Street and Number) 1629 Orleans St.
5. Full Name of Mother, Anna Miller
6. Mother's Maiden Name, Fink.
7. Mother's Birthplace, Germany
8. Full Name of Father, Robert Miller.
9. Father's Occupation, Liquor Dealer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St.

Remarks,

8910000861

HEALTH DEPARTMENT BALTIMORE MD

Every birth shall be registered as hereinbefore required, the full name of each child (if any shall have been given) shall be stated in the return, if the child shall not have been named at the time of the return, the date and place of birth, and the name of the parents, as far as ascertained, the full name of each parent to be given in the return, if the child shall not have been named at the time of the return, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person in charge of the premises where the birth occurs, or the nearest relative present, or the parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-14-53

RETURN OF A BIRTH 74806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elsie May Vollers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Saturday April 11. 1891

4. Place of Birth, (Street and Number) 815 Jackson East Baltimore Md.

5. Full Name of Mother, Mrs Maggie Vollars

6. Mother's Maiden Name, Miss Maggie Scheffe

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Mr. Fredrick W. J. Vollars

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Susan Flanton

Address, 23 N. Poppleton St

Remarks,

1 8 9 1 0 0 0 0 8 6 2

HEALTH DEPARTMENT BALTIMORE MD.

Note.—Any person who shall neglect or refuse to make the full return, or to set forth as far as she may be able to ascertain the full name of each child, or any one of the particulars required by this section, or who shall neglect or refuse to report the said child to the Commissioner of Health, or who shall neglect or refuse to report the said child to the Commissioner of Health, or who shall neglect or refuse to report its birth to the Commissioner of Health, in the manner and within the period above required, or who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each and every offence, recoverable as other fines and forfeitures are recoverable.

GEO. J. G. BALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 29807.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 16. 1891.

4. Place of Birth, (Street and Number) 137 Hillyard St.

5. Full Name of Mother, Jennie Shrieger

6. Mother's Maiden Name, Farmerghan

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John Shrieger

9. Father's Occupation, Stevedore

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Caroline Stella

Address, 1605 Walker St.

Remarks,

8 9 1 0 0 0 0 8 6 3

BALTIMORE MD. APR 16 1891 HEALTH DEPARTMENT

Every child born within the City of Baltimore shall be registered, and the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each and every offence. Penalties and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 74868

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* April the 11 1891
4. *Place of Birth, (Street and Number)* walker st 606
5. *Full Name of Mother,* Magie Chandler
6. *Mother's Maiden Name,* Magie Harry
7. *Mother's Birthplace,* Decatur County
8. *Full Name of Father,* William Harry
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Kings Twin County

Name of Medical Attendant, or other person who makes this Return. Randolph Jane Wilson

Address, 115 west Hurley st

Remarks,

1 8 9 1 0 0 0 0 8 6 4

BALTIMORE, MD.

shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any that has been conferred, its sex, color, the full name, age, occupation, and place of birth of the parents, and the date of birth of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person make the return required, the parent, guardian or householder in whose house or upon whose premises such birth occurs, shall make the return required in the period above required, and such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

29809

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or color, (if not of the white race) Creole
3. Date of Birth, April 10th
4. Place of Birth, (Street and Number) 10 S 3rd
5. Full Name of Mother, Maggie Lee
6. Mother's Maiden Name. " "
7. Mother's Birthplace, South
8. Full Name of Father, Unknown = said She White
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return — Hugo Thorgo

Address,

Remarks, There are the cases, that should be reported, & were one of 10 Cases of the Inspect.

HEALTH DEPARTMENT BALTIMORE MD. APR 13 1891

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and whether legitimate or illegitimate. The certificate must be signed by the practitioner in the form of a certificate between the first and second stages of labor, or immediately after the birth, when delivery shall occur without the attendance of a physician or midwife. In case the birth of any child shall occur without the attendance of a physician or midwife, the person who is required to make return of such birth to the Commissioner of Health, as hereinbefore provided, shall report such birth to the Commissioner of Health, in the manner and within the period above required, and such person so reporting shall be entitled to receive from the City Register the fee allowed by law for such return. Any person who shall violate any of the provisions of this section shall be subjected to the fine of ten dollars for each offence, which fine or fines may be recovered

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 29810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, April 11 / 91
4. Place of Birth, (Street and Number) 1417 Jefferson
5. Full Name of Mother, Clara C. Cooper
6. Mother's Maiden Name, " " Ellery
7. Mother's Birthplace, Worcester Co. Md.
8. Full Name of Father, Joseph Cooper
9. Father's Occupation, Merchant
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Kiesten M.D.

Address, 226 E. Pleasant

Remarks,

89100000866

APR 19 1891 BALTIMORE MD

mouth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been registered, to sex, color, the full name and occupation of its parents, the date and place of birth; and the said return shall be made to the office of the Commissioner of Health in case the birth occurs between the first and third day of each and every month; to the office of the Clerk of the Circuit Court in case the birth occurs between the first and fifteenth days of each and every month; to the office of the Register of Wills in case the birth occurs between the sixteenth and last days of each and every month. Any person who shall neglect or refuse to make such return, or shall make a false return, or shall omit to make such return within the time aforesaid, shall forfeit and pay for every such offence the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable.

PUB. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 74811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 11th
4. Place of Birth, (Street and Number)	510 Scott St
5. Full Name of Mother,	Hadie Herd
6. Mother's Maiden Name,	Hadie Dogge
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles H Herd
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Nellie Ida Pfeifer
Address,	604 1/2 E Pratt St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex, color, date and place of birth, and the full name, maiden name, birthplace, occupation and residence of the parents of each child; and the said return shall be delivered, duly signed by the midwife or person in attendance, to the Commissioner of Health within the third day of each and every month to the office of the Registrar of Vital Statistics; and the failure to make the return as herein required, or the making of a false return, or the failure to report the birth of any child shall occur without the attendance of a physician or midwife, or the failure of such midwife or other person be in attendance to make the return as herein required, shall be sufficient cause for the Commissioner of Health to require the return to be made by the person or parents of such child to report its birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 74817

APR 15 1891
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colored Race

Date of Birth, April 11th 1891

Place of Birth, (Street and Number) 424 North Regester St

5. Full Name of Mother,

6. Mother's Maiden Name, Mary James

7. Mother's Birthplace, Caroline Shore, Md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Susan Ida Woodyard

Address, 428 North Regester St

Remarks, One Female

89100000868

Each child born alive in Baltimore City, as far as the same can be ascertained, the full name of each child, if any shall have been given, the sex, color, and occupation of its parents, the date and place of birth, and the name, residence, and occupation of the attending physician, midwife or other person who shall sign the certificate, shall be delivered, duly filled, by the person in charge of the house in which such birth occurs, within the first third day of each and every month to the office of the Commissioner aforesaid. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall sign the certificate, the person or parents of such child to report its birth to the Commissioner aforesaid, within the time above specified, shall be subjected to the fine of ten (10) dollars for each and every such person or persons who shall herein neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are forfeitures are recoverable.

GEO. J. S. SULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 19873

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT. BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (State whether Male or Female)	female
2. Race or Color (if not of the white race)	colored
3. Date of Birth	April 12 — 189
4. Place of Birth (Street and Number)	# 230 N. Bruce st
5. Full Name of Mother	Lucia Tabb
6. Mother's Maiden Name	Willis
7. Mother's Birthplace	Gloucester Co Va
8. Full Name of Father	Levi Tabb
9. Father's Occupation	Hotel Service
10. Father's Birthplace	King & Queen Co Va
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

8 9 1 0 0 0 0 8 6 9

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of [illegible] children

RETURN OF A BIRTH A 74814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12
4. Place of Birth, (Street and Number) 230 S Dr ving st
5. Full Name of Mother, Annie Kemp
6. Mother's Maiden Name, Reese
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, John E Kemp
9. Father's Occupation, Mariner
10. Father's Birthplace, Tarleton Co Ire

Name of Medical Attendant, or other person who makes this Return. M A Donovan

Address, 225 S Ann st

Remarks, Born living male

1891 0000870

month, and shall set forth as far as the same can be ascertained the following items of each child, if any shall have been conferred) its sex, color, the full name and residence of the parents, the date of birth, and the name of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practical midwife, it shall be the duty of the father or mother of such child, and in default of either of them, of the occupant of the house in which the birth shall occur, to report the same within the time aforesaid, and in default thereof such person shall forfeit and pay for each offence a sum not exceeding ten dollars, to be recovered as debts of like amount are now recovered. And any person who shall hereafter violate any of the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as debts of like amount are recoverable.

NAVAL ACADEMY
MORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

7980.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (State whether male or female) male
2. Race or color, (If not of the white race) Colored
3. Date of Birth, April 12th 1891
4. Place of Birth, (Street and Number) 141 East Street
5. Full Name of Mother, Mrs Mustner Robson
6. Mother's Maiden Name, Mrs Mustner Johnson
7. Mother's Birthplace, Norfolk Virginia
8. Full Name of Father, Charles Robson
9. Father's Occupation, Porter
10. Father's Birthplace, Norfolk Virginia

Name of Medical Attendant, or other person who makes this Return. Mrs Harriet Jackson attendant

Address, 129 East Street

Remarks, 8 9 1 0 0 0 0 8 7 1

APR 15 1891 REGISTRAR

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge, or the Commissioner of Health. In case the birth of any child shall occur where no attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person on parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required by the first day of each and every month, a list of all births which have occurred within the preceding month, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of four dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULAMY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female 5 Child
2. Race or Color, (if not of the white race) White
3. Date of Birth, Hill st
4. Place of Birth, (Street and Number) Hanna Barney
5. Full Name of Mother, Hanna Barney
6. Mother's Maiden Name, April 12 1891
7. Mother's Birthplace, Poland
8. Full Name of Father, Edward Barney
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland Corny Russia

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs Taylor

Remarks, 8 4 1 0 0 0 8 7 2

Baltimore Apr 16

BALTIMORE, MD.

898. J. G. DILANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24817.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child
2. Sex, (state whether male or female) Girl
3. Race or Color, (if not of the white race) White
4. Date of Birth, 12th of April 1891
5. Place of Birth, (Street and Number) 324 Saint Wolf street
6. Full Name of Mother, Emma F. Wolfram
7. Mother's Maiden Name, Emma F. Fiebs
8. Mother's Birthplace, Dencentown
9. Full Name of Father, Frank A Wolfram
10. Father's Occupation, Chair maker
11. Father's Birthplace, Germany

Name of Medical Attendent, or other person who makes this Return, Crescintia Kunkel

Address, 213 North Chapel Street for Cristina Kunkel

Remarks, Healthy

APR 15 1891 BALTIMORE, MD.

8 9 1 0 0 0 0 8 7 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

APR 18 1918

HEALTH DEPARTMENT BALTIMORE MD.

6 9 1 0 0 0 0 8 7 4

"Within six months after the birth of any child hereafter born in this city, it shall be the duty of the physician, midwife, or other person in attendance upon the mother at the birth, or in case there be no such person in attendance, then of the father or mother of such child, or the householder of the house where such child was born, or the manager, superintendent or other officer of any institution where such child was born, to make a return to the Board of Health, containing, as nearly as may be, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

B. CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	Monday April 13 1891
4. Place of Birth (Street and Number),	1852 Hanover St
5. Full Name of Mother,	Barbara ~~Hoffner~~ Wengert
6. Mother's Maiden Name,	Barbara Hoeffner
7. Mother's Birthplace,	Wuerttemberg Germany
8. Full Name of Father,	Konrad Wengert
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Wuerttemberg Germ
Name of Medical Attendant, or other person who makes this Return.	Ana Goeller
Address,	1703 Hanover St
Remarks,	Boston Ch

Baltimore Publishing Co. City Printers and Stationers.

ascertained (the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 1891 BALTIMORE, MD.

0. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 13 1891
4. Place of Birth, (Street and Number) 516 [illegible] St.
5. Full Name of Mother, Maggie A. Griffin
6. Mother's Maiden Name, Maggie A. Gilliard [illegible]
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George Griffin
9. Father's Occupation, [illegible]
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. [illegible] Richard[illegible]

Address,

Remarks,

8910000876

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 79891.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Female (Twin)
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* April 12th 1891 9 P.M.
5. *Place of Birth, (Street and Number)* 1234 Jackson Street
6. *Full Name of Mother* Augusta Overbeck
7. *Mother's Maiden Name,* Reyerdan
8. *Mother's Birthplace,* Baltimore Md.
9. *Full Name of Father,* William H. Overbeck
10. *Father's Occupation,* Wagon Painter
11. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who might be present at birth, Emil Hillebrand M.D.

Address, 89 Augusta Street

Remarks, Twins Labor natural Presentation vertex

8 9 1 0 0 0 0 8 7 7

Wm. J. C. Dulany & Co., City Printers and Stationers

Name, date and place of birth to be set forth as far as the same can be ascertained at the time of filing the return. Any person having the care of any child at the time of its birth, or who shall have been conferred with as to the care of such child during the period of gestation, or who shall be present at the birth of such child, shall be deemed a person required to make the return of birth of such child, and the said return shall be delivered, duly signed by the person making the same, to the Registrar of Vital Statistics, within ten days after the birth of such child, and the third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. Any person who shall neglect or refuse to make such return, or who shall knowingly make a false return of the birth of any child shall be guilty of a misdemeanor, and on conviction thereof shall be fined not more than one hundred dollars, or imprisoned not more than thirty days, or both, at the discretion of the court. Any physician, midwife or other person who shall be present at the birth of any child shall be deemed a person required to make the return of birth of such child, and in case the parents or other persons required to make such return shall neglect or fail to do so within the time specified, it shall be the duty of such physician, midwife or other person who shall be present at the birth of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other debts are and for which pictures are recoverable.

RETURN OF A BIRTH

A 29871½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th /

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12th 1891 9 20 Pm
4. Place of Birth, (Street and Number) 1224 Jackson Street
5. Full Name of Mother, Augusta Overbeck
6. Mother's Maiden Name, Augusta Reyserdorf
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William H Overbeck
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Annie L. Bartlett M.D.

Address, 99 Virginia Street

Remarks, Vertex Presentation Labor Natural

Born 1 0 0 0 0 8 7 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 79 877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Charles Levering Brown 2d
2. Sex, (state whether male or female) M.
3. Race or Color, (if not of the white race) W.
4. Date of Birth, April 13 1891
5. Place of Birth, (Street and Number) 413 Waverly Ave
6. Full Name of Mother, Catherine Elizabeth Brown
7. Mother's Maiden Name, Kohn
8. Mother's Birthplace, Baltimore Md
9. Full Name of Father, Abraham Brown
10. Father's Occupation, Hounbles Furnishing
11. Father's Birthplace, Baltimore Md
12. Name of Medical Attendant, or other person who makes this Return. A. J. Kohn
13. Address, 713 Fork Road
14. Remarks, CHECKED 3-5-53

8 9 1 0 0 0 0 8 7 9

HEALTH DEPARTMENT APR 17 1891 BALTIMORE MD

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto, to the first said third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or midwife, the city of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense. All fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 29850

GIVEN NAME ADDED 3-22-23

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: WILLIAM IRVIN HANNA

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, April 13/21

4. Place of Birth, (Street and Number) 1142 Hanover St

5. Full Name of Mother, Ethel L Hanna

6. Mother's Maiden Name, Ethel L Mauk

7. Mother's Birthplace, Virginia

8. Full Name of Father, W. T. Hanna

9. Father's Occupation, Salesman

10. Father's Birthplace, Detroit Mich

Name of Medical Attendant, or other person who makes this Return. Mrs Cumin E Sim

Address, 102 East Hamburg St

Remarks,

8 9 1 0 0 0 0 8 8 0

HEALTH DEPARTMENT APR 17 BALTIMORE, MD.

Blanks are should be filled out as far as the same can be ascertained. The full name of each child, if any shall have been conferred, its sex, color, date and place of birth, and the full name, residence, occupation and birthplace of each parent, and the full maiden name of the mother, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, or if such practitioner fails to do so, the duty of the person or parents of such child to report the same within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be liable to conviction thereof in the Criminal Courts and forfeitures are recoverable.

...ER & BULLEY & DO., BOOK MAKERS AND STATIONERS

RETURN OF A BIRTH 798 nt.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person having charge of such child to report all the particulars of such birth, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. All fines and forfeitures are recoverable.

HEALTH DEPARTMENT, APR 15 1891 BALTIMORE MD.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. Sex, (*state whether male or female*) Femail Female

2. Race or Color, (*if not of the white race*) Dark Brown

3. Date of Birth, April 13 -

4. Place of Birth, (Street and Number) 623 Jasper St Balto City

5. Full Name of Mother, Hattie Dyer

6. Mother's Maiden Name, Hattie Dyer

7. Mother's Birthplace, West Virginia

8. Full Name of Father, Sam Wiser

9. Father's Occupation,

10. Father's Birthplace, North Carlina

Name of Medical Attendant, or other person who makes this Return. Louisa Lane

Address, 642 Jasper St

Remarks,

8 9 1 0 0 0 0 8 8 1

GEO. J. G. DALASKY & SON, CITY PRINTERS AND STATIONERS

A39825

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (~~state whether~~ male ~~or female~~) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, April 13th 1891

4. Place of Birth, (Street and Number) 428 Pinkney Place

5. Full Name of Mother, Minnie E. Scales

6. Mother's Maiden Name, Minnie E. Smith

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Joseph T. Scales

9. Father's Occupation, Transfer Driver

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Edmund Glover M.D.

Address, 440 E. North Avenue.

Remarks, Placenta adherent and post partum hemorrhage [illegible] of a very [illegible] character. In [illegible] placenta by [illegible] [illegible] scarcely be [illegible] [illegible] uterine wall hemorrhage [illegible] [illegible] within [illegible] recovery [illegible]

8910000882

BALTIMORE, MD. APR 15 1891

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 7958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child.
1. Sex, (state whether male or female)	Female
2. Race, or Color, (if not of the white race)	White
3. Date of Birth,	April 14th 1891.
4. Place of Birth, (Street and Number)	1920 Druid Hill Ave.
5. Full Name of Mother,	Anna Estelle Smith.
6. Mother's Maiden Name,	Anna Estelle Ashton
Mother's Birthplace,	Baltimore
8. Full Name of Father,	Judson H. Smith.
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Jno. Davis M.D.
Address,	2124 St. Paul St.
Remarks,	Child Healthy

APR 15 1891 BALTIMORE MD

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said address of such parents at the time of such birth, and the name and residence of the medical attendant, if any, and if none, then of such other person as shall make return of such birth; and shall make return thereof in writing every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, who shall thereupon cause the necessary return to be made; and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each case, to be recovered, with other fines and forfeitures are recoverable.

0000883

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 29877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether 1st, 2d, 3d, &c) Second
2. Sex, (state whether male or female) Female.
3. Race or Color, (if not of the white race) Colored.
4. Date of Birth, April 14th 1891
5. Place of Birth, (Street and Number) 504 Biddle alley
6. Full Name of Mother, Susie Bond.
7. Mother's Maiden Name, Susie Kelly
8. Mother's Birthplace, Baltimore Md.
9. Full Name of Father, Cordelia Bond
10. Father's Occupation, Waiter.
11. Father's Birthplace, Ellicott City Md.

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 1024 Park ave,

Remarks, 1 8 9 1 0 0 0 0 8 8 4

BALTIMORE, MD.

Boards of Health will see that this Return is as complete as the same can be ascertained. The full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, its correct place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case, or by the midwife, or by the father or mother, on the first and third day of each and every month to the office of the Commissioner of Health, in the city in which such birth occurs, within ten days next after the occurrence of such birth, and in case no practitioner, midwife or parent shall be present at the birth of any child, then the occupier of the house in which such birth occurs shall cause notice thereof to be given to the Commissioner of Health, in the manner and within the period above required, and shall cause the said schedule to be delivered as aforesaid. And whenever the parent or occupier shall neglect or refuse to report the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall cause the said schedule to be delivered as aforesaid. And whenever the parent or occupier shall neglect or refuse to report the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall cause the said schedule to be delivered as aforesaid. And whenever the parent or occupier shall neglect or refuse to report the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall cause the said schedule to be delivered as aforesaid. And whenever the parent or occupier shall neglect or refuse to report the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall cause the said schedule to be delivered as aforesaid. And whenever the parent or occupier shall neglect or refuse to report the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall cause the said schedule to be delivered as aforesaid. And whenever the parent or occupier shall neglect or refuse to report the birth of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

496. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Child of Mother, (state whether 1st, 2d, 3d, &c.)* First
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* Colored
4. *Date of Birth,* April 4th 1891
5. *Place of Birth, (Street and Number)* Baltimore 1st Hospital
6. *Full Name of Mother,* Maggie Shumaski
7. *Mother's Maiden Name,* Maggie Kozak
8. *Mother's Birthplace,* Baltimore Md
9. *Full Name of Father,* John F. Shumaski
10. *Father's Occupation,* Baker
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Kate Mary Kraning

Address, 414 Eutaw & Baltimore

Remarks, Mother and Child are well

8910000885

BALTIMORE, MD. MAR 4 1891 REGISTERED

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 29176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Tuesday April 14th 1891.
4. Place of Birth, (Street and Number) Madeira street.
5. Full Name of Mother, Wilhelmine Wagenfer.
6. Mother's Maiden Name, Wilhelmine Faust.
7. Mother's Birthplace, Lauferweiler, Germany.
8. Full Name of Father, Bernard Henry Wagenfer
9. Father's Occupation. Brass Buffer and Polisher.
10. Father's Birthplace, Baltimore City, Md.

Name of Medical Attendant, or other person who makes this Return. Amelia G Sommer

Address,

Remarks,

8 9 1 0 0 0 0 8 8 6

BALTIMORE MD. JAN 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 29530.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14th April 1891

4. Place of Birth, (Street and Number) Baltimore Co Md

5. Full Name of Mother, Annie Speer

6. Mother's Maiden Name, Fiske

7. Mother's Birthplace, Germany

8. Full Name of Father, Carl Speer

9. Father's Occupation, Salesman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. Katy Krumm

Address, 414 Lafayette Ave Baltimore Md

Remarks, Mother and child doing well

8910000887

APR 1 1891 HEALTH DEPARTMENT BALTIMORE

...ment and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur when the mother is without the services of a practitioner, it shall be the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in case of the neglect of any person to comply with the provisions of this section he shall be subjected to the fine of ten (10) dollars for each and every offence, which fines and forfeitures are recoverable...

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 24831.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 14th 1891
4. Place of Birth (Street and Number)	1105 E. Lombard St.
5. Full Name of Mother	Annie Fay
6. Mother's Maiden Name	" Tighe
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Joseph Fay
9. Father's Occupation	Barber
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Thos. F. McConnick M.D.
Address	1421 Eutaw Place
Remarks	Feet presented; labor slow; delivered by hand. Child living but very feeble.

8 4 0 0 0 3 8 8

...wise at the birth of any child, within ... City of Baltimore, ... report to the registrar aforesaid, within six days thereafter, stating ... the time of birth, sex, and color of the child or children born, he or their present condition, whether ... alive or dead, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

BALTIMORE, MD.

RETURN OF A BIRTH A 29837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 15 1891
4. *Place of Birth, (Street and Number)* 1745 Ashland ave
5. *Full Name of Mother,* Mary R. Mackey
6. *Mother's Maiden Name,* Mary R. Wilson
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Joseph H Mackey
9. *Father's Occupation,* Stevedore
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Chester Clemens

Address, 430 South Durham St

Remarks,

8 9 1 0 0 0 0 8 8 9

been conferred). Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the nurse, midwife or other attendant in the room. Of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the presence of a nurse, midwife or other attendant, or should the attendant be prevented from attendance upon the mother, himself, the father, grandparent, householder, or other person in charge of the house shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall neglect or refuse to perform the duties required of them by the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, recoverable before any court of competent jurisdiction.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 29833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 b

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 April 1891
4. Place of Birth, (Street and Number) Winder 374
5. Full Name of Mother, Johana Bär
6. Mother's Maiden Name, Leifert
7. Mother's Birthplace, Germanien
8. Full Name of Father, August Bär
9. Father's Occupation, Wash Mann
10. Father's Birthplace, Germanien

Name of Medical Attendant, or other person who makes this Return,

Address, Caroline Library East Ebg 434

Remark's, 1 8 9 1 0 0 0 0 8 9 0

BALTIMORE, MD.

WM. J. C. DULANY & CO.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 5 1899 BALTIMORE, MD.

1. *No. of Child of Mother.* (state whether 1st, 2d, 3d, &c.) 1st
2. *Sex,* (state whether male or female) female
3. *Race or Color,* (if not of the white race) White
4. *Date of Birth,* April 16th 99
5. *Place of Birth,* (Street and Number) 1014 Argyle Ave
6. *Full Name of Mother.* Lucy R. Weems
7. *Mother's Maiden Name.* " " Simpson
8. *Mother's Birthplace.* Balt City
9. *Full Name of Father.* Sydney L. Weems
10. *Father's Occupation,* Clothing business
11. *Father's Birthplace.* Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return — Lyal Bell M.D.

Address, 841 N. Eutaw St.

Remarks,

8 9 1 0 0 0 0 8 9 1

A 295 (2)

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April 16th 1891
4. Place of Birth, (Street and Number)	1429 Battery avenue
5. Full Name of Mother,	Sarah Rebecca Weller
6. Mother's Maiden Name,	Sarah Rebecca Wakelan
7. Mother's Birthplace,	Harford county Md
8. Full Name of Father,	Charles Henry Weller
9. Father's Occupation,	Can Maker
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Eleanora A. Anderson
Address,	1434 Patapsco St
Remarks,	1 8 9 1 0 0 0 0 8 9 2

HEALTH DEPARTMENT, APR 1 1891 BALTIMORE, MD.

J. D. ULAEY & CO., CITY PRINTERS AND STATIONERS

...ame of each child, if any shall have ...ed, the date and hour of birth, and the ...ch certificate between the first and ...ssioner of Health. In case the birth of any child ...ctitioner of midwifery, or should no one of parents of such ...ner, immediately thereafter, it shall become the ...ame, and within the period above required, and ...ner of Health, in accordance with the provisions of this section shall be sub-...ollars for each and every neglect or refusal. All other fines and forfeitures are recoverable ...

RETURN OF A BIRTH A 2983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex, (~~state whether male or female~~) Female

Race or Color, (~~if not of the~~ white race) White

Date of Birth, April 14th 1891.

Place of Birth, (Street and Number) Mansion House N. West of St Paul

Full Name of Mother, Mary C Giorgio.

Mother's Maiden Name, Mary C Wolcke

Mother's Birthplace, Baltimore Md

8. Full Name of Father, Alfredo de Giorgio.

9. Father's Occupation, Teacher of Wood Music.

10. Father's Birthplace, States of Italy

Name of Medical Attendant, or other person who makes this Return. John L Blogi M.D.

Address, 662. " Washington Ave.

Remarks, 8 9 1 0 0 0 0 8 9 3

BALTIMORE MD.

RETURN OF A BIRTH 29837.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 17th
5. Place of Birth, (Street and Number) Essex Str. 2310
6. Full Name of Mother Tilla Reybaum
7. Mother's Maiden Name, " Steyth
8. Mother's Birthplace, Poland
9. Full Name of Father, August Reybaum
10. Father's Occupation, Labor
11. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mary Kretzka

Address, 800 S. Ann St.

Remarks,

84100000894

APR 14 1891 BALTIMORE MD

HEALTH DEPARTMENT

...ondition, or if the birth is not as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the practitioner in the form of a certificate between the first and third days of each and every month, or the first day of each month thereafter, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty to report such birth and attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of the house in which such birth occurs, or the nearest relative or friend present at such birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. GUILEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 79838.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 17th 1891.
4. *Place of Birth, (Street and Number)*	#816 Wilkens Street.
5. *Full Name of Mother,*	Lillie Freeman.
6. *Mother's Maiden Name,*	Lillie Thomas.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Wm. Freeman.
9. *Father's Occupation,*	Waiter.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Dr. Grimes.
Address,	160 Winter Street.
Remarks,	

8 9 1 0 0 0 0 8 9 5

APR 20 1891 BALTIMORE CITY HEALTH DEPARTMENT

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person attending upon the birth of any child to the Commissioner of Health. In case no other person be in attendance upon the birth of any child, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In case no return shall be made within the period above required, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, and any such person or persons who shall neglect or refuse to make such report shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Mulatto
3. *Date of Birth,* April 19 - 1901
4. *Place of Birth (Street and Number),* 864 N. Howard St
5. *Full Name of Mother,* Mary Ferguson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Walter Ferguson
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Edwin K Ballard M.D

Address, 808 Park Ave.

Remarks,

B 5 1 0 0 0 0 8 9 6

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 74520.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	April 1st 91
4. *Place of Birth, (Street and Number)*	923 Leadenhall St
5. *Full Name of Mother*	Elizabeth Waldschmidt
6. *Mother's Maiden Name*	Co Hagunzat
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	George Waldschmidt
9. *Father's Occupation*	Cabinet Maker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other person who makes this Return	Dr. Hummel
Address	Cor Leadenhall & Morgan St
Remarks	8 9 1 0 0 0 0 8 9 7

MAY 1 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 74541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 1st 1891
4. Place of Birth, (Street and Number) 1037 Baldwin St. Balto md
5. Full Name of Mother, Lizzie Hutchinson
6. Mother's Maiden Name, Lizzie Westland
7. Mother's Birthplace, Balto
8. Full Name of Father, Thomas Hutchinson
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. M. Barry

Address, 711 Canton Ave

Remarks,

8910000898

been conferred, it is to be the duty of the Registrar to enter the name of each child in any book which shall have been provided for the purpose, and to give a certificate of such entry, if required, to the parent or parents of such child, which certificate shall be delivered, duly signed by the Registrar, to the person applying for the same, before the first child shall be entered in such book; and it shall be the duty of the Registrar to enter the name of each child born in the City of Baltimore, and to give a certificate of such entry, if required, to the parent or parents of such child, which certificate shall be delivered, duly signed by the Registrar, to the person applying for the same, before the first child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, who is hereby authorized to appoint a suitable person to attend to the registering of births in such cases; and any person neglecting to perform the duties required, and made incumbent upon him or her by the provisions of this section, shall, on conviction thereof, be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

696. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 5-7-62

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Market

No. of Child of Mother, (State whether 1st, 2d, 3d, &c.) First

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) white
3. Date of Birth, June 12 1891
4. Place of Birth, (Street and Number) Highland Park, City
5. Full Name of Mother, Annie Market
6. Mother's Maiden Name, Annie Goos.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John G. Market
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. W. A. Arnold M.D.

Address, 703 Roy[illegible] ave. Balto.

Remarks, 89/10000[illegible]99

J. B. BALANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 2 1891
4. Place of Birth, (Street and Number) 19 E Eutaw St.
5. Full Name of Mother, Emma Yeager
6. Mother's Maiden Name, Selby
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Yeager
9. Father's Occupation, Carpet
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Harry Stein

Address, 1427 Eutaw St.

Remarks, 691 0000900

been conferred in a manner, the full name and [illegible] of each child, of any shall have such name entered in the record of births, the parent or parents, the person in the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall be the duty of the parent or parents of such child to report the birth to the Commissioner of Health within the period of ten days, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered [illegible] other fines and forfeitures are recoverable

WM J C BULLY DO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

7980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2nd 1891
4. Place of Birth, (Street and Number) #1817 Ashland Ave
5. Full Name of Mother, Eliza Bunker
6. Mother's Maiden Name, " Falkener
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, John P. Bunker
9. Father's Occupation, Driver
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Ben. Hillgardt

Address, #0308 Hammond St

Remarks,

1 8 9 1 0 0 0 0 0 9 0 1

[illegible] shall be, or as far as the name can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 2nd 1891

4. Place of Birth, (Street and Number) 910 E Madison St

5. Full Name of Mother, Josephine Finn

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Germany

8. Full Name of Father, William Finn

9. Father's Occupation, Tinner

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. S. H. Feldmeier M.D.

Address, 1501 E. Eager St

Remarks, 1 8 9 1 0 0 0 0 9 0 2

BALTIMORE MD. JUL 21 1891 HEALTH

been registered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate inclosed the first mail after the birth of such child, and if such child shall die before the said schedule is delivered, then within the first mail after the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother at the birth of such child, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall cause such birth to be registered as aforesaid; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ~~of~~ Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Apr 3. 1891
4. Place of Birth, (Street and Number) 608 Barclay St, above Huntingdon
5. Full Name of Mother, McLane
6. Mother's Maiden Name, Ritchie
7. Mother's Birthplace, Nairn Scotland,
8. Full Name of Father, McLane
9. Father's Occupation, Stone mason
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other Person who makes this Return. Arch Atkinson, M.D.

Address, No 2101 Md. ave

Remarks, Family lately removed to Balt

1891000000903

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

CERTIFICATE CORRECTED 9-16-53

3984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret Farrell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 3. April, 1891

4. Place of Birth, (Street and Number) 407 Hoyt St.

5. Full Name of Mother, Bridget (~~Ann~~) Farrell
B. McCarick

6. Mother's Maiden Name,

7. Mother's Birthplace, Ireland

8. Full Name of Father, Thomas (~~Francis~~) (~~Farrell~~) Farrell

9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. J. Gaitanidis

Address, 1506 S. High St.

Remarks,

18910000904

MAY 1891

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, born since the last preceding return, the sex and color of each child, the date and place of birth, and whether the child be the first, second, third or other child born of the mother, and such other information as may be required by the Commissioner of Health. The return of each birth shall be made in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the householder or owner of the premises where the birth occurred, and any such person or persons who shall hereafter fail to make such return within the period above required, and any occupant of such premises who shall hereafter fail to make such return within the period above required, and any such person or persons who shall hereafter fail to make such return as aforesaid, shall be subjected to the fine of ten (10) dollars for each offense. All forfeitures recovered under the provisions of this section shall be recoverable

WM. A. G. SALADY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 29848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race)
4. Date of Birth, April 4 — 1891
5. Place of Birth, (Street and Number) 146 N. Peter St.
6. Full Name of Mother, Mary A. Mc Genny
7. Mother's Maiden Name, Bensel
8. Mother's Birthplace, Baltimore
9. Full Name of Father, James Mc Genny
10. Father's Occupation, Bagg Keeper
    Father's Birthplace, Baltimore
    Name of Medical Attendant, or other person who makes this Return, Mary Stein
    Address, 1427 E. Pratt St.
    Remarks, 8 9 1 0 0 0 0 9 0 5

WM J C BULLARY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 April 189
4. Place of Birth, (Street and Number) 12 Callender alley
5. Full Name of Mother, Carolin Cordus
6. Mother's Maiden Name, Carolin Lederer
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Edward Cordus
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Dr. Black

Address,

Remarks, 735 N. Eutaw St

1891 No. 18 [illegible]

1 8 9 1 0 0 0 0 9 0 6

month, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been delivered in his or her presence, the full name and occupation of the parents, the date and place of birth, and the full name, age, color, and birthplace of the mother, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, the occupant of the house in which the birth shall occur, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. Said fines to be recovered, and other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 34880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race)
4. Date of Birth, April 4th
5. Place of Birth, (Street and Number) 937 S. Paca st
6. Full Name of Mother, Elizabeth Schabdach
7. Mother's Maiden Name, Elizabeth Reed
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Conrad Schabdach
10. Father's Occupation. Cigar Boxmaker
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Thompson

Address, 220 Glendenning

Remarks,

8910000907

APR 10 1889

BOARD OF HEALTH

BALTIMORE, MD.

Every person who shall fail to report, as herein required, the name and occupation of its parents, the date and place of birth, and the sex, color (or race) and name (if given) of any child born, or who shall report any false information respecting the same, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five (5) dollars nor more than fifty (50) dollars for each offense. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. It shall be the duty of the Commissioner of Health to see that the provisions of this section are complied with, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24 881.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5th 91
4. Place of Birth, (Street and Number) 1020 Hollins st
5. Full Name of Mother, Emma Rutter
6. Mother's Maiden Name, Emma Quest
7. Mother's Birthplace, Queen Anne's Co. Md
8. Full Name of Father, Walter S. Rutter
9. Father's Occupation, Car driver
10. Father's Birthplace, Queen Anne's Co. Md.

Name of Medical Attendant, or other person who makes this Return. Henry L. Dill. M.D.

Address, 1202 West Fayette st

Remarks, 8 9 1 0 0 0 0 9 0 8

BALTIMORE, MD.

been conferred its sex, color, the full name and occupation of each child, if any still... said schedule shall be delivered, duly signed by the person... certificate between the first and... third day of each and every month to the office of the... In case the birth of any child... shall occur without the attendance of any person... to report its birth to the Commissioner of Health, as... aforesaid, the duty of making such return shall devolve upon the... person or persons in charge of such... any such person or persons who shall hereafter fail... provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offense. All fines and forfeitures are recoverable...

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)

1. Sex, (*state whether male or female*)
2. Race or Color, (*if not of the white race*)
3. Date of Birth,
4. Place of Birth, (*Street and Number*)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8910000909

been carried to its sex color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form aforesaid, within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother at the birth, the mother herself shall within the period above required, and subject to the fine of ten (10) dollars for each offense, if recovered, as other fines and forfeitures are recoverable.

898. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 8 - 91
4. Place of Birth, (Street and Number) 1818 Eden St
5. Full Name of Mother, Nellie F. Byrnes
6. Mother's Maiden Name, a. Miller
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph H. Byrnes
9. Father's Occupation, Stonecutter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allard
Address, 92 McDonogh

Remarks, 1891000091 0

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, April 7 91
5. Place of Birth, (Street and Number) 222 Lemmon St
6. Full Name of Mother, Margie Statesman
7. Mother's Maiden Name, Margie Swan
8. Mother's Birthplace, Md
9. Full Name of Father, Louis Statesman
10. Father's Occupation. Hod Carrier
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Jane Mollaud

Address,

Remarks,

8 9 1 0 0 0 0 9 1 1

BALTIMORE MD

MM. J. C. OUTLAW & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 79855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5 1891
4. Place of Birth, (Street and Number) 321 Raguet Ave
5. Full Name of Mother, Mary B. Creamer
6. Mother's Maiden Name, [illegible] Hall
7. Mother's Birthplace, Balto Md
8. Full Name of Father, [illegible] E. Creamer
9. Father's Occupation, Mechanic
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Geo Benz Attendant

Address, 1035 E Monument

Remarks,

1 8 9 1 0 0 0 0 9 1 2

498 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth.* 6th of April

4. *Place of Birth, (Street and Number)* 521 [illegible]

5. *Full Name of Mother,* Maggie Brehinger

6. *Mother's Maiden Name,* Maggie Dunham

7. *Mother's Birthplace.* Baltimore

8. *Full Name of Father,* Theodore Breuhinger

9. *Father's Occupation.* Painter

10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo. Alex. Geller

Address, 602 Gold St. Balto.

Remarks, 0910000913

APR 28 1891 BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 7487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) Male Richard
2. Race or Color, (if not of the white race)
3. Date of Birth, 6 of April 1891
4. Place of Birth, (Street and Number) 413 Lombard Street City
5. Full Name of Mother, Anna Feder
6. Mother's Maiden Name, Anna Lipka
7. Mother's Birthplace, Droschka Schlesien Germany
8. Full Name of Father, Richard Feder
9. Father's Occupation, Baker
10. Father's Birthplace, Neurada Schlesien Germany

Name of Medical Attendant, or other person who makes this Return. Lina Lang

Address, 1704 Fort Ave Locust Point

Remarks,

8 9 1 0 0 0 0 9 1 4

APR 2 1891

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name, age and residence of parents, date and place of birth, and the name of each such child; and every such return shall be verified by the oath or affirmation of the person making the same, which oath or affirmation is the form of a certificate between the first and third days of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, such attendance upon the mother, himself make the return as herein required, and any such person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 24858.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 6th '91
4. *Place of Birth, (Street and Number)*	855 Reinhardt St.
5. *Full Name of Mother,*	Katie Kurtz
6. *Mother's Maiden Name,*	Ward
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	J. Louis Kurtz
9. *Father's Occupation,*	Stonecutter
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	H.W. Hebner M.D.
Address,	723 W. Lombard St.
Remarks,	Delivered with Forceps

1 0 8 0 6 9 1 5

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 24809.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 6, 1891
4. Place of Birth, (Street and Number) 2004 Spruce Alley
5. Full Name of Mother, Eva Foss.
6. Mother's Maiden Name, Eva Glaser.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mikel Foss.
9. Father's Occupation, Coal Trimmer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary L Swayne

Address, 726 Sayene St.

Remarks,

8 9 1 0 0 0 0 9 1 6

APR 30 1891

Within 5 days after the birth of any child born alive within the limits of Baltimore City, it shall be the duty of the attending physician, midwife, or other person who shall have been in attendance upon the mother, immediately thereafter, to report to the Commissioner of Health the full name and occupation of its parents, the date and place of birth, and the sex, color, and number (if not the first) of such child, which report shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of Baltimore City, and no physician, midwife, or other person shall be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons who may with the house or premises where such birth occurs, to report to the Commissioner of Health the particulars required, and within the period above required, and in the manner and form as above directed, and in accordance with the provisions of this section shall be subjected to the fine of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 6 1871.
4. Place of Birth, (Street and Number) 836 Chesapeake St
5. Full Name of Mother, Barbara Hartley
6. Mother's Maiden Name, Barbara Flaherty
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Hartley
9. Father's Occupation, Ship carpenter.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary L Swayne

Address, 1 Lexington St.

Remarks,

8 9 1 0 0 0 0 9 1 7

...shall have been registered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of ... between the first and third day of each and every month to the office of the Commissioner of Health, or such other person be in charge thereof, at such place as the Commissioner of Health may designate; and the ... shall become the duty of the person ... or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

...ORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 29861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) F

2. Race or Color, (if not of the white race) White

3. Date of Birth Apr 6. 1891

4. Place of Birth, (Street and Number) 317 N Charles st Balto

5. Full Name of Mother, Sophia Ferrandini

6. Mother's Maiden Name, Sophia Mortmyer

7. Mother's Birthplace, Balt

8. Full Name of Father, Cipriani Ferrandini Jr

9. Father's Occupation, Steam Ship Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Fitch & Mussulman

Address, 2101 Md. ave

Remarks,

8 9 1 0 0 0 0 9 1 8

APR 9 1891

BALTIMORE CITY REGISTRAR

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

A. 20867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 6th 91
4. Place of Birth, (Street and Number) 1315 S. Sharp St.
5. Full Name of Mother, Ruth Anne Flosp Fontz.
6. Mother's Maiden Name, Ruth Anne Flosp.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Fontz
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs B. Burak M.D.

Address, 611 Hanover St.

Remarks, 6 9 1 0 0 0 0 9 1 9

APR 27 1891 BALTIMORE MD.

Any person conferring the sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third days of each month, to the Commissioner of Health. Any person who shall conceal the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no such person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, within ten days after the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and such person or persons shall furnish the information required by this section. Any person who shall neglect or refuse to make such report, as required by this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 24863.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 6 April

4. Place of Birth, (Street and Number) N 24 Johnson

5. Full Name of Mother, Maggie Wayne

6. Mother's Maiden Name, Maggie Bittelum

7. Mother's Birthplace, Germany

8. Full Name of Father, Adolph Wayne

9. Father's Occupation. Insurance Agt.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine A. Kennedy

Address, 202 Lexington all St

Remarks, 1 8 9 1 0 0 0 0 9 2 0

born covered; its sex, color, the full name and occupation of its parents, the date and place of birth; and the full name of the physician or midwife present at the birth, if any; and if there was neither physician nor midwife present, then the name of the householder in the form of a certificate between the parents of any child full schedule shall be delivered, duly signed, at the office of the Commissioner of Health, or shall no other person be in any house within the limits of Baltimore City where a birth occurs, it shall be the duty of the person or parents of such third day of each and every month a full and true list of all births occurring during the month next preceding, and shall swear or affirm before the Commissioner of Health, or his authorized agent, that the same is full and true in the manner and within the period above specified. And it shall be the duty of the physician or practitioner in attendance upon any case of birth to report its birth to the Commissioner of Health in the manner and within the period above specified, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MAY 1 1891 BALTIMORE CITY

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 29 Bot.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2r

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th April
4. Place of Birth, (Street and Number) 414 St. Paul St
5. Full Name of Mother, Maggie Barber
6. Mother's Maiden Name, M. McCue
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, James H. Barber
9. Father's Occupation, Cutter
10. Father's Birthplace, Hartford Co.

Name of Medical Attendant, or other person who makes this Return. Wm. A. Abbott M.D.

Address, No 506 N. High St

Remarks,

1 8 9 1 0 0 0 0 9 2 1

been confined; its sex, color, the full name and ... surname of its parents, the date and ... of birth, or any and ... and delivered, duly signed by the practitioner ... Certificate Book of Births, and the ... third day of each and every month. The ... shall occur without the attendance of a physician or ... child is born upon the mother, immediately thereafter, ... any such person or persons shall neglect or refuse to ... jected to the fine of ten (10) dollars for each offense.

MORE ...

... J. C. BAILEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 24865

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether ~~male~~ or female)

Race or Color, (if not of the white race)

3. Date of Birth, 7-30 April 7

4. Place of Birth, (Street and Number) 10 W Henrietta St

5. Full Name of Mother, Mary E Regan

6. Mother's Maiden Name, Mary E Drury

7. Mother's Birthplace, Talbot Co Md

8. Full Name of Father, John W Drury

9. Father's Occupation. Mariners

10. Father's Birthplace. Orleans Co N Y

Name of Medical Attendant, or other person who makes this Return. Catherine Mangold

Address, 820 Lombard St

Remarks,

8 9 1 0 0 0 0 9 2 2

BALTIMORE CITY HEALTH DEPARTMENT 1889

being conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said scholastic shall be delivered, duly signed by the parents, to the principal teacher of the school, and the third day of each month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 79866.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) ~~3~~ Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, ~~Nov 7~~ April 7th

4. Place of Birth, (Street and Number) 1100 W. Lexington St —

5. Full Name of Mother, Lena Gernuth

6. Mother's Maiden Name, " " Edelsberger

Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Fredrick Gernuth

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Maurice Graf

Address, 1029 N. Saratoga St —

Remarks,

8910000923

MAY 1910 DEPT. OF HEALTH

...been entered in a record kept for the purpose, he shall forthwith make a certificate of the facts required to be recorded concerning such birth, which certificate shall be signed by the parent, if living, and by the physician, midwife or other person in attendance at the birth, and shall be delivered to the Commissioner of Health within ten days after the birth. In case the birth occurs without the attendance of a physician or midwife, the certificate shall be signed by the parent, if living, and by the householder or other person in whose house the birth occurs, or by the nearest person present at the birth. In case the birth occurs in a public institution, the certificate shall be signed by the superintendent or other officer thereof. It shall become the duty of the parent or other person required to sign the certificate of birth to give the information required for the certificate, and to sign the certificate, within ten days after the birth of any child, and any such person who shall neglect or refuse to perform such duty shall be subject to the fine of ten dollars, and any physician, midwife or other person who shall neglect or refuse to perform such duty shall be subject to the fine of ten dollars. For the provisions of this section shall be subject to the fine of ten (10) dollars, and for other fines and forfeitures are recoverable.

GEO. J. GUILEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 7 1891
4. Place of Birth, (Street and Number) 513 S Harrington St.
5. Full Name of Mother, Anna Barbara Bauer
6. Mother's Maiden Name, Schneider
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Friedrich Bauer
9. Father's Occupation, Saloon
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Henry Stein

Address, 1427 E Fait St.

Remarks, 691000924

seen conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the presence or attendance of a physician or midwife, it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter, to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the same penalties and forfeitures as otherwise are recoverable.

WM J. C. SULLIVAN CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 74888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
Date of Birth,	April 7th 1891
Place of Birth, (Street and Number)	1520 Battery
5. *Full Name of Mother,*	Mrs Alice Tucker
6. *Mother's Maiden Name,*	Alice Reynolds
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas H. Tucker
9. *Father's Occupation,*	Book Keeper
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	B F Phillips
Address,	719 W Fayette St
Remarks,	

1891 0000925

BALTIMORE CITY HEALTH DEPARTMENT APR 7 1891

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of the attending physician or midwife, in every case where the full name of each child, if any shall have been given, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then and in every such case the parent or parents, or other person having charge of such child, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 29867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 7th April
4. Place of Birth, (Street and Number) 1010 Front St
5. Full Name of Mother, Modena Hemsted
6. Mother's Maiden Name, A. Ellen
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Lewis L. Hemsted
9. Father's Occupation, Molder
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs L. Linthicum Hendersville

Address, No 506 High St

Remarks,

8 9 1 0 0 0 0 9 2 6

Sec. 2. Be it further enacted, That no person can be appointed the full name of each child. If any shall have been delivered in his or her house or elsewhere, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the effect that he or she has attended the birth of any child in such house or elsewhere, or by the mother or nurse in case there was no midwife, or physician present, on the third day of each and every month to the office of the Commissioner of Health, in the manner and with the forms above provided; and every midwife, physician, mother or nurse who shall neglect or refuse to deliver such schedule as aforesaid, or shall neglect or refuse to make the return required by this section, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

(over)

RETURN OF A BIRTH A. 3987 0

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Full name: Stanley Rosenbaum

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

3. Date of Birth, April 8th 1891

4. Place of Birth, (Street and Number) 2228 Boston St.

5. Full Name of Mother, Hannah Rosenbaum

Mother's Maiden Name, Grenbaum

7. Mother's Birthplace, Balto.

8. Full Name of Father, Abraham Rosenbaum

9. Father's Occupation, Liquor Dealer

10. Father's Birthplace, Cincinnati O.

Name of Medical Attendant, or other person who makes this Return. S. W. Seldner M. D.

Address, 1501 E. Eager St.

Remarks, 6 9 1 0 0 0 0 9 2 7

BALTIMORE CITY HEALTH DEPARTMENT

been conferred, its sex, color, the full maternal and paternal name and occupation of its parents, the date and place of birth; and the said schedule shall be signed by the practitioner in the form of a certificate between the first and fifth day of each month, and every month to the office of the Commissioner of Health. In case there is no such practitioner in attendance upon the mother, the certificate shall be made by the other person in attendance upon the mother immediately after the birth, and every midwife who shall assist at any birth shall report the same to the Commissioner of Health, in the manner and within the period above required, and every person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation [illegible] the date and place of birth; and the full name of each child. (If any shall have said schedule shall be delivered, duly signed by the practitioner, in this form of [illegible] between the first and third day of each and every month to the office of the Commissioner of Health [illegible] the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and [illegible] the period above required, and any such person or persons who shall hereafter [illegible] comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, [illegible] recoverable [illegible] fines and forfeitures are recoverable.

BALTIMORE MD [illegible] 1891

RETURN OF A BIRTH. 7487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 7th 1891
4. *Place of Birth, (Street and Number)* 1119 Cleveland Street
5. *Full Name of Mother,* Annie Mary Berger
6. *Mother's Maiden Name,* Annie Mary Ziegler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Daniels Berger
9. *Father's Occupation,* Tobacco worker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Bunge

Address,

Remarks,

8910000928

Wm. J. C. Dulany & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 79877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female.

Race or Color, (if not of the white race)

3. Date of Birth, April 8th 1891.

4. Place of Birth, (Street and Number) 223 Hanover St.

5. Full Name of Mother, Minnie Deitz

6. Mother's Maiden Name, " Conrad.

7. Mother's Birthplace, Baltimore City Md.

8. Full Name of Father, John Conrad Deitz

9. Father's Occupation, Weigh-Inspector.

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. R. J. H. Tall M.D.

Address, 5-24 Hanover St.

Remarks,

6910000929

APR 11 1891 BALTIMORE MD.

Every person is to give notice to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall be the duty of the person or parents of such child to report the birth to the Registrar within the period above named; and any person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars to be recovered as other fines and forfeitures are recoverable.

ORIOLE J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 34873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 8 1891.
4. Place of Birth, (Street and Number) 1110 S. Tiffany St.
5. Full Name of Mother, Sara Engelhart
6. Mother's Maiden Name, Sara Swann
7. Mother's Birthplace, Howard County
8. Full Name of Father, Charles Engelhart
9. Father's Occupation, Sailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary A Swayne.

Address,

Remarks,

8910000930

RECEIVED
APR 10 1891
BOARD OF HEALTH

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 74874.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8th March 1891
4. Place of Birth, (Street and Number) 325 Lorain St
5. Full Name of Mother, Betty Cooley
6. Mother's Maiden Name, B. Brown
7. Mother's Birthplace, Virginia
8. Full Name of Father, James W. Cooley
9. Father's Occupation, Laborer
10. Father's Birthplace, Philadelphia Pa.

Name of Medical Attendant, or other person who makes this Return. Mrs. P. Fink midwife

Address, No 506 N Hyde St.

Remarks,

1 8 9 1 0 0 0 0 9 3 1

BALTIMORE MD. MAR 12 1891

Every midwife, nurse or other person who shall assist at the birth of any child, if any shall have been considered, shall register the full name of each child, if any shall have been named, the name and occupation of its parents, the date and place of birth; and the said scientific shall be delivered duly signed by the person registering, to the person who shall be in the third day of each and every month to the office of the Commissioner of Health. In case there be no midwife, nurse or other person present at the birth of any child, or in case the midwife, nurse or other person present shall be unable to register the same, the said birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the parent or parents of such child shall be required to register the same, and in case the parent or parents of such child shall neglect or refuse to register the same as required by this section, the parent or parents of such child shall forfeit and pay the sum of ten dollars for each offense, to be recovered in other suits and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 34875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 1 1894
4. Place of Birth, (Street and Number) Mrs. Anna H.
5. Full Name of Mother, Annie McKay
6. Mother's Maiden Name, Gaulg
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter McKay
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Gary Meier

Address, 1427 E Pratt St.

Remarks, 8910000932

Such conferred, its sex, color, the full name and occupation of each parent, the date and place of birth, and the name of the hospital, institution or midwife in attendance at the birth, and the certificate shall be signed by the physician or midwife in attendance at the birth, if any shall have been present, and if not, then by the householder, or owner of the premises where the birth occurred, within five days after the birth. The form of a certificate between the first and third day of each and every month, and every such certificate shall be delivered to the Registrar of Vital Statistics, or to such person as he may appoint to receive the same, within ten days after the first day of each month. In the case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the father or mother of such child, or in case of the absence or inability of both father and mother, then the person having charge of such child, to report the birth as required by this section, within ten days after the first day of each month. And it shall be the duty of the Registrar of Vital Statistics, in the manner and within the period above required, and upon blanks furnished by the Board of Health, to record the particulars required to be recorded by this section, and to report the same to the Board of Health. Any person or persons who shall refuse or neglect to make the return or returns required by this section, or who shall refuse or neglect to furnish the information required by this section, shall be subject to the fine of ten (10) dollars for each offense. Any person or persons who shall refuse or neglect to furnish the information required by this section, shall be subject to the fine of ten (10) dollars for each offense. All fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 29876.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apr 9 " 91
4. *Place of Birth, (Street and Number)*	126 E Mount St.
5. *Full Name of Mother,*	Mrs Anna Cramer Slusky
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Penna.
8. *Full Name of Father,*	Henry Slusky
9. *Father's Occupation,*	Brick Mason
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	E. E. Ulrich M.D.
Address,	Union Square
Remarks,	1891 0000933

...ascertain the name of each child, if any shall have been registered) its sex, color, the full name and residence of its parents, the date and place of birth, and the name and residence of the physician or midwife, or other person who may be in attendance at the birth. In case the birth of any child shall occur without the presence of a physician or midwife, or should no other person be in attendance at the birth, then the parents of such child are required to report its birth to the Commissioners of Health within the period above required, and any such person or persons who shall neglect or refuse to make such report, as herein required, shall be subjected to the fine of ten dollars for every neglect or refusal, as other fines and forfeitures are recoverable.

...ed by the Commissioners of Health, and the provisions of this section shall be sub-

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 24847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD. APR 22 1891

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, Apr 9/91
5. Place of Birth, (Street and Number) 1st Parent st
6. Full Name of Mother, Mary Smith
7. Mother's Maiden Name, Mary Thomas
8. Mother's Birthplace, Md
9. Full Name of Father, Jno Smith
10. Father's Occupation. Lab'r
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Jno Mortland

Address,

Remarks,

8 9 1 0 0 0 0 9 3 4

been conferred his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be verified by the oath or affirmation of the person making the same, and the said schedule shall be delivered by him at the office of the Commissioner of Health within ten days after the birth of such child, and every such person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, and should no other person be in attendance upon the mother immediately preceding and following the birth, the parent or parents of such child shall report the particulars required to be reported by this section, and any such parent or parents who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 29878.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
2. Sex, (state whether male or female)
3. Race or Color, (if not of the white race)
4. Date of Birth,
5. Place of Birth, (Street and Number)
6. Full Name of Mother,
7. Mother's Maiden Name,
8. Mother's Birthplace,
9. Full Name of Father,
10. Father's Occupation,
11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 1 0 0 0 0 9 3 5

BALTIMORE MD.

been entered) the sex, color, the full name and residence of the parents, the date and place of birth, and such other information as may be required upon the blanks furnished by the Commissioner. In case the birth occurs in a hospital, asylum, or other institution, the physician or person in charge shall make the return. In case the birth occurs elsewhere than in the first and second districts, the return shall be made by the physician or midwife in attendance, or by the father of the child, or by the householder in whose house the birth occurs, or by the nurse of such household, or by the owner or agent of the building in which the birth occurs, or by the parent of such child, if the mother be absent from the house or unable to make the return required, and shall be made within ten days after the birth. If the child be born on board a vessel, the return required shall be made by the captain or person in charge of the vessel within twenty-four hours after the arrival of the vessel at her port or place of destination. If the child be born in a moving railroad train, the return required shall be made by the conductor in charge of the train within twenty-four hours after the arrival of the train at the end of the run on which the birth occurred. Any person who shall refuse or neglect to report the birth of any child as required by the provisions of this section shall be subject to a fine of not less than five dollars nor more than fifty dollars for each offense, to be recovered before any court of competent jurisdiction in Baltimore City.

WM. A. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 39879.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 25 1891 BALTIMORE CITY HEALTH DEPARTMENT

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* Colored
4. *Date of Birth,* March 7 1891
5. *Place of Birth, (Street and Number)* 216 Thirty Fifth St.
6. *Full Name of Mother,* Sarah Johnson
7. *Mother's Maiden Name,* Sarah Billington
8. *Mother's Birthplace,* Virginia
9. *Full Name of Father,* Willie Johnson
10. *Father's Occupation,* Work. Warking. Yard.
11. *Father's Birthplace,* Fulton Co. Ga.

Name of Medical Attendant, or other person who makes this Return, Anon. [illegible]

Address, 1121 Sarah St. W.

Remarks,

1 8 9 1 0 0 0 0 9 3 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the father or mother, or person in charge of such child, or of the house in which such child was born, if shall occur without the said limits, to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of such person to report the birth of such child to the Commissioner of Health. The name of the person in attendance upon the mother, or other person who shall neglect or refuse to report the birth of any child as required by this section, shall be subject to the fine of ten dollars for each offence. All penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 29980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 sixt

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 9th of April

4. Place of Birth, (Street and Number) 1305 Dulaney Alley

5. Full Name of Mother, Rachel Lormair J

6. Mother's Maiden Name, Creamer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Lormair

9. Father's Occupation, Lithograf Company

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Gallipeau Wm. M.D.

Address, 800 Lexington Hall St.

Remarks,

1 8 9 1 0 0 0 0 9 3 7

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be signed by the attending physician or midwife, if there was one present, and if not, by the third day of each and every month to the office of the Commissioner of Health, a certificate setting forth the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, and upon the failure of any person required and duty such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

PHILADELPHIA

PHIL. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 201881.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 9 th 1891.
4. Place of Birth, (Street and Number) Baltimore S. Bethel St No. 125
5. Full Name of Mother, Mrs Lena Kraus
6. Mother's Maiden Name, Mrs Lena Gebel
7. Mother's Birthplace, Europe
8. Full Name of Father, Mr Emil Kraus
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Josefhine Krueger

Address, No. 2026 E. Fayette St. Balto Md.

Remarks, 1 8 9 1 0 0 0 0 9 3 8

BALTIMORE CITY HEALTH DEPT. APR 28 1891

PRINTERS AND STATIONERS

... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, ... other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 10th 1891
4. *Place of Birth, (Street and Number)* Rhine Street No 208
5. *Full Name of Mother,* Mary McCarthey
6. *Mother's Maiden Name,* Mary Clark
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Michell McCarthey
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Catharine Mitchell

Address, No 848 west Pratt Street Baltimore

Remarks, 8910000939

HEALTH DEPARTMENT BALTIMORE APR 22 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 3. Child

1. Sex, (state whether male or female) Male Male

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, 10th April

4. Place of Birth, (Street and Number) 777 N. Pratt st

5. Full Name of Mother, Elisabeth Hasle

6. Mother's Maiden Name, Elisabeth Sturmer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas. H. Hasle

9. Father's Occupation, Stonecutter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Bangle

Address,

Remarks,

1891000000940

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child of the mother, if one of a plural birth, and within five days after the birth of any child as aforesaid a schedule shall be delivered, duly signed by the practitioner, midwife or other person in attendance upon the mother, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In either case the report required of such person or persons, who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 74881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10 April 1891
4. *Place of Birth, (Street and Number)* 1401 Gutman Ave.
5. *Full Name of Mother,* Katharina Warmuth,
6. *Mother's Maiden Name,* Langhirt.
7. *Mother's Birthplace,* Germania.
8. *Full Name of Father,* Joseph Warmuth.
9. *Father's Occupation,* Taper.
10. *Father's Birthplace,* Germania.

Name of Medical Attendant, or other person who makes this Return. Catherine Magruder

Address, 900 Lexington Ave

Remarks, 6910000941

MAY 2

Every birth occurring within the limits of Baltimore City shall be reported to the Registrar of Vital Statistics within ten days after such birth, by the attending physician or midwife, or in case there be neither of these in attendance, then by the householder or owner of the premises where such birth occurs; and the certificate shall state the place of birth; and the name, residence and occupation of the parents, the age of the mother, and the number of children born to her, and the number living. Any physician or midwife who shall have been in attendance upon the mother, immediately after the birth of any child, shall deliver a certificate of the birth to the person required to report it, within ten days after the birth. In case the birth of any child shall occur without the presence of a physician or midwife, or should no other person be in attendance, then it shall be the duty of the householder or owner of the premises where such birth occurs, within the period above required, and before the removal of the mother or child from the premises, to report the birth to the Commissioner of Health. Any person who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs, before any justice of the peace.

SM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 24 88

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Henry Thoms

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 10th April 1891
4. Place of Birth, (Street and Number) 703 William St
5. Full Name of Mother, Rosa Thoms.
6. Mother's Maiden Name, Rosa Ehman.
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Wm L Thoms
9. Father's Occupation, Tin & Shut iron worker.
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Catherine Wunder

Address, 20 Gardenhall St

Remarks, CERTIFICATE ADDED 2-3-53

1 8 9 1 0 0 0 0 9 4 2

been conferred its said office, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled up, to the person required to register the birth, and a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case a birth or death of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required to report its birth to the Commissioner of Health, the parent, or parents of such child, or the person in whose house or premises such birth or death shall occur, shall, within the time prescribed by this section, comply with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J.C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0.	*Child of Mother, (state whether 1st, 2d, 3d, &c.)*	First
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	April 10 - 91
4.	*Place of Birth, (Street and Number)*	2212 Orleans
5.	*Full Name of Mother,*	Fannie Young
6.	*Mother's Maiden Name,*	" Young
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	John R. Young
9.	*Father's Occupation,*	Machinist
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A Allwell
	Address,	9 N McDonogh
	Remarks,	

1891 MAY 1

8910000943

Sec. 1. That it shall be the duty of every physician or midwife, or other person who shall have attendance upon the mother, hereafter in this State, to report to the Commissioner of Health, in the manner and within the time hereinafter provided, the birth of each and every child born in this State, and the said Commissioner of Health shall have power and authority to make such rules and regulations as he may deem necessary for the proper registration of births, and to require reports of births from any and all persons who may be in possession of information relative thereto; and any person who shall refuse or neglect to report such birth, or to furnish such information as he may possess relative to any birth, when required by the Commissioner of Health, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Sec. 2. That it shall be the duty of every physician or midwife, or other person who shall have attendance upon the mother, hereafter in this State, to report to the Commissioner of Health, in the manner and within the time hereinafter provided, the birth of each and every child born in this State, and the said Commissioner of Health shall have power and authority to make such rules and regulations as he may deem necessary for the proper registration of births, and to require reports of births from any and all persons who may be in possession of information relative thereto; and any person who shall refuse or neglect to report such birth, or to furnish such information as he may possess relative to any birth, when required by the Commissioner of Health, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 24887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, 4 pm 10/9/91
5. Place of Birth, (Street and Number) 34 Cook st
6. Full Name of Mother, Elizabeth Curry
7. Mother's Maiden Name, Elizabeth Day
8. Mother's Birthplace, Va
9. Full Name of Father, Wm Curry
10. Father's Occupation. Lab'r
11. Father's Birthplace, Md
12. Name of Medical Attendant, or other person who makes this Return. Jane Woodland
13. Address,
14. Remarks,

1891000094 4

BALTIMORE, MD.

been conferred) its sex, color, the full name and occupation of its parents, and the said schedule shall be delivered, duly signed by the practitioner or midwife, or person in charge, to the Commissioner of Health, or to such person as he may appoint, within the third day of each and every month, for the action or practitioner or midwife, or person in charge, to be in attendance upon the mother, immediately thereafter it shall be the duty of such physician or practitioner or midwife, or person in charge, to report its birth to the Commissioner of Health, in the manner and form prescribed by the provisions of this Article, and any such person or persons who shall neglect or refuse to comply with the provisions of this Article shall be subjected to the fine of ten (10) dollars for each offense, to be recovered

ISAAC DEMMITT, JR. & CO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 29888.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 11 — 1891
4. Place of Birth, (Street and Number)	1221 William st.
5. Full Name of Mother,	Cathern Prill
6. Mother's Maiden Name,	Mathews
7. Mother's Birthplace,	America
8. Full Name of Father,	John Prill
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Lohwasser midwife
Address,	1032 Hanover st.
Remarks,	

1-8-91 0 0 0 0 0 9 4 5

...ENS, and shall set forth as far as the same can be ascertained the full name of each child (if any) born alive at the same birth, and the sex and color and occupation of the parents of such child, and the date and place of birth, and the number of children born to such mother, and the number now living. Such certificate shall be delivered, fully filled out, to the Commissioner of Health within the first and third day of each and every month to the office of the Commissioner of Health, certificates for births that shall occur between the first and third day of each month shall be delivered within the first three days of the following month; and certificates for births that shall occur between the third day of each month and the end thereof shall be delivered within the first three days of the following month. And if any physician or practitioner or midwife or other person shall neglect or refuse to report the birth of any child as aforesaid, or shall report the birth of any child born alive at the same birth otherwise than as required by this section, the person or parents of such child to report its birth to the Commissioner of Health within the time above required, and any such person or persons who shall hereafter violate any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, together with other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

July 889

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.
2. Sex, (state whether male or female) Female.
3. Race or Color, (if not of the white race) White.
4. Date of Birth, April 11th 1891.
5. Place of Birth, (Street and Number) 1933 McCulloh st.
6. Full Name of Mother, Irene E. Kleinle.
7. Mother's Maiden Name, Irene E. Adreon.
8. Mother's Birthplace, Pocomoke City.
9. Full Name of Father, Wm Kleinle.
10. Father's Occupation, Brush Manufacturer.
11. Father's Birthplace, Baltimore City
12. Name of Medical Attendant, or other person who makes this Return. Geo L Pennington. M.D.
13. Address, 804 N Carrollton Ave
14. Remarks,

1 8 9 1 0 0 0 0 9 4 6

BALTIMORE, MD.

here conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the full name of the child, if any shall have been given it. And every such certificate shall be delivered, duly signed by the practitioner or midwife, or in case of a stillborn child, by the undertaker, to the parent or parents of such child, or in case there be no parent, to the occupier of the house where the birth occurred, within ten days after the birth, and the third day of each and every month to the office of the Commissioner of Health, which office shall be open for the purpose of receiving such certificates on those days. The Commissioner of Health shall cause to be printed a sufficient number of blank forms of certificates, and shall cause the same to be delivered to the several practitioners and midwives who shall apply therefor, and to such other persons as he may think proper. Every practitioner or midwife who shall neglect or refuse to make such certificate, or shall neglect or refuse to deliver the same to the parent or parents of such child, or to the occupier of the house where the birth occurred, or to the undertaker, as the case may be, or shall neglect or refuse to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs of suit, in the name of the State of Maryland, before any justice of the peace of Baltimore City, upon the information of any person who will prosecute for the same; and all fines and forfeitures so recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 24890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) Single
2. Sex, (state whether male or female) White
3. Race or Color, (if not of the white race)
4. Date of Birth, April 11th 1891
5. Place of Birth, (Street and Number) 106 N. Eutaw
6. Full Name of Mother, Annie Gosh
7. Mother's Maiden Name, " Steadman
8. Mother's Birthplace, Scotland
9. Full Name of Father, Jos Gosh
10. Father's Occupation, Brass Finisher
11. Father's Birthplace, England
12. Name of Medical Attendant, or other person who makes this Return. Mrs. Cook M.D.
13. Address, 914 N. Charles
14. Remarks,

8910000947

ONE. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 29891

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11th 1891
4. Place of Birth, (Street and Number) #[illegible] Hay St
5. Full Name of Mother, Mary A. Deske
6. Mother's Maiden Name, Hook
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Edward Deske
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Hse Preg Villegent

Address, #1031 E Monument St

Remarks,

1891 0000948

STATE FILE No.

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 79892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 11th 1891.
4. Place of Birth, (Street and Number) #1095 Forrest St.
5. Full Name of Mother, Mary E. O'Rourke
6. Mother's Maiden Name, " Hall
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Joseph E. O'Rourke
9. Father's Occupation, Gardener
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs Fanny Villegnet

Address, #1081 E. Monument St.

Remarks,

1891 0000949

APR 20 1891
BALTIMORE CITY

Every Physician, Midwife or other person who shall hereafter attend upon any birth, shall, within ten days after such birth, cause the full name and occupation of its parents, the date and place of birth; and the sex of such child, to be delivered, duly signed by the practitioner, in the form of a certificate like this, at the office of the Commissioner of Health, in the city of Baltimore; and every such person who shall neglect or refuse to make such return, as herein required, for the space of ten days after the birth of any child shall forfeit and pay for each and every month to the use of the Commissioner of Health, in the city of Baltimore, the sum of ten dollars; and every physician, midwife or other person who shall be in attendance upon the mother of any child at the time of its birth, shall be deemed guilty of a misdemeanor, and shall be liable to the penalty of ten dollars for each and every month that he shall neglect or refuse to make such return, as herein required, to be recovered by the Commissioner of Health, in the name of the city of Baltimore, before any court of competent jurisdiction; and it shall be the duty of the Commissioner of Health, in the month of January in each year, to report to the Grand Jury of the city of Baltimore the name of every person who shall have been convicted of the violation of this section, and the Grand Jury shall present the same to the Criminal Court; and it shall be the duty of the Criminal Court to cause all such persons to be indicted, and upon conviction thereof, such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, and such fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 79893.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 Day of April
4. Place of Birth, (Street and Number) Berre strat 727
5. Full Name of Mother, Rose May Benner
6. Mother's Maiden Name, Rose May Kelly
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Henry Benner
9. Father's Occupation, Stonecutter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary E. Bentley

Address, 929 South Paca st.

Remarks, Child Living

1 8 9 1 0 0 0 0 9 5 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred upon it, the name and surname and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, at such time as any other person is shall occur without the attendance of a physician, or if such person shall neglect to deliver the said certificate within the time aforesaid, or shall neglect to comply with the provisions of this section in any other particular, such person shall be subjected to the fine of ten (10) dollars for each offence, and in addition thereto shall forfeit and pay the sum of five (5) dollars for each day during which any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, and in addition thereto shall forfeit and pay the sum of five (5) dollars for each day during which any such neglect or failure shall continue after information thereof shall have been given to the person so offending, or left at his usual place of residence, which penalties are recoverable.

APR 20 1891 CITY REGISTER

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 29504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 11 1891
4. Place of Birth, (Street and Number) 1602 Canton Ave.
5. Full Name of Mother, Kate Cook
6. Mother's Maiden Name, Glacier
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Cook
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Klein

Address, 1427 E Fort Ave

Remarks,

1 8 9 1 0 0 0 0 9 5 1

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 79895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th Apr. 1891
4. Place of Birth, (Street and Number) 913 N. B. Way.
5. Full Name of Mother, Bertha Rossiter
6. Mother's Maiden Name, McElroy
7. Mother's Birthplace, City
8. Full Name of Father, John Ferdinand Rossiter Jr.
9. Father's Occupation, Book-Keeper
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, C. L. Evans M. D.

Address, 1835 E. Baltimore St.

Remarks,

8 9 1 0 0 0 0 9 5 2

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

Prev A 14 876.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 th

1. Sex, (state whether male or female) M.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11 1891.
4. Place of Birth, (Street and Number) 926 Chesapeake St.
5. Full Name of Mother, Louise Hall
6. Mother's Maiden Name, Augie Bowers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Anthony Hall
9. Father's Occupation, Longshoreman
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Wm. L. Simpers

Address, [illegible]

Remarks, Full name of child Albert J. Hall

1891 0000953

Jas. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Every person who shall neglect to report the birth of any child, as required by this section, shall be fined for each offence not less than five (5) dollars nor more than fifty (50) dollars. It shall be the duty of the Commissioner of Health, in the performance of his duties, to see that the provisions of this section are complied with, and he shall cause the arrest of all persons who violate any of the provisions thereof. It shall be the duty of the Commissioner of Health to report the name, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or midwife present at the birth of every child born in the City of Baltimore, as shown by the certificate required by this section, to the Commissioner of Taxes, within ten days after the receipt of such certificate. In case the birth of any child shall occur without the presence of any physician or practitioner of midwifery, or should no other person be required by this section to report the same, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the form and manner and within the time aforesaid. If the mother, immediately thereafter, shall become the custody of the person charged with the care of such child, she shall be required, and any such person or persons, who shall neglect or refuse, to be required as aforesaid to report the birth of such child, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-11-56

RETURN OF A BIRTH

B 29897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Philip Edward Leon Kenna, Sr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White.
3. Date of Birth, April 12 1891
4. Place of Birth, (Street and Number) (Calverton) Lauvale Av.
5. Full Name of Mother, Laura May Kenna.
6. Mother's Maiden Name, Vogelsang
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward D. Kenna.
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm. A. Russell M.D.

Address, 703 Hayner Ave. Calverton

Remarks,

B 9 1 0 0 0 0 9 5 4

been conferred his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifteenth days of each month, and to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or shall not be reported by the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. ENLANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED. 1-7-58

RETURN OF A BIRTH. A 39548.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	John Milton Koehnlein Second
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Apr. 12 1891
4. Place of Birth, (Street and Number)	212 N. Henrietta St
5. Full Name of Mother,	Catherine Koehnlein
6. Mother's Maiden Name,	Schoenthals
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	G. Geo. Koehnlein
9. Father's Occupation,	Carter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Wagner
Address,	700 Seadenthall St
Remarks,	8910000955

MAY 1891 BALTIMORE

been entered), sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of certain diseases between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth of the child, then the mother, immediately thereafter, shall become the duty of the person with whom the mother, immediately thereafter, shall become the duty of the person with whom the mother resides, and any such person or persons who shall neglect to perform the duties imposed by the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 79899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 12. 1891

4. Place of Birth, (Street and Number) St. Vincents Inf. Asylum

5. Full Name of Mother, Mary Ballard

6. Mother's Maiden Name, "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Not known

9. Father's Occupation, " "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. S. A. Hunt M.D.

Address, 1520 Druid Hill Ave

Remarks,

89100000956

MAY 2 1891

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said school; and the teacher shall enter such information in a certificate to be furnished by the Board of Health, and the said certificate shall be delivered forthwith to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the particulars of its birth to the Commissioner of Health, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 79910.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12 1891.
4. Place of Birth, (Street and Number) 112 Bank St
5. Full Name of Mother, Mari Jansen
6. Mother's Maiden Name, Mari Pedersen
7. Mother's Birthplace, Drammen Foreign Europa
8. Full Name of Father, Jens Jensen
9. Father's Occupation, Mariner
10. Father's Birthplace, Denmark Europa

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 1113 Eastern Av

Remarks,

89100000957

MAY 2 1891 BALTIMORE MD. REGISTRY OFFICE

...sex, color, the full name and occupation of its parents, the date and place of birth, and the ...said schedule shall be delivered, duly signed by the practitioner in charge, to the Registrar of Vital ...third day of each and every month of the calendar year. In case the birth of any child ...shall neglect or refuse to report the birth of any child as herein required, the owner, agent or ...child to report its birth to the Commissioners of Health, as herein required, or violations of this section shall be sub... any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each and every offence, and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

7490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 12th 1891
4. Place of Birth, (Street and Number) Baltimore E. Fayette St. No 2340
5. Full Name of Mother, Mrs Arabella Jones
6. Mother's Maiden Name, Mrs Arabella Jordan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr. James Jones
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs J. Krueger

Address, No 2626 E. Fayette St Balt. Md

Remarks,

8 9 1 0 0 0 0 9 5 8

been conferred its sex, color, the full name and the residence of its parents, the date and place of birth; and the said midwife shall report to the office of the Commissioners in the district between the first and fifteenth days of each month, on blanks furnished by said Commissioners, the case the birth of any child shall occur without the attendance of a physician or midwife, or the case where said no other person be in attendance upon the mother, immediately thereafter, the said midwife shall report to the office of the Commissioners, within the period above required, and child to report its birth to the Commissioners, as herein required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. All fines and forfeitures are recoverable

J. G. BLAKE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 19907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 13/91
5. Place of Birth, (Street and Number) 830 S. Sharp St
6. Full Name of Mother, Annie Miller
7. Mother's Maiden Name, Annie Wakakoenig
8. Mother's Birthplace, Balto
9. Full Name of Father, Louis Miller
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Catherine Wagner

Address, 830 S. Sharp St.

Remarks,

89 10 00 0959

BALTIMORE CITY HEALTH DEPT.

been conferred; its sex; color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother and child than a midwife, then it shall be the duty of such midwife to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 7993.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 12 of April 1891
4. *Place of Birth, (Street and Number)* Baltimore 1117 Gilmore St
5. *Full Name of Mother,* Ida L Chapman
6. *Mother's Maiden Name,* Ida L Brooke
7. *Mother's Birthplace,* Caroline Co Virginia
8. *Full Name of Father,* George W Chapman
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 1 0 0 0 0 9 6 0

APR 27 1891 BALTIMORE MD.

Sec. 3. And be it further enacted, That the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Births, or such other person as shall occur within the city or county, and in default of such attendance upon the mother, immediately, by the person duly of the person or parents of such child to report its birth to the Commissioners of Health, within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten dollars for each and every such neglect, which fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 13 — 1891
4. Place of Birth, (Street and Number) 322 W. Pratt st
5. Full Name of Mother, Anna Manske
6. Mother's Maiden Name, Wenderoth
7. Mother's Birthplace, Germany
8. Full Name of Father, Albert Manske
9. Father's Occupation, Cementer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. Lohwasser midwif

Address, 1032 Hanover st

Remarks,

8910000961

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 71905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 13th
4. Place of Birth, (Street and Number) 511 S. Fremont ave.
5. Full Name of Mother. Katie Brandt
6. Mother's Maiden Name, " Cain
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Brandt
9. Father's Occupation, Tinner
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. G. L. Baddenhope

Address, 418 S. Paca st.

Remarks,

8 9 1 0 0 0 0 9 6 2

HEALTH DEPT. BALTIMORE

Every birth which occurs in the City of Baltimore shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the same can be ascertained; the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attending physician or midwife, or if there be none, of the householder or other person in charge of the premises where the birth occurs. And it shall be the duty of the person or persons in attendance upon the mother, immediately thereafter to report the birth of any child which may have been born without the attendance of a physician or midwife, or should there be no person in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of the premises where the birth occurs to report the birth of any child which may have been born without the attendance of a physician or midwife. In case the birth of any child shall occur without the attendance of a physician or midwife, or should there be no person in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of the premises where the birth occurs to report the birth of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any neglect or refusal to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 24906.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13, 1891.
4. Place of Birth, (Street and Number) 561 Dolphin Street
5. Full Name of Mother, Emma A. Minnick
6. Mother's Maiden Name, Plowman
7. Mother's Birthplace, Md
8. Full Name of Father, Wm. F. Minnick
9. Father's Occupation, Insurance Agent
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. G. Lane Taneyhill

Address, 1103 Madison Avenue

Remarks, 8 9 1 0 0 0 0 9 6 3

FEB 18 1891 REGISTRAR OF VITAL STATISTICS BALTIMORE MD.

been conferred) its sex, color, the ... rname and occupation of its parents, the date and place of birth, and the full name of each child of every mother, which certificate shall be filled out and signed by the attending physician or midwife, if there was one present at the birth, and if not, then by the father, mother, householder or other person present at the birth, within five days after such birth occurs; and no midwife shall practice as such after the passage of this act without having received a certificate of qualification from the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the parents or either of them object to the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, stating the particulars required to be reported in cases where there was attendance; and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
2. Sex, (state whether male or female)	Female
3. Race or Color, (if not of the white race)	White
4. Date of Birth.	April 13/91
5. Place of Birth, (Street and Number)	1413 N Pratt St
6. Full Name of Mother,	Annie Emery
7. Mother's Maiden Name.	Annie Davis
8. Mother's Birthplace,	Balto Md
9. Full Name of Father,	Marion Emery
10. Father's Occupation,	Laborer
11. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	J. E. Shriver M.D.
Address,	
Remarks,	

APR 27 1891

8 9 1 0 0 0 0 9 6 4

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 74908.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 15th 1891.
4. Place of Birth, (Street and Number) 402 Saratoga St.
5. Full Name of Mother, Alice E. Heddeman.
6. Mother's Maiden Name, Alice E. McGiveron.
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, James F. Heddeman.
9. Father's Occupation, Sailor.
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return. John A Pennington M.D.

Address, 804 N Caroline Av

Remarks,

1 8 9 1 0 0 0 0 9 6 5

been conferred) its sex, color, the full name and occupation of its parents, the date of its birth, and the ward, street and number of the house in which it was born, which certificate shall be signed by the practitioner in the case, if there be one, and the said schedule shall be returned every month to the office of the Commissioner of Health, in the month following the birth to which it relates. And every midwife or other person not being a practitioner of medicine who shall assist at the birth of any child, and every person in whose house any child shall occur without the attendance of a physician or midwife, or the father or mother of such child, or in the absence of the father and mother, the householder in whose house such child shall occur, or in the absence of such householder, the nearest relative present at the birth, or in the absence of such relatives, any other person present at the birth, or having charge of such child, shall within the period prescribed in this section for the return of births by physicians and midwives, report to the Commissioner of Health, in the manner aforesaid, the information required to be reported by physicians and midwives, and any of the persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 79409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Bertha Marcella Hutton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 13 th 1897
4. Place of Birth, (Street and Number) 1223 William st
5. Full Name of Mother, Katie Hutton
6. Mother's Maiden Name, Katie Eckhardt
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Hutton
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Catherine Wenzel

Address, 910 Lanvale st

Remarks, 3 9 1 0 0 0 0 9 6 6

Each conferee, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the father or mother of such child, or the owner or agent of the premises where such child was born, shall within the time aforesaid, make such return and certificate. Any physician or midwife who shall neglect to make such return and certificate within the time aforesaid, shall be subjected to the fine of ten (10) dollars for each offense. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 74910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d

1. Sex, (state whether male or female) Male William Charles
2. Race or Color, (if not of the white race)
3. Date of Birth, 1st of April 1891
4. Place of Birth, (Street and Number) 1114 Cootsie Street Locust Point
5. Full Name of Mother, Lena Roeder
6. Mother's Maiden Name, Lena Gilbert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Roeder
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Tina Lang

Address, (Fort Av) 1904 Locust Point

Remarks, 1 8 9 1 0 0 0 0 9 6 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been named, the sex, color, the parentage, the full name of each parent, the date of birth, and the place where said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the parent or parents, guardian or other person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall neglect or refuse fully to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 74911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 13 - 1891
4. Place of Birth, (Street and Number) 1107 E Fath St.
5. Full Name of Mother, Francis Konig
6. Mother's Maiden Name, Kusner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Konig
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Henry Stein

Address, 1127 E Fath St.

Remarks, 8 9 1 0 0 0 0 9 6 8

Be it enacted by the General Assembly of Maryland, That it shall be the duty of the parent or parents of each child, of any age, born within the limits of Baltimore City, to cause the birth of such child to be registered with the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and in such form as may be prescribed by the Registrar. In the form of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur without the attendance of a physician, or midwife, it shall be the duty of the householder, or person in charge of the house in which the mother immediately thereafter is, to cause the birth of such child to be registered with the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and in such form as may be prescribed by the Registrar. And the provisions of this section shall be subject to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable by any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM J C BULLANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color. (if not of the white race)* White.
3. *Date of Birth,* Nov 13 1891
4. *Place of Birth, (Street and Number)* 2518 Sandiston St.
5. *Full Name of Mother,* Margaret Lynch
6. *Mother's Maiden Name,* Margaret Cotter
7. *Mother's Birthplace,* Ire
8. *Full Name of Father,* Lynch
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary L. Dwayne

Address, 736 Luzerne St.

Remarks,

8910000969

been conferred on its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the person in charge of the house in which the birth occurred, within thirty-six hours after the birth; in case the birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 7941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
2. Sex, (state whether ~~male or~~ female)
3. Race or Color, (if not of the white race)
4. Date of Birth, 14 April 1891
5. Place of Birth, (Street and Number) 1001 Ridgely St.
6. Full Name of Mother. Margaretta Hammer
7. Mother's Maiden Name, Damm
8. Mother's Birthplace, Baltimore Md
9. Full Name of Father, Bernhard H. Hammer
10. Father's Occupation, Grocery
11. Father's Birthplace. Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Murphy

Address, 1202 Lemmon Hall St.

Remarks, 8 9 1 0 0 0 0 9 7 0

BALTIMORE MAY 1 1891

being conferred) if born, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be signed by the attendant, if there was one, and if not, by the person or parent giving the information. In case the birth of any child shall occur without the attendance of a physician or practitioner, the parent or parents of such child shall within ten days after the birth of such child, report the same to the Registrar of Vital Statistics, and in default thereof shall be liable to a penalty of ten dollars for each offense. In case the birth of any child shall occur without the attendance of a physician or practitioner, the parent or parents of such child shall within ten days after the birth of such child, report the same to the Registrar of Vital Statistics, and in default thereof shall be liable to a penalty of ten dollars for each offense. Should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the person or parents of such child to report the case within ten days after the birth, and in default thereof shall be liable to a penalty of ten dollars for each offense. Any person who shall hereafter violate any provision of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 7941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, April 11th '11.

4. Place of Birth, (Street and Number) 513 N. Gay St.

5. Full Name of Mother, Friederika Isabel Appelt

6. Mother's Maiden Name, Cooper

7. Mother's Birthplace, Germany

8. Full Name of Father, Herman Julius Fuchs

9. Father's Occupation, Merchant Tailor

10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. Mrs. Fanny Turner

Address, 619 N. Eden St.

Remarks, 8 9 1 0 0 0 0 9 7 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the physician or midwife present at the birth, or of the person who has charge of such child. Such certificate shall be delivered, thirty days after the birth, to the person in charge of the premises where such birth occurs, by the physician or midwife present at the birth, or by the father or mother, or nearest relative present at the birth, or by the person in charge of such premises, and shall be signed by the person delivering it. In case the birth occurs elsewhere than on such premises, the certificate shall be delivered to the office of the Commissioner of Health, or shall become the duty of such father, mother, nearest relative present at the birth, or person in charge of such premises, to report the birth to the Commissioner of Health, in the manner and within the period above required. All births which shall occur without the city, immediately after the arrival of the mother, infant or child within the city, shall be reported to the Commissioner of Health, in the manner and within the provisions of this section required. In case of the absence of a physician or midwife, the duty of reporting the birth shall become the duty of the father, mother, nearest relative present at the birth, or person in charge of the premises where the birth occurs, and the duties required of the physician or midwife present at the birth shall be performed by such person or persons. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 74915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 14th 1891
4. Place of Birth, (Street and Number) 2121 Pennsylvania ave.
5. Full Name of Mother, Catherine L. Mules
6. Mother's Maiden Name, " " Snyder
7. Mother's Birthplace, Balto.
8. Full Name of Father, C. W. H. Mules
9. Father's Occupation, Printer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. D. Gilbert

Address, 1214 Linden ave

Remarks, 8 9 1 0 0 0 0 9 7 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

1916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 17/91
4. Place of Birth, (Street and Number) 637 Portland St
5. Full Name of Mother, Martha Bell Stein
6. Mother's Maiden Name, Martha Bell Snyder
7. Mother's Birthplace. Hanover Pa
8. Full Name of Father. Chas H Stein
9. Father's Occupation. Clerk
10. Father's Birthplace, Balto County

Name of Medical Attendant, or other person who makes this Return. Catherine Seebach

Address,

Remarks, 8910000973

been conferred, its sex, color, the full name, if any, and residence of its parents, the date and place of birth; and the said certificate shall be signed, after the first day of July, 1915, by the practitioner, midwife, or other person who shall have been in attendance upon the birth of such child, or by the parent or parents of such child, if no other person shall have been in attendance upon the birth of such child, or by the householder or owner of the premises where such birth shall occur without the attendance of a practitioner or midwife, or should no other person be in attendance upon the mother, immediately after the birth of such child, and every such certificate shall be delivered to the Commissioner of Health, or to such person as he may designate to receive the same, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 29917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE MD. HEALTH DEPARTMENT APR 28 1891

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
2. Sex, (State whether male or female) female
3. Race or color, (if not of the white race) white
4. Date of Birth, April 14 1891
5. Place of Birth, (Street and Number) 722 Rayner ave. Calverton
6. Full Name of Mother, Helen Martha Howe Linthicum
7. Mother's Maiden Name, "
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Gen. John. P. Howe
10. Father's Occupation, Supt. House of Reformation Cold
11. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return. Mitch. A. Duvall. M.D.

Address, 702 Rayner ave. Calverton.

Remarks, 8910000974

J. C. BULLEY & SO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-27-56

RETURN OF A BIRTH

79918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Myrtle Bertha Hax First Kinsey
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth	April 14th 1891
4. Place of Birth, (Street and Number)	1712 E Monument Street
5. Full Name of Mother,	Bertha E. Kinsey
6. Mother's Maiden Name,	Bertha E Hax
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Clinton A Kinsey
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Saml F. Powell M.D.
Address,	217 Aisquith Street
Remarks,	8910000975

BALTIMORE MD. HEALTH DEPARTMENT MAY 27 1891

John Murphy & Co., Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born April 14th 1891
4. Place of Birth, (Street and Number) #332 Smallwood St
5. Full Name of Mother, Mrs Amelia Schaefer
6. Mother's Maiden Name, Mrs " Linderhoff
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr Frederick Schaefer
9. Father's Occupation, Barber
10. Father's Birthplace, Darmstadt Germany

Name of Medical Attendent, or other person who makes this Return. Mrs Hiller

Address, 2127 N Paca St

Remarks,

89100000976

been conferred by law, give the full name and occupation of the physician or midwife by whom such service shall have been rendered, and the date and place of birth. And the said parents shall severally, when required by the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, procure a certificate from the physician or midwife in attendance upon the birth of each child, stating the fact, date and place of birth, and the name, sex and color of such child, and transmit the same to the office of the Commissioner of Health. In case there shall be no physician or midwife in attendance upon the birth of any child, the parent or parents of such child, or the householder or owner of the premises where such birth occurs, or the person having charge of such premises, shall within ten days after the birth of such child, report the same to the Commissioner of Health, in the manner and with the particulars required of the said parents, and any such person or persons who shall neglect or refuse fully to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered, with costs, as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 309 20

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 14th 1891
4. Place of Birth, (Street and Number) 942 W. Saratoga St.
5. Full Name of Mother, Rosa L. Deer
6. Mother's Maiden Name, Rosa Wehrmann
7. Mother's Birthplace, Baltimore Md
8. Full Name of Futher, David F. Deer
9. Father's Occupation, Fancy Box Maker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Minnie Graf

Address, 1029 W. Saratoga St.

Remarks, 8910000977

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Commissioner of Health, to such person as he may designate for the purpose; and shall deliver such schedule, duly signed, to the parents or parent of such child, or to the person in charge of the house in which such birth occurs, within the period above required, and without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and every person who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-25-55

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Emma Margaret Davis

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 14, 1892
4. Place of Birth, (Street and Number) 715 Clarke St
5. Full Name of Mother, Mary Davis
6. Mother's Maiden Name, Mary Hamber
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Davis
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary L. Swayne

Address, 726 Lafayette St

Remarks,

8 9 1 0 0 0 0 9 7 8

...shall not enter the full name and occupation of its parents, the date and place of birth; and the ...shall be delivered, duly signed by the practitioner in the form of a certificate hereto...

...third day of each and every month to the office of the Commissioner of Health, or should no other person be in ...shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such ...attendance upon the birth to report the same to the Commissioner of Health, in the manner and within the period above required, and ...shall forfeit to the Mayor and City Council of Baltimore the sum of ten dollars, to be recovered as other debts due said City; and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable, and ...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 7997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April. 15th
4. Place of Birth, (Street and Number) Baltimore City. 1127 Fawn Street
5. Full Name of Mother, Mrs Louis Kalb
6. Mother's Maiden Name, Miss Cassie Hammelbacker.
7. Mother's Birthplace, Baltimore County.
8. Full Name of Father, Mr. Louis Kalb
9. Father's Occupation, Hauler.
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return. Mrs Dange.

Address, Cross Street.

Remarks, Excellent.

1891 0000979

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the full address at which he delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of the month following that in which the birth occurred. If no medical practitioner was in attendance upon the mother, immediately after the birth occurred, or should no other person required to report the birth to the Commissioner of Health, in the manner and within the time above required, and shall neglect or refuse to do so, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

890 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 7997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 13 1891
4. Place of Birth, (Street and Number) 1005 Boyd St. Md.
5. Full Name of Mother, Belle Wilcox
6. Mother's Maiden Name, " " Wilson
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Wilcox
9. Father's Occupation, Traveling Agent
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 1 8 9 1 0 0 0 0 9 8 0

RECEIVED MAY 1891

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the said Undertaker in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health, or such person as he may appoint to receive the same; and the said undertaker upon the mother, immediately thereafter, [illegible] Name the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to do so, shall upon conviction thereof, be subject to the line of ten (10) dollars for each offence, to be recovered in the manner and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 15 — 1891
4. *Place of Birth, (Street and Number)*	1849 e. Charles st.
5. *Full Name of Mother,*	Cathern Menfort
6. *Mother's Maiden Name,*	Hobbard
7. *Mother's Birthptace,*	America
8. *Full Name of Father,*	Alwin Menfort
9. *Father's Occupation,*	laborer
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser midwife
Address,	1032 Hanover st
Remarks,	

8 9 1 0 0 0 0 9 8 1

BALTIMORE MD.

...ORE CITY, that any child of any street ... the date and place of birth; and the ... of a certificate between the first ... case the birth of any ... stery, or should no other person he ... duty of the person or persons of such ... within the period above recited, such ... of this section will be ... other fines and forfeitures are recoverable.

...ORE CITY, that any child of any street ... been conferred) its sex, color, the full ... said schedule shall be delivered, duly ... third day of each and every month ... shall occur within the first ... attendance upon the mother, ... child to report its birth to the ... any such person or persons, ... jected to the fine of ten dollars ...

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH No. 749 W.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 21 1891 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, April 15 1891

4. Place of Birth, (Street and Number) 1234 Madison St

5. Full Name of Mother, Elizebeth Travis

6. Mother's Maiden Name, Elizebeth Boldin

7. Mother's Birthplace, Washington D C

8. Full Name of Father, William Travis

9. Father's Occupation, labor

10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return. Elizebeth Gayle

Address, 106 Stirling st

Remarks,

8 9 1 0 0 0 0 9 8 2

GEO. J. G. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. # 39076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 15th 91
4. Place of Birth, (Street and Number)	1033 Charles St.
5. Full Name of Mother,	Catherine Berry.
6. Mother's Maiden Name,	Catherine Böser
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Adams Berry.
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs B Burch M.D.
Address,	509 Hanover St.
Remarks,	18910000983

GEO. W. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 15 1891
4. Place of Birth, (Street and Number) 818 William St
5. Full Name of Mother, Cathn Runkle
6. Mother's Maiden Name, Cathn Burk
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo D Runkel
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Balto City Md

Name of Medical Attendant, or other person who makes this Return Woodbourne Md

Address, 914 N Chas

Remarks,

8 9 1 0 0 0 0 9 8 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of each child previously born to the mother, if any, and the number now living and dead; and shall also state the number of each sex and color of children born to the mother, and the number now living and dead. And the said physician or midwife shall, within ten days after the birth of any child as aforesaid, report to the office of the Commissioner of Health the particulars required to be reported by this section; and in case any child shall occur without the attendance of a physician or practitioner of midwifery, or any other person be in attendance upon the mother immediately thereafter it shall become the duty of the parents of such child, each of the persons present at the birth, and the householder of the house where such birth occurs, to report the particulars required by this section to the Commissioner of Health within ten days after the birth; and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines for misdemeanor recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 24928

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 7 91
4. Place of Birth, (Street and Number)	1512 Mildon St
5. Full Name of Mother,	Emma Burke
6. Mother's Maiden Name,	Emma Ripley
7. Mother's Birthplace.	Boalt
8. Full Name of Father,	James Burke
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Richmond Va
Name of Medical Attendant, or other Person who makes this Return,	J. B. Himes M.D.
Address,	
Remarks,	

8 9 1 0 0 0 0 9 8 5

ascertain the full name of such child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and such other facts as may be required, and to forward the same to the Registrar of Vital Statistics within forty-eight hours after the birth of such child, and every month to the Office of the Commissioner of Health. If no medical person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to procure a certificate of the birth of such child, and within ten days thereafter to forward the same to the Registrar of Vital Statistics. If no person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the penalties of (5) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 2498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.):

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant or other person who makes this Return,

Address,

Remarks,

8 9 1 0 0 0 0 9 8 6

APR 24 1891

HEALTH DEPARTMENT

BALTIMORE CITY

Any midwife, physician or person who shall neglect or refuse to make the return required by this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs, before any justice of the peace.

Any midwife, physician or person who shall neglect or refuse to make the return required by this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs, before any justice of the peace.

Each midwife, physician or person who shall attend upon the birth of any child, and the said midwife, physician or person shall, within ten days thereafter, transmit a certificate in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or professional midwife, or should no other person be in attendance upon the mother immediately after the birth, the parent or parents, guardian or other person having charge of such child shall within ten days thereafter, transmit a certificate in the form above required, and any such person or persons who shall neglect or refuse to make the return required by this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs, before any justice of the peace.

494 J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Cert. Corr. 3-28-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ethel Virginia Fisher

1. *No. of Child of Mother,* (state whether 1st, ~~2d, 3d,~~ &c.)
2. *Sex,* (state whether ~~male~~ or female)
3. *Race or Color,* (~~if not~~ of the white race)
4. *Date of Birth,* April 15. 91.
5. *Place of Birth,* (Street and Number) 1231 Charles St
6. *Full Name of Mother,* ~~Mrs.~~ Fisher, Rosa
7. *Mother's Maiden Name,* Mrs. Dent.
8. *Mother's Birthplace,* Balto.
9. *Full Name of Father,* ~~Mr.~~ Fisher, Charles
10. *Father's Occupation,* Cooper.
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Dr. A. L. Hopkins

Address, 1224 Light St.

Remarks,

8 9 1 0 0 0 0 9 8 7

APR 23 1891

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS

...feet corrected. The sex, color, the full name and occupation of its parents, the date and place of birth, and the ...third day of each month. In attendance of a physician or midwife, it shall be the duty of the person or parents of such ...attendance upon the birth, immediately upon the birth, to report the birth to the Commissioner of Health. In case there is no other person required, and ...child to report the birth to the Commissioner of Health within the period above required, and ...any such person who shall refuse or neglect to make such report, or who shall make false returns, shall be ...jected to the fine of ten (10) dollars for each offense. If the required certificate is not filed and ...feet corrected. The sex, color, the full name and occupation of its parents, the date and place of birth, and the ...third day of each month. In attendance of a physician or midwife, it shall be the duty of the person or parents of such ...attendance upon the birth, immediately upon the birth, to report the birth to the Commissioner of Health. In case there is no other person required, and ...child to report the birth to the Commissioner of Health within the period above required, and ...any such person who shall refuse or neglect to make such report, or who shall make false returns, shall be ...jected to the fine of ten (10) dollars for each offense. If the required certificate is not filed and ...feet corrected.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

7943.

GIVEN NAME ADDED 10-3-50

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Thomas ~~Robert~~ Hillman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15, 1871
4. Place of Birth, (Street and Number) 2314 Canton Ave
5. Full Name of Mother, Margaret Hillmans
6. Mother's Maiden Name, Margaret Stevens
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Hillmans
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary A. Dunyon

Address, 726 Luzerne St

Remarks,

8910000988

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attendant, which certificate shall be made out and delivered within the first and said schedule shall be delivered to the Commissioner of Health, or should no other person be in attendance upon the mother, the midwife or nurse shall become the duty of the person or persons last above named to report the birth to the Commissioner of Health in the manner and within the time above specified, and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons last above named to report the birth to the Commissioner of Health in the manner and within the time above specified, and attendance upon the mother, himself or herself to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense. The report of births as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. 7993V.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 16th 91
4. *Place of Birth, (Street and Number)*	1532 Hollins St
5. *Full Name of Mother,*	Carrie Ellinger
6. *Mother's Maiden Name,*	Carrie Kuhlmann
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank C. Ellinger
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr Kuhlmann
Address,	100 Cathedral St
Remarks,	8910000989

MAY 1 1891

BALTIMORE

been conferred; its sex, color (the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person in attendance at the birth, to the Registrar of Vital Statistics, at the office of the Board of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately preceding the birth, the person above required, and in case there is no person who shall fail promptly with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with costs and forfeitures are recoverable.

J. S. BELAIY & CO., CITY PRINTERS AND STATIONERS

A. 24933.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 16-91
4. Place of Birth, (Street and Number) 1216 N Pratt St
5. Full Name of Mother, Mrs Bridget Burns Butler
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Ireland
8. Full Name of Father, Edward Butler
9. Father's Occupation, Carpenter
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. E. P. Ellenich M D

Address, Union Square

Remarks, Instrumental

C 1 0 0 0 0 9 9 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the address at which such birth occurred. In the case of a premature birth, the date and place of birth; and the said selegnie shall be delivered, duly signed, in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health. In case the father or mother shall decline or neglect to furnish the information required, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall refuse or after fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ALL

1891. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 74931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	~~April~~ April 16th 1891
4. Place of Birth, (Street and Number)	1942 Mosher St-Balto
5. Full Name of Mother,	Mary Alice Arnold
6. Mother's Maiden Name,	Haines
7. Mother's Birthplace,	Carroll Co. Maryland
8. Full Name of Father,	Henry Thomas Arnold
9. Father's Occupation,	Policeman
10. Father's Birthplace,	Carroll Co Maryland
Name of Medical Attendant, or other person who makes this Return.	Susan Hamlet
Address,	23 N Pippleton St
Remarks,	8910000991

APR 27 1891

...ena endered) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, including the present birth, and whether the child was born alive or dead; and the physician or midwife in attendance upon the mother, immediately thereafter, shall make a return of the birth of any child to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, shall make a return of the birth of any child to the Commissioner of Health, in the form of a certificate to be furnished by the Commissioner of Health, or such other person as shall be in attendance upon the mother, immediately thereafter, shall make a return of the birth of any child to report its birth to the Commissioner of Health, in the form of a certificate to be furnished by the Commissioner of Health, and the person neglecting to make such return shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

7793

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 16th 1891
4. *Place of Birth, (Street and Number)* 527 Lawrence St
5. *Full Name of Mother,* Mary A Schrup
6. *Mother's Maiden Name,* " P " Reily
7. *Mother's Birthplace,* Balto City Md
8. *Full Name of Father,* Charles F Schrup
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Balto City Md

Name of Medical Attendant, or other person who makes this Return. Theo. Cooke Md

Address, 914 N Charles St

Remarks,

8910000992

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	April 16/91
4. Place of Birth (Street and Number),	2003 Eaugh St.
5. Full Name of Mother,	Minnie Barth
6. Mother's Maiden Name,	n Butterfield
7. Mother's Birthplace,	West Indies
8. Full Name of Father,	Adam Barth
9. Father's Occupation,	Moulder
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Wm Mansfield M.D
Address,	124 N Broadway
Remarks,	8 9 1 0 0 0 0 9 9 3

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 16 1891
4. *Place of Birth, (Street and Number)*	409 Folsom Av
5. *Full Name of Mother,*	Anna Lindemann
6. *Mother's Maiden Name,*	Anna Kollmann
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	August Leidersdorf
9. *Father's Occupation,*	Pharmaceutist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	H. B. Noble M.D.
Address,	201 Monroe Av
Remarks,	8 9 1 0 0 0 0 9 9 4

HEALTH DEPARTMENT BALTIMORE CITY

Each mother is to give the full name and occupation of the parents, the date and place of birth, and the sex and whether white or colored of each child born alive, and the number of such births. The physician, midwife or other person in attendance at the birth shall deliver duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the parent or parents of such child shall report the birth to the Commissioner of Health, and the person also who shall neglect any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 1 Child
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) The Negro
4. Date of Birth, April 16 1891
5. Place of Birth, (Street and Number) No 422 E. Lombard St
6. Full Name of Mother, Annie E Nelson
7. Mother's Maiden Name, Annie E Stinson
8. Mother's Birthplace, Frederick Maryland
9. Full Name of Father, Thomas Nelson
10. Father's Occupation, Shoemaker
11. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs E Nelson

Address, 420 Lombard St

Remarks, 8 9 1 0 0 0 0 9 9 5

HEALTH DEPARTMENT APR 30 1891 BALTIMORE

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name, residence and occupation of the person making the return, which return shall be made within the first and third days of each month to the officer or practitioner of the city or county where such birth occurred, and shall be made in such manner and within the period of time required, and upon the blank furnished by the Commissioner of Health, and shall be signed by the person making the same; and if any such person who shall neglect or refuse to make such return, or shall make a false return, or shall neglect or refuse to report the birth of any child as required by this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

And it shall be the duty of the person or practitioner in attendance upon the mother, at the birth of any child, to report the birth of such child to the Commissioner of Health, in accordance with the provisions of this section; and if there be no person in attendance upon the mother, or if such person be not a practitioner of medicine, then it shall be the duty of the father of such child to report the birth of such child as required by this section; and any such person who shall neglect or refuse to report the birth of any child as required by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A. 7994

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex.* (state whether male or female)	Male.
2.	*Race or Color.* (if not of the white race)	White Race
3.	*Date of Birth.*	6 April 6/91
4.	*Place of Birth.* (Street and Number)	No 233 E. Lemmon St.
5.	*Full Name of Mother.*	Louise Lemmert.
6.	*Mother's Maiden Name.*	Jost.
7.	*Mother's Birthplace.*	Prussia
8.	*Full Name of Father.*	Chas. Lemmert
9.	*Father's Occupation.*	Gasfitter
10.	*Father's Birthplace.*	England.
	Name of Medical Attendant, or other person who makes this Return.	Emma Jones
	Address.	No 1603 S. Latrobe St,
	Remarks.	Physician.

APR 2 1891 BALTIMORE MD

8 9 1 0 0 0 0 9 9 6

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 79950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (State whether male or female) Female

Race or Color, (if not of the white race) White

3. Date of Birth, Sunday Apr 1st

4. Place of Birth, (Street and Number) 2122 East Street

5. Full Name of Mother, Rosina Lenk

6. Mother's Maiden Name, Jung

7. Mother's Birthplace, Mattheus County

8. Full Name of Father, John Lenk

9. Father's Occupation, Engineer

10. Father's Birthplace, Do

Name of Medical Attendant, or other person who makes this Return. Geo. C. Peters

Address, 2122 East St

Remarks, 8910000997

HEALTH DEPARTMENT APR 2 1891 BALTIMORE MD.

Every midwife, physician, or other person who shall be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter offend in the premises shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with costs of suit, before any court of competent jurisdiction.

ORIG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 79941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1 2

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 16th of April
4. *Place of Birth,* (*Street and Number*) Baltimore Stockholm St 402
5. *Full Name of Mother,* Theresa Arnold
6. *Mother's Maiden Name,* Theresa Greif
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Christopher Arnold
9. *Father's Occupation,* Glass Blower
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, N. Central St

Remarks,

8 9 1 0 0 0 0 9 9 8

[illegible] its sex, color, the full name and [illegible] date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, which fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, (April 16th 1891)

4. Place of Birth, (Street and Number) 317 S. Sharp St

5. Full Name of Mother Rebecca Lowen

6. Mother's Maiden Name. Rebecca Zobe

7. Mother's Birthplace. Russia

8. Full Name of Father. Isaac Lowen

9. Father's Occupation, Cabinet-Maker

10. Father's Birthplace. Russia

Name of Medical Attendant, or other Person who makes this Return Dr Wm Correll M.D

Address, 409 S. Sharp St

Remarks,

1891 0000999

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO., CITY PRINTERS AND STATIONERS

...been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4749 33

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) male

2. ~~Race or Color, (if not of the white race)~~ White

3. Date of Birth, April 4-91

4. Place of Birth, (Street and Number) 701 William St

5. Full Name of Mother, Catharine Sturm

6. Mother's Maiden Name, " Kaltenbach

7. Mother's Birthplace, Balto City Md

8. Full Name of Father, Charles J Sturm

9. Father's Occupation, Clerk

10. Father's Birthplace, Ottawa, Ills.

Name of Medical Attendant, or other person who makes this Return, Mrs Strumph Cor. W

Address, Montgomery & Leadenhall Sts

Remarks, 8/9 1 0 0 0 1 0 0 0 Good Health

M. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

A. 799 W.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Willard Atkinson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 17. 1891
4. *Place of Birth, (Street and Number)* 1905 Druid Hill Avenue
5. *Full Name of Mother,* Eleanor Atkinson
6. *Mother's Maiden Name,* " Watson
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* Wm Atkinson
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Balt City

Name of Medical Attendent, or other person who makes this Return. Markley / Brewer Md

Address, 1106 McCulloh Street

Remarks, GIVEN NAME ADDED 3-16-54 L.M. 8910001001

APR 25 189[illegible] BALTIMORE

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, [illegible] recoverable as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex. (state whether male or female)*	Male.
2.	*Race or Color. (if not of the white race)*	Whole Race
3.	*Date of Birth,*	March April 1891
4.	*Place of Birth, (Street and Number)*	No 36 South St.
5.	*Full Name of Mother,*	Gertrude Harvey
6.	*Mother's Maiden Name,*	" Frey Lewis
7.	*Mother's Birthplace,*	Balto Co. Md.
8.	*Full Name of Father,*	James Harvey.
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Balto Md.
	Name of Medical Attendant, or other person who makes this Return,	Annie Jones
	Address,	1603 E. Chase St.
	Remarks,	Registered

1891 000 1002

APR 2 1891 BALTIMORE, MD.

(Section 4. Be it further enacted, That it shall be the duty of the Registrar of Vital Statistics to report as birth to the Commissioner of Health the name of every child, of any age, of which he shall have been informed as required by this ordinance, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed as the Registrar may require, to the Commissioner of Health. In case the birth of any child shall occur in a family in which there are no parents capable of giving the information required, the duty of reporting such birth shall devolve upon the person having charge of the house in which the birth occurs, and in case the birth occurs elsewhere than in a house, upon the person in attendance upon the mother at the time of birth, or upon the person with whom the child resides. Any person who shall refuse or neglect to perform the duties required of him by this section shall be subject to a fine of not less than ten dollars nor more than fifty dollars, and the collection of such fine and forfeiture may be enforced as other fines and forfeitures are recoverable.)

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 7990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 17 1891
4. Place of Birth, (Street and Number) 1266 Pratt st
5. Full Name of Mother, Catharina Dietz
6. Mother's Maiden Name, Allmendinger
7. Mother's Birthplace, Germany.
8. Full Name of Father, Friedrich Dietz
9. Father's Occupation, Brewer
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. J. Schwarder midwife

Address, 1032 Hanover st.

Remarks,

APR 24 1891

6 9 1 0 0 0 1 0 0 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the full name of each and every month to the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or midwife, the parents, or either of them, and the person with whom the mother shall immediately thereafter reside, shall within the period of ten days next after the birth of such child to report its birth to the Commissioner of Health, in the manner hereinbefore provided, and any such person or persons who shall hereafter fail, refuse or neglect to make such report as aforesaid, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 7947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6th

1. Sex. (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 17th, 1891.
4. Place of Birth, (Street and Number) 1404 Luzerne Street
5. Full Name of Mother, Augusta Schroder
6. Mother's Maiden Name, " Oehlschlager
7. Mother's Birthplace, Germany
8. Full Name of Father, Ernst Schroder
9. Father's Occupation, Street Sayer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wilhelmine Schmidt

Address, No. 1859 N. Gay Street City

Remarks, 8910 0 0 1 0 0 4

MAY 1 1891 CITY REGISTER

PAID 10

Such conference, his sex, color, the full name and occupation of his parents, the date and place of birth, and the said attendant shall, within ten days after the birth, make a return of the same to the office of the Registrar of Vital Statistics, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter, the person in whose house or premises such birth occurs shall make the return required by this section, and any such person or persons who shall neglect or refuse to make such return as herein required shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c)* 1—
2. *Sex, (state whether male or female)* M
3. *Race or Color, (if not of the white race)* W
4. *Date of Birth,* April 17 — 91
5. *Place of Birth, (Street and Number)* 1205 E Monument St
6. *Full Name of Mother,* Mary Martha Bode Ehlers
7. *Mother's Maiden Name,* Bode
8. *Mother's Birthplace,* Wva
9. *Full Name of Father,* Henry Ehlers
10. *Father's Occupation,* Baker
11. *Father's Birthplace,* Bal

Name of Medical Attendant, or other person who makes this Return. Dougherty

Address, 1207 E Monument St

Remarks, 8 9 1 0 0 0 1 0 0 5

been conferred) leave color the full name and occupation of [illegible] place of birth; and the said [illegible] shall be delivered [illegible] the office of the Commissioner of Health, within the first and third day of each and every month to the officer of the Commissioner of Health, within the first and shall occur without the attendance of a physician or practitioner of [illegible] child to report in writing to the Commissioner of Health [illegible] any such person or persons who shall hereafter fail to [illegible] subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

REGISTERED MAR

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 29929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 1 0 0 0 1 0 0 6

HEALTH DEPARTMENT APR 21 1891 BALTIMORE MD

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be collected as other fines and forfeitures are recoverable.

GEO. J. C. OULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 74950.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 17, 1891.

4. Place of Birth, (Street and Number) 804 Aisquith St.

5. Full Name of Mother, Annie E. Heimann

6. Mother's Maiden Name, Agnes Golden

7. Mother's Birthplace, Ireland

8. Full Name of Father, Charles Hockemann

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary E. Lavagnino

Address, 706 Lingan St

Remarks,

8910001007

Penalty for refusing to give the full name and occupation of the parents, the date and place of birth, and the sex, color, &c. of the child, or for giving false information, or a certificate between the first and third day of each and every month to the office of the Commissioner of Health in the case of births which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, where such child resides, to report the same and the particulars which above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-7-56

RETURN OF A BIRTH A 71951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie Eggleston

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, April 18th — 1891.
4. Place of Birth, (Street and Number) 1520 W. Lanvale st.
5. Full Name of Mother, Ida R. Eggleston.
6. Mother's Maiden Name, Spates.
7. Mother's Birthplace, Balto City.
8. Full Name of Father, Wm. N. Eggleston.
9. Father's Occupation, Book Keeper.
10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other person who makes this Return. R. No. Goldsmith, M.D.

Address, Harlem av. & Calhoun st.

Remarks. 1 8 9 1 0 0 0 1 0 0 8

APR 2 1891 BALTIMORE CITY HEALTH DEPARTMENT

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the first, or attendance between the first and third days of each and every month to the office of the Commissioner of Health. In case there is any child attendance upon the accouchement of a woman in which no physician or midwife, or should no other person in child to report its birth to the Commissioner of Health, as above required, and such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense.

G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 29952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 7 1891

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18th of April 1891

4. Place of Birth, (Street and Number) 1935 Fayette & Washington Av.

5. Full Name of Mother, Millia Kuhnlein

6. Mother's Maiden Name, Millia Brickman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Kuhnlein

9. Father's Occupation, Bakery.

10. Father's Birthplace, Gumany.

Name of Medical Attendent, or other person who makes this Return. Crescintia Funkel

Address, 213 North Chapel st per Justina Funkel

Remarks, Healthy 9 1 0 0 0 1 0 0 9

been entered its sex, color, the full name and occupation of its parents, the date and place of birth, and the name, residence and occupation of the person making the return, and the date of the return, which shall be entered in the following order, viz: In case the birth of any child shall occur without the city, the return thereof shall be made within the first ten days of the third day of each and every month to the office of the registrar of vital statistics, no other person be in any case required to make return of such birth. In case the birth of any child shall occur within the city, the return thereof shall be made by the physician or parents of such child to report its birth to the Commissioner of Health, and any person who shall neglect or refuse to make any such report or persons who shall hereafter fail to make such return shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

74952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 2 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born April 18th 1891
4. Place of Birth, (Street and Number)	# 237 N. Henry St
5. Full Name of Mother,	Mrs. Regina Miller
6. Mother's Maiden Name,	Miss Hergenroder
7. Mother's Birthplace,	Bayern Germany
8. Full Name of Father,	Mr Ambrose Miller
9. Father's Occupation,	Baker
10. Father's Birthplace,	Hessen Germany
Name of Medical Attendent, or other person who makes this Return,	Mrs Hall
Address,	227 N. Paca St
Remarks,	

8 9 1 0 0 0 1 0 1 0

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said Certificate shall be delivered, duly signed by the Coroner in the form of a certificate between the first and third days of each month, to the Commissioner of Health, or other officer appointed to receive the same; and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child, to report the same within ten days after the birth to the Commissioner of Health, who shall have required, and any such person or persons who shall neglect or fail to make such report as required by this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 7495

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT. BALTIMORE, MD. MAR 21 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 18. 1891
4. Place of Birth (Street and Number)	1108 Gorsuch Ave
5. Full Name of Mother	Kate Williams
6. Mother's Maiden Name	Kate Greer
7. Mother's Birthplace	Baltimore Maryland
8. Full Name of Father	Saml C. Williams
9. Father's Occupation	Railroad Fireman
10. Father's Birthplace	Hanford Co Maryland.
Name of Medical Attendant, or other Person who makes this Return.	Dr. F. W. S. Corse
Address	Pardenville Md.
Remarks	

5910001011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 18 1894
4. Place of Birth, (Street and Number) 1319 N. Eden ey St.
5. Full Name of Mother, Minnie D. Alleugh
6. Mother's Maiden Name, Braud
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H. C. Alleugh
9. Father's Occupation, Actor
10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Fratt St.

Remarks, 8 9 1 0 0 0 1 0 1 2

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 29956.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 7th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 8. 1891

4. Place of Birth, (Street and Number) 1021 Johnson St Balto Cty

5. Full Name of Mother, Kate Cozby

6. Mother's Maiden Name, Katy Corcoran

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Cozby

9. Father's Occupation, Engineer

10. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other person who makes this Return, Thos Carter M.D.

Address, 914 N Eden St

Remarks,

8910001013

APR 28 1891 BALTIMORE CITY

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required by law. And the third day of each and every month the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required by law, and any such person or persons who shall neglect or refuse to comply with this section of this ordinance shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines are by law recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 7997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or ~~Color~~ (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation.*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 1 0 1 4

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 24951.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 18 th 1891
5. Place of Birth, (Street and Number) 218 d Greene st Balto
6. Full Name of Mother, Louisa J. Rayoal
7. Mother's Maiden Name, " " King
8. Mother's Birthplace, Balto
9. Full Name of Father. Henry A Rayoal
10. Father's Occupation. Shoe Maker
11. Father's Birthplace, Germany

Name of Medical Attendent, or other person who makes this Return Mrs W. Macnal Midwife

Address, 923 Penna Ave.

Remarks,

1 8 9 1 0 0 0 1 0 1 5

Every midwife, physician or other person who shall assist at the birth of any child, or shall occur within the limits of this city, or any person in charge of any premises where any birth shall occur without the attendance of a physician or midwife, shall within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur after the third day of the month, then the same shall be reported on the first day of the next month thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RECEIVED MAR 7 1891 REGISTRAR OF VITAL STATISTICS BALTIMORE CITY

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 29959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex, (State whether male or female)	~~Male~~ Female
Race or color, (if not of the white race)	White
Date of Birth.	April 18th 1891.
Place of Birth, (Street and Number)	2012 Mount Royal Ave
Full Name of Mother,	Millie Thompson
Mother's Maiden Name,	" White
Mother's Birthplace,	Baltimore Md
Full Name of Father,	Thomas Edward Thompson
Father's Occupation,	House ~~Carpenter~~ Builder
Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	D M Cathell M.D
Address.	1348 N Charles St
Remarks,	8910001016

HEALTH DEPARTMENT BALTIMORE MD

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 8th and 10th days after the birth, and in case of the absence or inattendance of a practitioner, then by the father, mother or nurse who shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and without the period above specified, and such person or parents who shall neglect or refuse to make such report as aforesaid, shall be liable, and subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-29-57

A 74960

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Henry Heinz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 17 1891
4. Place of Birth, (Street and Number) 1243 Eutaw St
5. Full Name of Mother, Harriet J Heinz
6. Mother's Maiden Name, Hartt J Hartman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred J Heinz
9. Father's Occupation, Food Worker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bangle

Address, 711 Conway St

Remarks,

8910001017

Any person refusing to register the birth of any child, as required by the foregoing section, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense. And it shall be the duty of the Commissioner of Health to cause the birth of any child to be registered who shall have been born within the limits of Baltimore City, and whose birth shall not have been registered as required by this section, and the expense thereof shall be paid out of the City Treasury. Any person who shall wilfully give false information concerning the birth of any child, or who shall wilfully refuse to give information concerning the birth of any child, when requested by the Commissioner of Health, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense.

Every midwife, physician or other person in attendance upon the mother immediately before the birth of any child, and every midwife, physician or other person in attendance upon the mother immediately thereafter, shall become the duty of the person or parents of such child to report the birth of such child, and the name and residence of the parents, and the sex and color of such child, within ten days after the birth of such child, to the Commissioner of Health, and for every neglect to make such report, and for every false statement concerning the same, such person shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

S. 2996 61.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the Office of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or alive, full name, nativity, and residence of the parents, and the maiden name of the mother. CHILDREN

BOARD OF HEALTH
APR 25 1894
REGISTRAR'S DEPARTMENT

1. No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d
2. Sex (state whether Male or Female) Male
3. Race or Color (if not of the white race) Colored
4. Date of Birth April 19 1894
5. Place of Birth (Street and Number) Baltimore city 1904 Orleans St
6. Full Name of Mother Mary E Coates
7. Mother's Maiden Name
8. Mother's Birthplace Charlottesville Va
9. Full Name of Father Paul Perry
10. Father's Occupation Day Laborer
11. Father's Birthplace Mecklenburg Co Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Ellen Brown

Address. 233 Bruce St.

Remarks

8 9 1 0 0 0 1 0 1 8

RETURN OF A BIRTH. A 394 [illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	Eighth
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	June 19- 91
4.	*Place of Birth, (Street and Number)*	919 N Chester
5.	*Full Name of Mother,*	Emma P. Bell
6.	*Mother's Maiden Name,*	" " Bradley
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Samuel J. Bell. S.K.J. Balto
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return.	Mrs. Mary A. Caldwell
	Address,	917 N. Donough St
	Remarks,	891000019

Mch. 4

and conferreth its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto annexed, to the first and last days of each month, a true copy of the record of all births which shall have occurred within his district during the month next preceding, and if any child born within the city shall die without having had the attendance of a physician or practitioner of midwifery, it shall be the duty of the person having the attendance upon the mother immediately thereafter if alive, and if dead, of the person or persons present at such birth, to report to the Registrar of Vital Statistics, in the manner and within the period above required, such facts with respect to such child as may be within his or her knowledge, and the Registrar of Vital Statistics shall cause the same to be entered in the record of births. And any person who shall neglect or refuse to make any report required of him or her by this section shall be subjected to the fine of ten dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

…een committed its sex, color, the full name and occupation of its parents, the name and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

7496

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* April 19 - 91

4. *Place of Birth, (Street and Number)* 901 N Wolfe

5. *Full Name of Mother.* Elizabeth W. Bader

6. *Mother's Maiden Name,* " " Wildner

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Henry Bader

9. *Father's Occupation,* Groceryman

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 Mc Donogh

Remarks, 8910001020

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 7960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been born dead, and the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered by the midwife or other person who shall attend at the birth of such child, within the first and third day of each month to the office of the Commissioner of Health, certificate between the first and shall occur without attendance of a physician or practitioner of midwifery or should no other person be difficulty arise in obtaining the information required, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be collected as other fines and forfeitures are recovered.

HEALTH DEPARTMENT BALTIMORE, MD. MAR 27 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (State whether male or female)	Female
2. Color, Race or color, (if not of the white race)	White
3. Date of Birth,	April 14th 1871
4. Place of Birth, (Street and Number)	14. E. Lombury St
5. Full Name of Mother,	Mary Tricey Dolan
6. Mother's Maiden Name,	Mary Tricey Agnold
7. Mother's Birthplace,	Baltimore m.d.
8. Full Name of Father,	John Thomas Dolan
9. Father's Occupation,	Boiler maker
10. Father's Birthplace,	Baltimore m.d
Name of Medical Attendant, or other person who makes this Return,	Ellenora A. anderson
Address,	1434 Patapsco St
Remarks,	1891000021

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 7990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
2. Sex, (state whether ~~male~~ or female)
3. Race or Color, (if not of the white race)
4. Date of Birth, 19 April
5. Place of Birth, (Street and Number) 190 Hamburg St
6. Full Name of Mother, Louisa Fuhr
7. Mother's Maiden Name, Louisa Hahn
8. Mother's Birthplace, Baltimore
9. Father's Occupation, John L. Fuhr
10. Father's Birthplace, Grocery Store
Germany

Name of Medical Attendant, or other person who makes this Return. Gabriella Illgen

Address, 190 Hamburg St.

Remarks,

1891

8 9 1 0 0 0 1 0 2 2

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 27966.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1st Apl 1899

4. Place of Birth, (Street and Number) 113 Lombard

5. Full Name of Mother, Annie Gallagher

6. Mother's Maiden Name, Annie Orendorf

7. Mother's Birthplace, York St Baltimore

8. Full Name of Father, [illegible]

9. Father's Occupation, teamster

10. Father's Birthplace, 172 Columbia Ave ~~Ohio~~ Baltimore

Name of Medical Attendant, or other person who makes this Return. Miss Bange

Address,

Remarks, 8 9 1 0 0 0 1 0 2 3

REGISTERED APR 1 1899

BALTIMORE

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly filled out, to the physician, midwife, or other person in attendance upon such birth, or in case there was no such attendance, then to the parent or parents of such child, or in case of the death of both parents, then to the person having charge of such child; and every physician, midwife, or other person in attendance upon such birth shall become liable to the penalties and forfeitures of this section who shall neglect or refuse to make such certificate as aforesaid, or who shall knowingly make a false statement therein, or who shall neglect or refuse to deliver such certificate to the person entitled thereto, within the period above required, and shall be subject to the fine of ten (10) dollars for each offense.

SEC. 2. And be it enacted, That it shall become the duty of the Commissioners of Health to cause the birth of every child born in the City of Baltimore to be registered, and for that purpose they shall appoint a Registrar of Vital Statistics, who shall keep his office at the Health Office of the City, and shall receive such compensation as the Commissioners of Health may determine. It shall be the duty of each and every physician, or midwife, or other person in attendance upon the birth of any child, to report the same to the Registrar of Vital Statistics, at his office, within ten days after such birth, and before the interment of such child, and before the removal of the body of such child from the City of Baltimore, and to make a return of such birth to the Commissioners of Health, which return shall be made upon blanks to be furnished by the Registrar of Vital Statistics, and shall contain such information as may be required upon the blanks furnished for that purpose, and shall be signed by the person making the same, and shall state the cause of death, the name and residence of the attending physician, if any, the length of residence in the City of Baltimore, if not a native thereof, and the place of burial of the deceased, and the date of death; and the Registrar of Vital Statistics shall not grant a certificate of burial unless the foregoing particulars are recovered, and shall not grant a certificate of burial in any case where the death has occurred from any infectious disease, except upon the certificate of a physician, or midwife, if there be no physician in attendance, setting forth the particulars required to be known by the Registrar of Vital Statistics in regard to deaths, and the said certificate shall be delivered, duly filled out, to the office of the Registrar of Vital Statistics, or should no physician or midwife be in attendance upon such case, then the undertaker burying the body shall become liable to the penalties and forfeitures of this section who shall neglect or refuse to deliver such certificate, to be recovered as aforesaid, and subjected to the fine of ten (10) dollars for each offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 79617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) Mulatto
4. Date of Birth, Nov 16 1911.
5. Place of Birth, (Street and Number) 322 Lemmon St
6. Full Name of Mother, Mary Foods
7. Mother's Maiden Name, Mary Blazedom
8. Mother's Birthplace, Baltimore
9. Full Name of Father. [illegible] Ford
10. Father's Occupation, Sailor
11. Father's Birthplace, Denmark
12. Name of Medical Attendant, or other person who makes this Return. Mary E Wayne
13. Address, 726 Fayette St
14. Remarks, 1891000 1024

BOARD OF HEALTH
BALTIMORE, MD.

698, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

744 68.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 26 1891.

4. Place of Birth, (Street and Number) 534 Chesapeake

5. Full Name of Mother, Lena Clark

6. Mother's Maiden Name, Lena Evans

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Clark

9. Father's Occupation, Longshoreman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary [illegible]

Address, 534 Chesapeake St

Remarks,

8910001025

Sec. 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the Board of Health of Baltimore City to cause to be registered the sex, color, the full name and occupation of its parents, the date and place of birth, and the full christian name given to every child born within the limits of Baltimore City, which shall not have been registered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, and deliver a certificate of such registration to the person or persons required to register the birth of such child. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the parent or parents of such child to cause such birth to be registered as aforesaid, and in default of such registration, the person or persons required to register the birth of such child shall be subject to the penalty hereinafter provided. Should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in whose house or tenement such birth occurs to cause the same to be registered as aforesaid, and in default of such registration, such person or persons shall be subject to the penalty hereinafter provided. Sec. 2. And be it enacted, That any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 179667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female). Female
2. Race or Color, (if not of the white race)
3. Date of Birth. March 20 1891
4. Place of Birth, (Street and Number) 412 S. Exeter St.
5. Full Name of Mother. Kate M. Martin
6. Mother's Maiden Name. Hill
7. Mother's Birthplace. Baltimore
8. Full Name of Father. Elmer E. Martin
9. Father's Occupation. Saloon Keeper
10. Father's Birthplace. Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Klaus Stein

Address. 1427 E. Lee St.

Remarks. 8 9 1 0 0 0 1 0 2 6

E. N. V.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 79970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 20th of April 1891
4. Place of Birth, (Street and Number) 315 Leegester Street Baltimore
5. Full Name of Mother, Georgera Warrington
6. Mother's Maiden Name, Georgia Reiner
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles Warrington
9. Father's Occupation, Produce Dealer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary Conner

Address, 1606 Gough Street

Remarks,

8 7 1 0 0 0 1 0 2 7

BALTIMORE CITY BOARD OF HEALTH

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the usual schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein required, to the midwife or other person who shall have charge of the case, within ten days after the birth of any child shall occur without the attendance of a physician or midwife, the occupier of the house in which such birth shall occur shall, within ten days after the birth of any child, report its birth to the commissioner of health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 24971.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26th day of ~~March~~ April.

4. Place of Birth, (Street and Number) 625 Campbell st Baltimore City

5. Full Name of Mother, Elizabeth Pauline Siegmund

6. Mother's Maiden Name, Elizabeth Pauline Fuerhe

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Frederick August Adelbert Siegmund

9. Father's Occupation, Custom Shoe Marker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Krauze

Address,

Remarks, 8910001028

BALTIMORE MD 1891

FROM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been completed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the Undertaker or other person who shall have charge of the burial of each and every month to the Commissioners of Health. In case the father or mother of such child cannot be found, then the information required shall be given by the nearest relative present at the birth, or by the physician or practitioner in attendance, or the keeper of the house in which the birth occurs, or by the nurse in attendance upon the mother, or by the occupant of the house in which the birth shall occur without the attendance of any person above mentioned, immediately thereafter, and it shall be the duty of each and every person who shall fail to comply with the provisions of this section, or who shall make any false statement touching the matters required to be registered as aforesaid, to be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 7497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
2. Sex, (state whether male or ~~female~~)
3. Race or Color, (if not of the white race) Black
4. Date of Birth, April 20th
5. Place of Birth, (Street and Number) 1138 Shield Ally
6. Full Name of Mother, Lydia Thomas
7. Mother's Maiden Name, " Jones
8. Mother's Birthplace, Frederick Co Md.
9. Father's Occupation, Waiter
10. Father's Birthplace, Frederick Co Md
- Name of Medical Attendant, or other person who makes this Return John L. Huck
- Address, 1647 Lafayette Ave (Rear)
- Remarks,

1891 0001029

APR 22 1891 HEALTH DEPARTMENT

BRE. J. G. DILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex, (state whether male or female),	Female
Race or Color (if not of the white race),	Colored
Date of Birth,	April 20th 1891
Place of Birth (Street and Number),	606 Pine St
Full Name of Mother,	Lillie Davenport
Mother's Maiden Name,	Lillie Smith
Mother's Birthplace,	Balt. Md
Full Name of Father,	Lewis H. Davenport
Father's Occupation,	Huckster in market
Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	C. M. Hall
Address,	1019 Druid Hill Ave.
Remarks,	8 1000 030

Forfeit, its sex, color, the full name and occupation of the parents, the date and place of birth; and the said return shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each calendar month. The certificate of birth, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, shall be made and delivered as hereinbefore provided by the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Health Officer of Health, in the manner and within the period above specified, and any such person or persons who shall neglect or refuse to make such report as required by this section shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RECEIVED
APR 25 1891
REGISTRATION DEPARTMENT

Baltimore Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 2-26-57

RETURN OF A BIRTH. A-28477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 28/91
4. Place of Birth, (Street and Number)	706 Virginia Ave
5. Full Name of Mother,	Carolina Becker
6. Mother's Maiden Name,	Baer
7. Mother's Birthplace,	Germany
8. Full Name of Father,	George Becker
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	George Becker
Address,	706 Virginia Ave
Remarks,	8 7 1 0 0 0 1 0 3 1

BALTIMORE MD. FEB 26 1891

...ON. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be sworn to by the person who has attended the case of each child. If any shall have been concerned in the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

FEB 3 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 Jan.
4. Place of Birth, (Street and Number) Register St. 726
5. Full Name of Mother, Sophia Marack
6. Mother's Maiden Name, " Piesk
7. Mother's Birthplace, Poland
8. Full Name of Father, Thomas Marack
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mary Kostka

Address, 506. S. Ann St.

Remarks,

8 9 1 0 0 0 1 0 3 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 28774.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be returned on the first day of each and every month. If no birth has occurred during the month, a return to that effect shall be made. In case of the birth of any child hereafter occurring, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the mother, or in her absence, the person having charge of the mother, immediately thereafter it shall become the duty of the person or persons of such family to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MAR 3 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29 Jan

4. Place of Birth, (Street and Number) 916 Forest St.

5. Full Name of Mother, Mary Catherine

6. Mother's Maiden Name, Mary Schlang

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Henry Arnold

9. Father's Occupation, Hostler

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Fritzsimmons

Address, No. 907 Hollins St.

Remarks,

1891 0001033

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 287 16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 the

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 of January
4. Place of Birth, (Street and Number) Eastern Av near Rose St.
5. Full Name of Mother, Flora Rode
6. Mother's Maiden Name, —
7. Mother's Birthplace, Balt
8. Full Name of Father, Louis Rode
9. Father's Occupation, Builder
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St.

Remarks, 8910001034

Health. This schedule shall contain a list of the ... have ... each child, (if any shall have
month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 28776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 the

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 the January
4. Place of Birth, (Street and Number) 608 Rose St.
5. Full Name of Mother, Josephine Fischer
6. Mother's Maiden Name, Ehmann
7. Mother's Birthplace, Balt
8. Full Name of Father, Sebastian Fischer
9. Father's Occupation, Cutter
10. Father's Birthplace, Siegelbausen (Hessen)

Name of Medical Attendant, or other person who makes this Return. Mrs C. Mann

Address, 2524 Lancaster St.

Remarks, 8910001035

...ment and shall set forth as far as the same can be ascertained the full name of each child of any child have been conferred; its sex, color, the full name and occupation of the father, the date and place of birth; and the said schedule shall be delivered duly filled out to the officer of the Commissioners of Health, the proper person to be in attendance upon the mother, immediately thereafter, in the manner provided by said ordinance. And the third day of each and every month, a like schedule of all births occurring within the period above required, and all persons who shall neglect or refuse to comply with the terms of this section shall be guilty of a misdemeanor, and any such person or persons who shall hereafter fail to comply with the terms of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

...CITY REGISTRAR BALTIMORE MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 Jan.
4. Place of Birth, (Street and Number) Aun. 806
5. Full Name of Mother, Yulia Kolinska
6. Mother's Maiden Name, " Jeroka
7. Mother's Birthplace, Poland
8. Full Name of Father, Mike Kolinska
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mary Krotza

Address, 806 S. Aun. St.

Remarks, 8910001036

Health. The ... shall contain a list of the children who have occurred in each family during the preceding month, and shall set forth the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY BOARD OF HEALTH

GEO. J. G. GALAVY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 28778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 head

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colerd Child
3. Date of Birth, 20 January 1891
4. Place of Birth, (Street and Number) 219 Brock St Balto
5. Full Name of Mother, Sarah Moore Sarah Collins
6. Mother's Maiden Name, Sarah Moore
7. Mother's Birthplace, Harford County MD.
8. Full Name of Father, William Collins
9. Father's Occupation, Cook
10. Father's Birthplace, Born in Harford County

Name of Medical Attendant, or other person who makes this Return. Harett Hut Son

Address, No 945 Harmony Lane

Remarks, 8910001037

WALL ROLL MICROFILM
DEC 95

ENS. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 38779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Girl

Race or Color, (if not of the white race) White

Date of Birth, 31. Jan. 1891

Place of Birth, (Street and Number) 1016 Russel St.

5. Full Name of Mother, Sopfa Brown

6. Mother's Maiden Name, Sopfa Brown

7. Mother's Birthplace, German 25 Years old

8. Full Name of Father, Paul Brown

9. Father's Occupation. Carpetner

10. Father's Birthplace, German 36 Yeards old

Name of Medical Attendant, or other person who makes this Return. A B Hagenal

Address, 858 Pierce St

Remarks, 1 8 9 1 0 0 0 1 0 3 8

Death. This schedule [illegible] the facts which must be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within one month after the birth of any child, and shall have been conferred) its sex, color, the full name and occupation of its parents, the date of birth, and the place of birth between the first and said schedule shall be delivered every month to the office of the Registrar of Vital Statistics, Board of Health, City Hall. The birth of any child [illegible] every month to the office of the Registrar of Vital Statistics, Board of Health, City Hall. The birth of any child shall occur without the attendance of a physician or midwife, the father, mother, or householder, or other person being present at the birth, shall report the same within the period [illegible] shall occur without the attendance of a physician or midwife, the father, mother, or householder, or other person being present at the birth, shall report the same within the period above required, and attendance upon the mother, immediately thereafter, shall become responsible for the reporting of such birth within the period above required, and child to report the same as herein required. The Registrar of Vital Statistics shall furnish blank forms to the Health Officers of the several districts, who shall furnish a sufficient number of such blanks to midwives and persons who shall hereafter be in attendance upon births, and it shall be the duty of such Health Officers to supply such blanks to midwives and persons who shall hereafter be in attendance upon births, and it shall be the duty of such midwife or person to make a return of every birth at which she or he shall be in attendance, to the Registrar of Vital Statistics, Board of Health, Baltimore City, on the blanks furnished by the Health Officer of the district in which the birth occurred, and to comply with all the requirements of this section. Any midwife or person who shall neglect or refuse to make such return, or to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

4M J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

1 8 9 1 0 0 0 1 0 4 0

HR-RM 32
(4-1-54)
Hall of Records Commission

URN OF A BIRTH

trar of Vital Statistics, Board of Health, Baltimore City.

te whether 1st, 2d, 3d, &c.) Fifth Child

or female), Male

f the white race), White

31st St. James

nd Number), 1687 Gilmor

Anna M. Stur

Agnes M. H

Baltimore

Andrew J. Stur

Shoe Maker

Baltimore

dant, or other person who makes this Return. Mrs Ida Sull

602 Gold St

1890-0001039

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Page: 151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A28302

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County ...
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 1528 Eutaw Place
(If rural give location)

3. Full name of child ...

4. Date of birth February 2, 1891
(Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet ... | If so—born 1st, 2d, or 3rd ... | 7. Number weeks of pregnancy ... | 8. Hour of birth ... M.

FATHER OF CHILD

9. Full Name Louis A. Deiter
10. Color or race White 11. Age at time of this birth ... yrs.
12. Birthplace Maryland
(City, town, or county) (State or foreign country)
13. Usual occupation ...
14. Industry or business ...

MOTHER OF CHILD

15. Full Maiden Name Carrie Rennert
16. Color or race White 17. Age at time of this birth ... yrs.
18. Birthplace Maryland
(City, town, or county) (State or foreign country)
19. Usual occupation ...
20. Industry or business ...

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? ...
(b) How many other children were born alive but are now dead? ...
(c) How many children were born dead? ...

22. Mother's mailing address for registration notice:
1528 Eutaw Place

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..., related to this child as ...

(Signed) Thomas Opie M. D.
Physician (or midwife) who attended this birth (Midwife)
or Robert E. Lee, M.D.
Commissioner of Health and Registrar
Address ... February 20
Date

24. Date rec'd by local registrar February 16 1891

25. Signed Dr. George E. Rohe
Registrar

26. Given name added ... by Registrar per ...

VS 100 On this certificate, Records on the original filing for information not ...

1890-001040

Folio 161
Volume 11

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-28653

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. (If rural give location)

3. Full name of child CHARLES W. SCHNEIDER

4. Date of birth February 21, 1891 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ... If so—born 1st, 2d, or 3rd ...

7. Number weeks of pregnancy

8. Hour of birth ... M.

FATHER OF CHILD

9. Full Name Jacob Schneider
10. Color or race ... 11. Age at time of this birth ... yrs.
12. Birthplace (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD

15. Full Maiden Name Katherine Albach
16. Color or race ... 17. Age at time of this birth ... yrs.
18. Birthplace (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Mother's mailing address for registration notice:

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ... , related to this child as ...

24. Date rec'd by local registrar March 19 1891

25. Signed Dr. George F. Rohe Registrar

26. Given name added ... by Registrar per ...

(Signed) Sidney H. Wootton M. D.
Physician (or midwife) who attended this birth (Midwife)
or ... Registrar
Address ... Date

VS 100

Volume 11
Folio 165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-28802

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: Baltimore, Maryland
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore ..... (Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. 507 Clement Street (If rural give location)

3. Full name of child: JOHN THOMAS VALENTINE GURNEY

4. Date of birth: February 14, 1891 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3rd .....

7. Number weeks of pregnancy .....

8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name: Hardison Gurney
10. Color or race: W 11. Age at time of this birth ..... yrs.
12. Birthplace: North Carolina (City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name: Christina White
16. Color or race: W 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..... related to this child as .....

24. Date rec'd by local registrar February 1891

25. Signed Dr. George F. Rohe Registrar

26. Given name added ..... by Registrar per .....

(Signed) Physician (or midwife) who attended this birth (Midwife) M. D.
Address .....
Date

VS 100

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Page-166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-28615

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State ... (b) County ...
(c) City or town ... RURAL
(If outside city or town limits, write RURAL)
(d) Street No. ... Germany
(If rural give location)

3. Full name of child: Farhman

4. Date of birth: February (Month) 16 (Day) 1891 (Year)

5. Sex: Female

6. Twin or triplet. If so—born 1st, 2d, or 3rd ...

7. Number weeks of pregnancy ...

8. Hour of birth ... M.

FATHER OF CHILD

9. Full Name: Frederick Farhman
10. Color or race: W 11. Age at time of this birth ... yrs.
12. Birthplace: Germany
(City, town, or county) (State or foreign country)
13. Usual occupation ...
14. Industry or business ...

MOTHER OF CHILD

15. Full Maiden Name: Laura Staen
16. Color or race: W 17. Age at time of this birth ... yrs.
18. Birthplace: Germany
(City, town, or county) (State or foreign country)
19. Usual occupation ...
20. Industry or business ...

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead? ...
(c) How many children were born dead? ...

22. Mother's mailing address for registration notice:
1613 Lemon

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ... , related to this child as ...

24. Date rec'd by local registrar: March 9 1891

25. Signed: Dr. George F. Rohe
Registrar

26. Given name added ... by Registrar per ...

(Signed) Mrs. S. Kelly
Physician (or midwife) who attended this birth (Midwife)

or ...
Commissioner of Health and Registrar

Address ...

NOV 12 1969
Date

VS 100 No information appears on the original filing for informationnot appearing on this certificate.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A28824

1. **PLACE OF BIRTH:** Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: 1400 W. Lombard Street
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. **USUAL RESIDENCE OF MOTHER:**
(a) State Maryland (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 1400 W. Lombard Street
(If rural give location)

3. Full name of child VERONICA PFEFFERKORN

4. Date of birth Feb. 18, 1891 (Month) (Day) (Year)

5. Sex: F

6. Twin or triplet ..... If so—born 1st, 2d, or 3rd .....

7. Number weeks of pregnancy .....

8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Sigmund Pfefferkorn
10. Color or race White 11. Age at time of this birth ..... yrs.
12. Birthplace UNITED STATES
(City, town, or county) (State or foreign country)
13. Usual occupation GROCERY
14. Industry or business GROCER

MOTHER OF CHILD

15. Full Maiden Name Elizabeth Pfefferkorn
16. Color or race White 17. Age at time of this birth ..... yrs.
18. Birthplace UNITED STATES
(City, town, or county) (State or foreign country)
19. Usual occupation HOME MAKER
20. Industry or business .....

21. **Other children** born to mother (not including present child):
(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 3
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:
1400 W. Lombard St.
Baltimore, Md.

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by Self, related to this child as .....

24. Date rec'd by local registrar February 19 1891

25. Signed Dr. George F. Rohe
Registrar

26. Given name added ..... by Registrar per .....

(Signed) [signature] M. D.
Physician (or midwife) who attended this birth (Midwife)
or
Certificate of the district registrar
Address State Registrar of Vital Records
Date

291003 044

VS 100

BALTIMORE CITY HEALTH DEPARTMENT

Vol. 11, Folio 176 **CERTIFICATE OF LIVE BIRTH** Registered No. A-29190

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: Fayette & Park Ave.
(b) Mother's stay before delivery:
In hospital or institution (Specify whether months or days) In Baltimore

2. USUAL RESIDENCE OF MOTHER:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL)
(d) Street No. (If rural give location)

3. Full name of child Hoeneman

4. Date of birth March 15, 1891 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet If so—born 1st, 2d, or 3rd

7. Number weeks of pregnancy

8. Hour of birth M.

FATHER OF CHILD

9. Full Name Bernard Hoeneman
10. Color or race W 11. Age at time of this birth yrs.
12. Birthplace (City, town, or county) Maryland (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD

15. Full Maiden Name Sophia Berry
16. Color or race W 17. Age at time of this birth yrs.
18. Birthplace (City, town, or county) Maryland (State or foreign country)
19. Usual occupation
20. Industry or business

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Mother's mailing address for registration notice:

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by . . related to this child as

24. Date rec'd by local registrar March 18, 1891

25. Signed Dr. George F. Rohe Registrar

26. Given name added by Registrar per

(Signed) I. Ridgway Andre M. D. (Midwife)
Physician (or midwife) who attended this birth
or
Commissioner of Health and Registrar
Address Date

L 9 1 0 0 0 1 0 4 5

VS 100 No information was given on the original certificate for information not listed on this certificate.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-29601

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: 1637 N. Spring Street
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County ....
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. 1637 N. Spring Street (If rural give location)

3. Full name of child SEEBACH

4. Date of birth March 19, 1891 (Month) (Day) (Year)

5. Sex: Male | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name John Seebach
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace Maryland (City, town, or county) (State or foreign country)
13. Usual occupation ....
14. Industry or business ....

MOTHER OF CHILD

15. Full Maiden Name Carrie Maurer
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace Maryland (City, town, or county) (State or foreign country)
19. Usual occupation ....
20. Industry or business ....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 6
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice: ....

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..... related to this child as ....

24. Date rec'd by local registrar April 15 1891

25. Signed Dr. George F. Rohe Registrar

26. Given name added ..... by Registrar per ....

(Signed) Mrs. R. Vibig M. D. Physician (or midwife) who attended this birth (Midwife)

or ....

Address ....

Date ....

VS 100 No information appears on the original filing; for information appe... on this certificate.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-29705

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. (If rural give location)

3. Full name of child Mabel Dorsey

4. Date of birth 03 (Month) 15 (Day) 1891 (Year)

5. Sex: female | 6. Twin or triplet | If so—born 1st, 2d, or 3rd | 7. Number weeks of pregnancy | 8. Hour of birth M.

FATHER OF CHILD

9. Full Name Frank Dorsey
10. Color or race Colored 11. Age at time of this birth yrs.
12. Birthplace (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD

15. Full Maiden Name Emma L. Handy
16. Color or race Colored 17. Age at time of this birth yrs.
18. Birthplace (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business
22. Mother's mailing address for registration notice:

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by , related to this child as

(Signed) Physician (or midwife) who attended this birth (M.D. or Midwife)
or Committee [illegible] Health and Registration

24. Date rec'd by local registrar filed March 1891

25. Signed Dr. George F. Rohe
Registrar

07/14/1

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-54)
Hall of Records Commission

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-29705

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore .....
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. ..... (If rural give location)

3. Full name of child Mabel Dorsey

4. Date of birth 03 (Month) 15 (Day) 1891 (Year)

5. Sex: female | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Frank Dorsey
10. Color or race Colored 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Emma L. Handy
16. Color or race Colored 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Mother's mailing address for registration notice: .....

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..... , related to this child as .....

1890-001045

(Signed) Finley McCurdy M. D. Physician (or midwife) who attended this birth (Midwife)
or ..... Custodian of Records of Health and Registration

07/14/18

24. Date rec'd by local registrar filed March 1891

25. Signed Dr. George F. Rohe
Registrar

CORRECTION

The preceding document hos been re-photographed to assure legibility ond its image appears immediately hereofter.

STATE OF MARYLAND

HR-RM 32
(4-1-54)
Hall of Records Commission

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-29705

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. ..... (If rural give location)

3. Full name of child. Mabel Dorsey

4. Date of birth 03 (Month) 15 (Day) 1891 (Year)

5. Sex: Female | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Frank Dorsey
10. Color or race Colored Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Emma L. Handy
16. Color or race Colored 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....
22. Mother's mailing address for registration notice:

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..... related to this child as .....

1890-0010 A7

(Signed) Physician or midwife who attended this birth (M.D. or Midwife)
or Commissioner of Health and Registrar

07/14/78

24. Date rec'd by local registrar filed March 1891

25. Signed Dr. George F. Rohe

GIVEN NAME ADDED 6-18-52

RETURN OF A BIRTH

29716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Anna May Young 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. April 1 1891

4. Place of Birth, (Street and Number) 1030 Hollins St.

5. Name of Mother, Kate Young

6. Her Maiden Name, Yeager

7. Her Birthplace, Balt

8. Full Name of Father, Jas L Young

9. Father's Occupation, Miller

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. N. Lemmon M.D.

Address, 1 Fayette St.

Remarks,

1890-001048

HEALTH REPARTMENT BALTIMORE MD

...o., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether ~~male or~~ female),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,*
4. *Place of Birth (Street and Number),*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1890-001049

BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 11th

4. Place of Birth, (Street and Number) 1211 Eastern Ave

5. Full Name of Mother. Georgia Rebecca Gessell

6. Mother's Maiden Name, Gessell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Edward Medairy

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Frank Edward Ott

Address, 1211 Eastern Ave

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child of any adult have been conferred; the sex, color, the full name and residence of its parents, the date and place of birth, and the said return shall be duly signed by the practitioner in the form of a certificate (whereof the first child born alive of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, then by the person in charge of the house in which such birth shall occur without the attendance of a physician or midwife, and within the period aforesaid, and within the period aforesaid, and shall refer to the first child born alive of each and every month to the office of the Commissioner of Health. In the manner and within the period aforesaid, and child report as in the case of a birth; and it shall become the duty of the person making such return, every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before any justice of the peace, and such forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1891000 1050

RETURN OF A BIRTH

A 29719.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April first
4. Place of Birth, (Street and Number) 413 S Exeter St
5. Full Name of Mother, Katie A Wright
6. Mother's Maiden Name, Barrett
7. Mother's Birthplace, Washington D C
8. Full Name of Father, William J Wright
9. Father's Occupation, Harness Maker
10. Father's Birthplace, Cecil Co Md

Name of Medical Attendant, or other person who makes this Return. M A Dempsey

Address, 225 S Conn St

Remarks, Doing Well

...ring for us the same can be ascertained the full name of each child, date of birth, the month, and shall set forth on the same the full name and occupation of the father, the maiden name of the mother, the place of birth, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of medicine, or should no other person, as above required, make return of such birth, it shall become the duty of the mother, within the third day of each and every month to the office of the Commissioner of Health, in the city of Baltimore, to report in writing the particulars required, and in case the mother is unable to write, she shall report the same verbally, and it shall be the duty of the Commissioner of Health to cause the same to be recorded. Any person who shall hereafter fail to report any birth within the time specified in this section, or who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, together with costs, before any justice of the peace of Baltimore city.

FOREMAN

...ED BY J. C. GULANY & CO., CITY PRINTERS AND STATIONERS

89100105

RETURN OF A BIRTH. A 24717.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 1. 1891.
4. *Place of Birth, (Street and Number)* 1710 Eye St
5. *Full Name of Mother,* Lizzie [illegible]
6. *Mother's Maiden Name,* [illegible] Burke
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* George [illegible]
9. *Father's Occupation,* Letter Carrier
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. [illegible] Md.

Address, 1605 Walker St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name and occupation of its parents, the date and place of birth, and shall have been conferred) its sex, color, the full name and occupation of its parents, the date and the full schedule shall be delivered, duly signed by the practitioner in charge, or by the [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or should no other person [illegible] child to report its birth to the Commissioner of Health, in the manner and within the time required [illegible] such neglect, refusal or failure, shall forfeit and pay a sum not less than [illegible] dollars nor more than [illegible] dollars for each offense, to be recovered as debts of like amount are recoverable.

BALTIMORE, MD.

ORIG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 14th 1874
4. Place of Birth, (Street and Number) 420 Eastern Ave
5. Full Name of Mother, Ellen Ryan
6. Mother's Maiden Name, Ellen Casey
7. Mother's Birthplace, Ireland
8. Full Name of Father, Peter Ryan
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, C A Tuller

Address, 1525 Light St

Remarks, 8 9 1 0 0 0 1 0 5 3 Well

HEALTH DEPARTMENT, BALTIMORE CITY

BY JUN 15 1874

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Ci

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	W Lte
3. Date of Birth,	April 1 84 8 PM
4. Place of Birth, (Street and Number)	1020 Battery ave
5. Full Name of Mother,	Bridget Alice Shannahan
6. Mother's Maiden Name,	Bridget Alice Monaghan
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	John Joseph Shannan
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	E A Tully
Address,	1525 Light St
Remarks,	Dies 1 hr

8910001054

month, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been conferred; its sex; color; the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered by the practitioner in the form of a certificate herein required, to the person said child, during every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such attendance upon the mother immediately after the birth, to report the particulars required in this section to the Commissioner of Health, in the manner and within the time above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1 1891
4. Place of Birth, (Street and Number) No 1538 Hanover st
5. Full Name of Mother, Mary Burns
6. Mother's Maiden Name, Mary Carlette
7. Mother's Birthplace, Minisota
8. Full Name of Father, James Burns
9. Father's Occupation, Police Officer
10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other person who makes this Return. E Heinitsh

Address, No 1612 E Chase st

Remarks,

1 8 9 1 0 0 0 1 0 5 5

APR 3 1891 BAL

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color. (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 1 0 5 6

Health, and shall set forth as far as the same can be ascertained the full name, the date and place of birth, and the sex, color, the full name and occupation of the parents, the date and place of marriage of the parents, and the number of children born to the mother, including the present birth, and the number now living. Such information shall be given in the form of a certificate between the first and third days of each month, and shall be delivered, duly signed by the person giving the same, at the office of the Commissioner of Health. In case the child be born without the attendance of a physician or practitioner of midwifery, the person in attendance upon the mother, immediately thereafter, shall in like manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

74772.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd child
1. Sex. (State whether male or female)	female
2. Race or color, (if not of the white race)	white
3. Date of Birth,	1st april
4. Place of Birth, (Street and Number)	120 weber st
5. Full Name of Mother,	Maggie Henick
6. Mother's Maiden Name,	Maggie Link
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Henick
9. Father's Occupation,	cooper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return	Ann E Smith
Address,	102 S Hamburg st
Remarks,	

1 8 9 1 0 0 0 1 0 5 7

HEALTH DEPARTMENT BALTIMORE

...son married, its mother, if living, shall, within ten days after the birth, cause the first and each subsequent birth of a child of such mother to be reported to the office of the Commissioner of Health, in the manner hereinafter provided. Every certificate of birth required by this section shall be signed by the physician or midwife in attendance upon the mother at such birth, or if there be no physician or midwife in attendance, then by the father or mother of such child, or the householder or owner of the premises where such birth occurs. And it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as herein required shall be subjected to the fine of ten dollars for each offence, which fine or fines may be recovered before any justice of the peace of this State, in the name of the State, for the use of the Board of Health of Baltimore City.

...BLANK AND STATIONERY

RETURN OF A BIRTH. 2497 C.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Apl 1st 1891
4. Place of Birth, (Street and Number) 301 N. Front St.
5. Full Name of Mother, Mary O'Hare
6. Mother's Maiden Name, " McKee
7. Mother's Birthplace, B. C.
8. Full Name of Father, Thos. O'Hare
9. Father's Occupation, Merchant
10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return. Inman & Hill Drs.

Address, 1401 N. Fayette St.

Remarks,

1891000058

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born alive) and the sex and color of each child, the name, residence and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, such certificate shall be delivered by the nurse in attendance, or if there shall be no nurse in attendance, by the father of such child, or the person who shall become the city of the person or parents of such child, or the head of the family in which such birth shall occur, within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SEP 18 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A79187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been conferred like rites, duly certified, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the child shall have been still born, or shall die before a certificate of birth shall become due, a certificate of such fact shall be in like manner made and delivered. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE MD. SEP 19 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or ~~female~~)

Race or Color, (if ~~not of the~~ white race)

Date of Birth, Sept 9

Place of Birth, (Street and Number) 17 E Charles St

Full Name of Mother, Mrs Dianna Roberts

Mother's Maiden Name, Dianna Rampt

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Charles Roberts

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Dr J. L. Kelso.

Address, 22 Light St

Remarks,

1891000059

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 1st
4. Place of Birth, (Street and Number)	538 S. Chester st
5. Full Name of Mother,	Elizabeth Kline
6. Mother's Maiden Name,	" Moore
7. Mother's Birthplace,	Camden N J
8. Full Name of Father,	Jacob Kline
9. Father's Occupation,	Paver
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Twomey
Address,	940 N Gay st
Remarks,	8910001060

month, and shall set forth as far as the same can be ascertained the full name of each child of any and every female, and the month, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been conferred, his, her or their full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate to the birth of any child said sex of such child, and the number of children born to such mother, including the birth of any child born dead; and shall, within the first day of each and every month to the office of the Commissioner of Health, or to such person as he shall appoint to receive the same, a return of all births and stillbirths, or, should no other person be in attendance upon the mother at such birth, then the person in charge of the house in which such birth shall occur without the attendance of a physician or midwife, shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 24779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. APR 15 1891 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 1st 1891

4. Place of Birth, (Street and Number) 143 Patapsco St

5. Full Name of Mother, Mary Crany

6. Mother's Maiden Name, Mary Wale

7. Mother's Birthplace, Balto Md

8. Full Name of Father, William Crany

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. E. A. Tully

Address, 1723 Light St

Remarks, Twins [illegible]

8910001061

month, and shall set forth as far as the same can be ascertained the full name of each child if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) WHITE

3. Date of Birth, ~~April~~ April 2 1891

4. Place of Birth, (Street and Number) 44 Bayview St. Baltimore

5. Full Name of Mother, Florence Smith

6. Mother's Maiden Name, " " Preston

7. Mother's Birthplace, Benjamin Ind

8. Full Name of Father, Leo. C. Smith

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Eliz Donaldson

Address, 1832 Boyd St Baltimore Md

Remarks, Born April 2nd 1891

8 9 1 0 0 0 1 0 0 6 2

[illegible] Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	6th child
1. *Sex.* (*State whether male or female*)	male
2. *Race or color,* (*if not of the white race*)	white
3. *Date of Birth,*	2nd April
4. *Place of Birth,* (*Street and Number*)	William st near Irvin
5. *Full Name of Mother,*	Mollie Irvins
6. *Mother's Maiden Name,*	Mollie Gant
7. *Mother's Birthplace,*	Calvert co
8. *Full Name of Father,*	John Irvins
9. *Father's Occupation,*	cabinet maker
10. *Father's Birthplace,*	Calvert co
Name of Medical Attendant, or other person who makes this Return.	Ann E. Smith
Address,	163 William st
Remarks.	

1891 0001063

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 1/2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12 1891
4. Place of Birth, (Street and Number) Hanover St 1520
5. Full Name of Mother, Mary Anderson
6. Mother's Maiden Name, Mary Williams
7. Mother's Birthplace, Balto Md
8. Full Name of Father, William Anderson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, C A Tully

Address, 1528 Light St

Remarks, Daisy Bell

1891000064

APR 4 1891

...month, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been confined, his sex, color, the full name of the parents, the date and place of birth; and the...child, days of each and every month to the office of the Commissioner of Health, in the case the birth of any be in...shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such...attendance upon the mother, immediately after the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and...such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

74733.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (~~if not of~~ the white race)
3. Date of Birth, April 2nd 1891.
4. Place of Birth, (Street and Number) 1336 N. Gilmor.
5. Full Name of Mother, Annie R. Moore.
6. Mother's Maiden Name, Bayer.
7. Mother's Birthplace, Frederick Co. Md
8. Full Name of Father, Herbert Moore.
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto. Co. Md

Name of Medical Attendant, or other person who makes this Return. J. F. Ridenour Balto Md

Address, 1122 E. Pratt St.

Remarks, Illegitimate.

1 8 9 1 0 0 0 1 0 6 5

Section 1. Be it enacted by the People of the State of Maryland, That it shall be the duty of the Board of Health of Baltimore City to register the births which have occurred under his or her care during the month next preceding, and to report the same to the Registrar of Vital Statistics, on or before the fifth day of each month, on blanks to be furnished by the Registrar of Vital Statistics, for that purpose, and to report in like manner all births which may hereafter occur within the limits of said city, and which may be reported to him or her, and to make such further reports as may be required by the Registrar of Vital Statistics, and to perform such other duties as may be required of him or her by the provisions of this act.

Section 2. And be it enacted, That it shall be the duty of every physician, midwife or other person in attendance upon any case of birth occurring within the limits of said city, to report the same to the Registrar of Vital Statistics, within ten days after the occurrence of such birth, and it shall be the duty of the person or persons in charge of the premises where such birth occurs, to furnish the information required by the Registrar of Vital Statistics, for the purpose of enabling the Board of Health to register the same; and it shall become the duty of the person or persons required to report such birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 29730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 15
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 24 1911
4. *Place of Birth, (Street and Number)*	Lanvale St 1920
5. *Full Name of Mother,*	Mary Murdock
6. *Mother's Maiden Name,*	Mary Shannon
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father.*	William Murdock
9. *Father's Occupation.*	Brick Layer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	C. A. Tull
Address,	1823 Eutaw St
Remarks,	Living Well

8 9 1 0 0 0 1 0 6 6

RECEIVED APR 25 1911 CITY REGISTRAR

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the date and place of birth, and the full name, residence, and occupation of its parents. The date and place of birth, and the full name of each child not already registered, shall be reported by the practitioner in the form of a certificate between the first and fifth days of each month to the office of the Commissioner of Health. And every person being in charge of such child, or the parent thereof, or the undertaker or other person who shall have charge of the interment of such child, or should no other person be in charge of such child, or the parent thereof, or the undertaker or other person who shall have charge of the interment of such child, or should no other person be in attendance without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and in such report to state the name, residence and occupation of the person in attendance upon the mother. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1911. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 79136.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2nd 1891
4. Place of Birth, (Street and Number) 716 Pennsylvania Ave
5. Full Name of Mother, Nellie L. Martin
6. Mother's Maiden Name, Nellie L. White
7. Mother's Birthplace, Balto City Md.
8. Full Name of Father, Geo A Martin
9. Father's Occupation, Grocerman
10. Father's Birthplace, Balto City Md

Name of Medical Attendant, or other person who makes this Return, Thurlo Clarke M.D.

Address, 914 N Charles St

Remarks,

B 21 0 0 0 1 0 6 7

HEALTH DEPT. BALTIMORE MD. MAY 2 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Every person having charge of any child born in this city, shall, within ten days after the birth of such child, report to the Commissioner of Health the full name and occupation of its parents, the date and place of birth, and the sex, color, and full name of such child, if it has been named, and if not named, then the fact that it has been omitted to be named; and if such child be born without the attendance of a physician or practitioner in the form of a certificate between the 1st and 10th day of each month, and if such child be born with the attendance of a physician or practitioner, then within three days after the birth of such child, a certificate of such birth, signed by such physician or practitioner, shall be delivered, duly sealed, at the office of the Commissioner of Health. It shall be the duty of the attendance upon the mother, immediately thereafter, and in the manner and within the period above required, to report the birth of such child to the Commissioner of Health, and in default of the parents, or either of them, reporting the birth of such child, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. Any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable, in any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable,

RETURN OF A BIRTH

No. 74736.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	April 2nd 1891
4. *Place of Birth, (Street and Number)*	No 5. E Randall st
5. *Full Name of Mother,*	Ida Crawford
6. *Mother's Maiden Name,*	Ida Airey
7. *Mother's Birthplace,*	Dorchester md
8. *Full Name of Father,*	James F. Crawford
9. *Father's Occupation,*	Flagman at Rail Road
10. *Father's Birthplace,*	Montgomery Co md
Name of Medical Attendant, or other person who makes this Return,	E. Winter
Address,	No 1612 South Charles st
Remarks,	8910001068

BALTIMORE MD. 1891

Section 1. It is declared to be the duty of every person who shall have charge of any child born in this city, or of the parents of such child, if able, to report to the Registrar of Vital Statistics, Board of Health, the birth of such child within ten days after the same can be ascertained; the full name of each child, if any shall have been given it, the full name and occupation of its parents, the date and place of birth, the number of children born to the mother, and whether the first and each subsequent child was born alive or dead, and such other information as may be required by the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then it shall be the duty of the parents, or either of them, if able, to report such birth to the Registrar of Vital Statistics, Board of Health, within the time above specified, and in the manner above directed. Sec. 2. Be it further ordained, That it shall be the duty of the Commissioner of Health to cause to be prepared and furnished to the Registrar of Vital Statistics, Board of Health, a sufficient number of blank forms of certificates of births, which shall contain the questions required to be answered by the preceding section of this ordinance, and such other questions as may be deemed necessary by the Commissioner of Health for the registration of births. Sec. 3. Be it further ordained, That any person who shall refuse or neglect to report any birth as required by the first section of this ordinance, or who shall report any false statement touching any birth, shall be subjected to the penalty of not less than five dollars nor more than fifty dollars for each offence. Sec. 4. Be it further ordained, That any person or persons who shall hereafter violate any of the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 77737.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored - 23 Years - 3F

3. Date of Birth, April - 2 - 1937 Sunday

4. Place of Birth, (Street and Number) Mashing Lane - Mountgrove

5. Full Name of Mother Nancy Baskerville

6. Mother's Maiden Name, Nancy Baskerville

7. Mother's Birthplace,

8. Full Name of Father, John Baskerville

9. Father's Occupation, Farmer

10. Father's Birthplace, Washington County Va

Name of Medical Attendant, or other person who makes this Return. Caroline Green

Address, 1166 Kaburg Street 2nd

Remarks, 1 8 9 1 0 0 0 1 0 6 9

APR 12 1937 BALTIMORE MD. HEALTH DEPT.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, with the certificate of the Commissioner of Health, to the person to whom the next certificate is issued. Every person who shall refuse or neglect to report the birth of a child, or shall refuse or neglect to procure the attendance of a physician or midwife at the birth of the child to report its birth to the Commissioner of Health, or shall refuse or neglect to procure the attendance upon the mother, immediately after the birth of the child, of a physician or midwife, or any such person who shall refuse or neglect to deliver the certificate and schedule hereinbefore required, shall be subjected to the fine of ten (10) dollars for each offense; the recovery of which penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 34738.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 9-th 1891

4. Place of Birth, (Street and Number) 128 old York Road Hospital

5. Full Name of Mother. Maggie Payne

6. Mother's Maiden Name, Maggie East

7. Mother's Birthplace, Virginia

8. Full Name of Father. James Henry Payne

9. Father's Occupation, Stone Farmer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Dr. Hannah Kirchner

Address, 114 Old York Road

Remarks, 1 8 9 1 0 0 0 1 0 7 0

BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 th

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Colored
3. Date of Birth, April 3rd 1891
4. Place of Birth (Street and Number), Baltimore near Chestnut
5. Full Name of Mother, Martha Thomson
6. Mother's Maiden Name, Martha Beath
7. Mother's Birthplace, [illegible] Md
8. Full Name of Father, Levine Thompson
9. Father's Occupation, Waiter
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address,

Remarks,

1 8 9 1 0 0 0 1 0 7 1

HEALTH DEPARTMENT BALTIMORE CITY 1891

Form No. 18 rev. Color of the full name and occupation of the parents, the date and places of birth, and the said return shall be signed by the attending physician or midwife, or if there be none, by the householder or owner of the premises. Duplicate blanks will be furnished to any physician or midwife in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, as hereinbefore stated, be in attendance at the birth, the mother herself shall be required to make return of the same, and in case of her inability to do so, the duty shall devolve upon the householder or owner of the premises where the birth occurred. Within ten days after the birth of any child hereafter born, it shall be the duty of the father, mother, householder or owner of the premises where the birth occurred, or the physician, midwife or other person who shall have attended upon the mother during her confinement, to make return of such birth, to the Commissioner of Health, in the manner and form prescribed by the Board of Health, and in accordance with the provisions of the ordinance passed to this end, and approved [illegible] 1890, and to comply with the provisions of the said ordinance in all respects, under the penalties therein provided for each offence, to be recovered as other fines and penalties are recovered.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

April 5. 1871

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Child April 5 1871.
4. Place of Birth, (Street and Number) 507. South Republican st
5. Full Name of Mother, Caroline Wisniewsky.
6. Mother's Maiden Name, Caroline Miller.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Alexander Wisniewsky.
9. Father's Occupation. Laborer.
10. Father's Birthplace. Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Sweed.

Address, 507 S. Republican st

Remarks, 8 9 1 0 0 0 1 0 7 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been given,) sex, color, the full name and occupation of its parents, the date and place of birth, and the street and number of the residence where the birth occurred. In the first and second columns shall be delivered, duly signed by the practitioner in the case, or if there be no practitioner, by the person who shall make the return, a certificate of the birth of any child born during the month next preceding the delivery of such certificate. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be entitled, or willing to make the return, it shall become the duty of the person or persons in charge of the premises where such birth occurred, to report the same to the Registrar of Vital Statistics, in the manner and within the time prescribed, and failing to do so, he, she or they shall be subject to the penalties of this section. The provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH — 3774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr 3/91
4. *Place of Birth, (Street and Number)* 102 E. Hamburg st.
5. *Full Name of Mother,* Florence E Rowan
6. *Mother's Maiden Name,* " Harrison
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Henry Rowan
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. E. Dorsey Ellis M.D.

Address, 915 Light st.

Remarks, This was a 7 mos foetus

HEALTH DEPARTMENT BALTIMORE, MD. APR 10 1891

1 8 9 1 0 0 0 1 0 7 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 29752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 17 1891
BALTIMORE, MD.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been christened; the sex, color, the full names and residence of parents, the date and place of birth; and the full name, residence and title of the practitioner in the form of a certificate between the first and fifth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Name, Child's, of Mother, (state whether 1st, 2d, 3d, &c.) 2
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) Color
4. Date of Birth, April 3 rd 1891
5. Place of Birth, (Street and Number) 1122 Goodmans alley
   Full Name of Mother, Ida Forbes
6. Mother's Maiden Name, Ida Gross
7. Mother's Birthplace, Calvert Co Md
8. Full Name of Father, Philip Forbes
9. Father's Occupation, Sailor
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 912 Seaden hall st

Remarks, 1891 Five Dollars

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 79743.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE MAY 23 1910

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, 3 April 1910

4. Place of Birth, (Street and Number) 630 W Lanvale St Baltimore

5. Full Name of Mother, Hannah Stokes

6. Mother's Maiden Name, Johnson

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Arthur Stokes

9. Father's Occupation, Waiter

10. Father's Birthplace, Accomack Co Va

Name of Medical Attendant, or other person who makes this Return. Louisa Lane

Address, 642 Gaspee St

Remarks,

1 8 9 1 0 0 0 1 0 7 5

Sec. 1. Be it enacted by the General Assembly of Maryland, That the full name of each child, if any shall have been conferred, shall be given in the return of birth required to be made within ten days after birth; and if no such name shall have been conferred, the fact shall be stated in the return, and it shall be the duty of the parent having the custody of such child, if any shall have been conferred, the full name of such child, if any shall have been conferred, the fact shall be stated in the return, and it shall be the duty of the parent having the custody of such child, if no other person be in attendance, or the physician or midwife in attendance upon the birth, or the householder within whose house or upon whose premises such birth shall occur, to report in person or by mail to the office of the Commissioner of Health, in the manner and within the period above required, and in default thereof shall be liable to a penalty of ten dollars for each and every month after the third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of midwifery, or should no other person be in attendance, or the physician or midwife in attendance upon the birth, or the householder within whose house or upon whose premises such birth shall occur, fail to comply with the requirements of this section, the return of birth shall be made by the undertaker who shall hereafter have charge of the interment of the body of such child, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs, before any justice of the peace; and all such forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

39744.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	3rd of April 1891
4. Place of Birth, (Street and Number)	25 North Hill Street
5. Full Name of Mother,	Amilia T. Jeremias
6. Mother's Maiden Name,	Amilia T. Heart
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Ernst O. Jeremias
9. Father's Occupation,	H. Sadler
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return	Crescintia Kunkel
Address,	213 North Chapel St. per Crescintia Kunkel
Remarks,	Healthy. 8 9 1 0 0 0 1 0 7 6

BALTIMORE CITY

APR 10 1891

BOARD OF HEALTH

month, and shall set forth as far as the same can be ascertained the full name, if any, and the sex, color, date and place of birth, residence and occupation of its parents, the date and place of death, and the cause thereof; the name and residence of the physician who certified the first and last sickness, and the name and residence of the undertaker who buried the body of any child said undertaker shall, on every month to the office of the Commissioner of Health, or should no other person be in the city who shall have been concerned in the burial of such child, then it shall be the duty of the undertaker who shall inter without the attendance of a physician or midwife, it shall become the duty of the person or persons who shall have been present at the birth of such child to report the same to the Commissioner of Health, in the manner and within the time prescribed in this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MD. J. D. CULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3th April 1890.
4. *Place of Birth, (Street and Number)*	Moore St. 1359.
5. *Full Name of Mother,*	Lizzie Kennelly
6. *Mother's Maiden Name,*	" Miller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Kennelly
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Lizzie Schuepfer
Address,	Fort Ave. No. 1166.
Remarks,	1891000107 Locust Point.

month, and shall set forth as far as the same can be ascertained the full name & sex of said child, the name & residence of its parents, the date and place of birth, and the full name of said child, every month to the office of the Commissioner of Health, and the first one shall occur within ten days after the birth of any child born after the passage of this ordinance upon the mother, immediate physician or practitioner of midwifery, or in case the birth of any child shall occur without the city and the parents thereof reside within the city, then the father or other person who shall report its birth to the Commissioner of Health. It shall become the duty of the person or persons so required to report the birth of any child as aforesaid, to make such report within the period above required, and any person who shall neglect or refuse to make such report as required by this section shall be subjected to the fine of ten (10) dollars for each offence, and the recovery of such fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 39706.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 3, 1891
4. Place of Birth, (Street and Number)	819 Light St.
5. Full Name of Mother,	Tilled Carter
6. Mother's Maiden Name,	Tillie Krail
7. Mother's Birthplace,	Balti
8. Full Name of Father,	John Carter
9. Father's Occupation,	Grocer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	M. L. Carley
Address,	213 E. Heath St
Remarks,	Dairyville

8 9 1 0 0 0 1 0 7 8

HEALTH DEPARTMENT BALTIMORE CITY

uenth, and shall set forth as far as the same can be ascertained, the full name of each child born alive, the sex, color and date of birth, and the full name, residence, age and occupation of its parents, the date and place of birth, and the full name of each and every month to the office of the Commissioner of Health, or should no other person be in attendance within the time specified, the practitioner in charge of the case shall be required to make such return. Any physician or midwife who shall neglect the duty of the person or parents of such child, if living, and if not living, the person in charge of the house in which such birth occurs, shall be required to make such return. Any physician or midwife who shall neglect the duty of the person or parents of such attendance within the time specified, the practitioner in charge of the case shall be required to make such return. Any physician or midwife who shall neglect the duty of the person or parents of such child, if living, and if not living, the person in charge of the house in which such birth occurs, shall be required to make such return. Any physician or midwife who shall neglect the duty of the person or parents of such month to the office of the Commissioner of Health, in the manner and within the period above required, and shall secure without the attendance of a physician or midwife, shall be required to report the case to the Commissioner of Health within the time specified in this section. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th.
2. *Sex, (state whether male or female)* Female.
3. *Race or Color, (if not of the white race)* White.
4. *Date of Birth,* June 3d 1879
5. *Place of Birth, (Street and Number)* 420 St Joseph Street.
6. *Full Name of Mother,* Catharina Wehrmann
7. *Mother's Maiden Name,* Catharina Kemmlwieser
8. *Mother's Birthplace,* Germany.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Christian Sa

Address, 057 Wa[illegible]

Remarks, 8 9 1 0 0 0 1 0 7 9

Dupl

month, and shall set forth as far as the same can be ascertained, the full name of each child born within the city, and not previously returned, the sex, color, date and place of birth, the full name, residence, age and occupation of the parents, and the number of children born to the mother, and the number now living; and shall state whether the child is the first, second, third, or other child born to the mother, and whether a twin or triplet. Said return shall be made in writing, and shall be signed by the physician or midwife in attendance upon the birth, or in case there was no physician or midwife in attendance, then by the father of the child, or in case the father is dead, or absent from the city, then by the mother, or in case the mother is dead, or unable to make such return, then by the householder or owner of the house in which the birth occurred, or by the agent of such householder or owner; and in case the birth occurred in any other house, then by the inmate of such house having charge of the affairs thereof. Said return shall be made within ten days after the birth, and every month to the office of the Registrar of Vital Statistics, and no other person be entitled to receive a certificate or record of birth from the Registrar of Vital Statistics, unless the birth shall occur without the attendance of a physician or midwife, and the parent or parents, or person having charge of the affairs of the household in which the birth occurred, shall refuse or neglect to make such return, as herein required, and such parent or parents, or person having charge of the affairs of the household, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RECEIVED JUN 7 1879 REGISTRAR'S OFFICE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

29738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 6 1891 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 4 April

4. Place of Birth, (Street and Number) Fort. Ave. 1021

5. Full Name of Mother, Augusta Schmidt

6. Mother's Maiden Name, Augusta Reiseno

7. Mother's Birthplace, Germany

8. Full Name of Father, Georg Schmidt

9. Father's Occupation, Turnanfg

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Anna Mary Mat...

Address, Beason st. 1421 Louis Point.

Remarks,

8 9 1 0 0 0 1 0 8 0

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	4 April 1890.
4. Place of Birth, (Street and Number)	Fort ave. No. 724
5. Full Name of Mother,	Anna Rittner
6. Mother's Maiden Name,	" Boes
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Henr. Rittner
9. Father's Occupation,	Stevedor.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Lizzie Schaffler
Address,	Fort ave No 1418.
Remarks,	Locust Point

8 9 1 0 0 0 1 0 8 1

APR 13 1891

6M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

29750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 4th 1891
4. *Place of Birth, (Street and Number)*	2506 Ellsworth St.
5. *Full Name of Mother,*	Rosetta
6. *Mother's Maiden Name,*	Turner
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	James Cunningham
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return.	E. J. Williams M.D.
Address,	1114 Cherry Hill St.
Remarks,	

8910001082

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Apr. 4, 1891.
4. *Place of Birth (Street and Number),* 1600 N. Gamble St.
5. *Full Name of Mother,* Maggie Hindsor
6. *Mother's Maiden Name,* Maggie Fickle
7. *Mother's Birthplace,* Frederick Co. Md.
8. *Full Name of Father,* Wm. H. Hindsor
9. *Father's Occupation,* Lumber in tobacco store
10. *Father's Birthplace,* Montgomery Co. Md.

Name of Medical Attendant, or other person who makes this Return. H. L. Wright M.D.

Address, 220 N. Gilmor St.

Remarks, 8 9 1 0 0 0 1 0 8 3

and shall not set forth as far as the same can be ascertained by reasonable inquiry the date and place of birth and the said schedule shall be delivered duly signed by the practitioner in the case of a birth attended by a practitioner in the first and third days of each and every month to the office of the registrar of births. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance at the birth to make the return required by this section, then the father or mother of such child, if a resident of the house where such birth occurs, shall make such return within the time and in the manner and within this section prescribed, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant. or other person who makes this Return,

Address,

Remarks,

8 9 1 0 0 0 1 0 8 4

HEALTH DEPARTMENT BALTIMORE MD

Penalty: for each case of failure to report the birth of a child, the name and residence of the parents, the date and place of birth and the said schedule shall be delivered, duly signed by the gend thereof, to the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of any physician or midwife, or should no other person be in attendance, it shall be the duty of the mother, or in case she is unable, the father, to report the birth to the Registrar of Vital Statistics, as herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 24 1891
4. Place of Birth, (Street and Number)	1000(C) Eutaw St
5. Full Name of Mother,	Mary Kane
6. Mother's Maiden Name,	Mary Kennedy
7. Mother's Birthplace,	England
8. Full Name of Father,	Peter Kane
9. Father's Occupation,	Saloon Keeper
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	C. A. Tully
Address,	1000 Eutaw St
Remarks,	Dairy Man

8 9 1 0 0 0 1 0 8 5

HEALTH DEPT. BALTIMORE MD. 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race).* White
3. *Date of Birth,* April 17. 1894
4. *Place of Birth (Street and Number),* 103 Hamilton St.
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 12 E. Montgomery St.

Remarks,

1 8 9 1 0 0 0 1 0 8 6

BALTIMORE MD.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 29753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 4th
4. *Place of Birth, (Street and Number)*	404 S. Paca st.
5. *Full Name of Mother,*	Bertha Feigenman
6. *Mother's Maiden Name,*	" Feigenman
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Gustavus Feigenman
9. *Father's Occupation,*	Cook - Hotel
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	C. L. Bradenbach
Address,	418 S. Paca st.
Remarks,	

1891000 1087

BALTIMORE MD.

month, and shall set forth, so far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the time and place of birth, the name and residence of the medical attendant, if any, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father, or, should no other person be in attendance upon the mother at the time of the birth of a child, then the person in whose house or tenement such birth shall occur, shall be required to report the birth to the Commissioner of Health, in like manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as debts of like amount are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 29756.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 4th 1891
5. Place of Birth, (Street and Number) 20 William St
6. Full Name of Mother, Mary Williams
7. Mother's Maiden Name, Mary Tully
8. Mother's Birthplace, Brooklin Md
9. Full Name of Father, John Williams
10. Father's Occupation. Laborer
11. Father's Birthplace, Richmond Va
12. Name of Medical Attendant, or other person who makes this Return. C. J. Tully
13. Address, 127 John St
14. Remarks, Living Well

1891 0061088

HEALTH DEPT. BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

Sex, (state whether male or female) Male.

Race or Color, (if not of the white race) White.

3. Date of Birth, April 5, 1891.

4. Place of Birth, (Street and Number) No. 1622 Hanford ave.

5. Full Name of Mother, Sarah Coleman.

6. Mother's Maiden Name, Sarah Weber.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Frank Coleman.

9. Father's Occupation, Cutter Baker.

10. Father's Birthplace, Baltimore.

Name of Medical Attendent, or other person who makes this Return. Eug. A. Edwards M.D.

Address, 1701 Hanford ave.

Remarks, 8 9 1 0 0 0 1 0 8 9

...month, and shall set forth as far as the same can be ascertained by diligent inquiry, the date and place of birth, the full name, if any be given, the sex, color, the full name and residence of the parents, the age of the father and mother, the number of children born to the mother, and the number now living, the number of such children born in wedlock, and such other information as may be required by the Commissioner of Health, and the person who shall have been employed in attendance upon the mother at the birth of the child, or who shall have been present at the birth of such child, shall report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the first offense, to a fine of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) Second.
2. *Sex,* (state whether male or female) Male.
3. *Race or Color,* (if not of the white race) White.
4. *Date of Birth,* April 5 1891.
5. *Place of Birth,* (Street and Number) No. 141 Hanford road (Belt)
6. *Full Name of Mother,* Ellen Redmond.
7. *Mother's Maiden Name,* Ellen Riley.
8. *Mother's Birthplace,* England.
9. *Full Name of Father,* Nicholas Redmond.
10. *Father's Occupation,* Driver.
11. *Father's Birthplace,* Ireland.

Name of Medical Attendent, or other person who makes this Return. Reg. A. Elwell M.D. 1141 Hanford ave.

Address,

Remarks, 8 9 1 0 0 0 1 0 9 0

month and shall set forth as far as practicable the full name, residence, color, occupation of its parents, the date and place of birth, and the name (if any) of such child, and whether it be the first, second or other child born of the mother, and whether a twin or triplet; and the said certificate shall be delivered, fully signed by the practitioner in the form of a certificate, to the first undertaker who shall have the custody of the corpse of such child before the burial of any child dying within the said city; and every midwife, or other person (except the father or mother) who shall be present at the birth of any child shall, within the first week of the month next after the birth of such child, deliver to the undertaker who shall have the custody of the corpse of such child before the burial of any child dying within the said city, a certificate of such birth, and the attendance upon the mother, to the office of the Commissioner of Health, in the manner and within the time above specified; and every undertaker who shall have the custody of the corpse of any child dying without the attendance of a physician or midwife, or if it shall become the duty of the person or persons of such class with respect to whom the Commissioner of Health shall hereafter fail to comply with the requirements of this section shall be subject to the penalties of section 234 of Article 27 of the Code of Public Local Laws and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

29754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 3, 1891
4. Place of Birth, (Street and Number)	1310 Light St
5. Full Name of Mother,	Lorka Ryter
6. Mother's Maiden Name,	Lorra Walker
7. Mother's Birthplace,	Balti
8. Full Name of Father,	Edward Ryter
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balti.
Name of Medical Attendant, or other person who makes this Return.	Mr Easley
Address,	213 E. Seattle St
Remarks,	Doing Well

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BOARD OF HEALTH DEPARTMENT OF VITAL STATISTICS

Every person who shall be present at the birth of any child, or who shall have charge of any child at its birth, shall report to the Registrar of Vital Statistics the date and place of birth, and the name, if any, of such child, its sex, color, the full name and occupation of its parents, the date and place of their marriage, if married, the number of children born to the mother, and the number of such children living, and a certificate between the first and third day of each and every month to the effect that he has or has not attended the birth of any child shall occur within the city during the month next preceding, and which has not been reported, and shall become the duty of the person above required, and shall be delivered, duly signed by the practitioner if there was one present, or by the person required to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 29760.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5th 1891
4. Place of Birth, (Street and Number) 2319 Eastern Ave
5. Full Name of Mother, Ada V. Jones
6. Mother's Maiden Name, Ada V. Brown
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Frederick Jones
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Geo L. Dunn Esq

Address, 226 So Broadway, Baltimore

Remarks, 1891 0001092

month, and shall set forth us far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered with the office of the Commissioner of Health. To each the birth of any child duly and without the attendance of a physician or practitioner of midwifery, and the person in attendance upon the mother, immediately thereafter, shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 39761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	5th of April 1891
4. Place of Birth (Street and Number),	623 N. Burke St
5. Full Name of Mother,	Marie Rikes
6. Mother's Maiden Name,	Marie Link
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Christian Rikes
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Sa Hill. M.D.
Address,	207 N. Castle St
Remarks,	

1891 0001093

Any person who shall not form as far as the same can be ascertained the full name of each child, (if any shall have been omitted,) and every other particular required by the foregoing regulations, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the third and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur in the absence of a physician or practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sunday April 5th 1891
4. Place of Birth, (Street and Number) 1138 York st.
5. Full Name of Mother, Mrs. Effie Hicks
6. Mother's Maiden Name. Effie Jones
7. Mother's Birthplace, Calvert County Md.
8. Full Name of Father, Loria Hicks
9. Father's Occupation, Coachman in Brooklyn Md.
10. Father's Birthplace, Calvert County Md

Name of Medical Attendant, or other Person who makes this Return. Annie M. Davis

Address, 211 Henrietta st bet. Howard and Sharp st

Remarks, None

6 9 10001094

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 29763.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, 5 April 1891
4. Place of Birth, (Street and Number) 119 E. High St.
5. Full Name of Mother, Mrs. Annie Siegel
6. Mother's Maiden Name, Annie Blum
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Siegel
9. Father's Occupation, Optician
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. T. F. Leonard M.D.

Address, 419 W. Lanvale St

Remarks, Premature Birth 8th month Baltimore
Due to Hemorrhage from Placenta Previa. Turning.

APR 7 1891
BALTIMORE

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Every person who shall have been present at the birth of any child, shall report to the Commissioner of Health, in the manner and within the period above required, and in case of the inability of the parents or other persons to report, it shall be the duty of the physician, midwife or other person in attendance upon the mother, immediately thereafter to report the name of the child, if named, and the date of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month by the officer or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have been present at the birth of any child, and who shall neglect or refuse to report the same as above required, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

~~NAME ADDED 1/27/1956~~

RETURN OF A BIRTH A 29764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Melvin Jacob

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5th, 1891
4. Place of Birth, (Street and Number) 1820 Lorman St.
5. Full Name of Mother, Jacobs
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Jacobs
9. Father's Occupation, House-Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. H. Carter

Address, 1800 W. Baltimore St.

Remarks, 8910001096

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the day and precise time of its birth, and the name and residence of its parents, the date and place of their marriage, and such other particulars as may be required by the Commissioner of Health; and the said return shall be signed by the practitioner in the form of a certificate hereinbefore directed, and delivered by him to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, within ten days after the birth; and every midwife or other person who shall occur without the attendance of a Physician or Midwife, it shall become the duty of the person or parents of such child to report in writing the particulars required to be reported in this section, and every midwife or other person who shall neglect or refuse to make such report as aforesaid, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 29760.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, April 4/91
4. Place of Birth, (Street and Number) No 22 Randall St
5. Full Name of Mother, Sarah Wesley
6. Mother's Maiden Name, Rustled
7. Mother's Birthplace, Balto Md
8. Full Name of Father, George Wesley
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Francis Jones

Address, No 163 S. Charles St

Remarks, 89 / 00097 Respectfully

RECEIVED APR 10 1891 BALTIMORE MD.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and description of its parents, the date and place of birth, and the full name and residence of the attending physician or midwife, and shall sign the same; and every such return shall be made within the first ten days of each and every month to the office of the Commissioner of Health. To ease the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of such child to report the birth as herein required, within the time above mentioned, and after the expiration of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered in the name of the State of Maryland before any justice of the peace of the city of Baltimore, one-half of which penalty shall be paid to the informer, and one-half to the use of the Commissioner of Health, to be recovered with costs of suit, in the manner prescribed by law for the recovery of other pecuniary penalties and forfeitures are recoverable

ON J. C. BULLARY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 29766.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD.
APR 15 1891

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 5th April 1891
5. Place of Birth, (Street and Number) 1712 Patapsco St
6. Full Name of Mother, Minnie Humbertus
7. Mother's Maiden Name, Minnie Crany
8. Mother's Birthplace, Germany
9. Father's Occupation. John Humbertus
10. Father's Birthplace, Baker Baltimore

Name of Medical Attendant, or other person who makes this Return. E A Tully

Address, 1723 Light St

Remarks, Dairy Man

89 V 0001098

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 29767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 6 th
4. Place of Birth, (Street and Number) 618 Pratt st
5. Full Name of Mother, Barbara Foster
6. Mother's Maiden Name, Klutz
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Foster
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Foster

Address, 2406 Eastern Ave

Remarks,

1891 0001099

APR 10 1891 BALTIMORE MD. HEALTH DEPT.

been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth; and the said schedule shall be delivered at the office of the Commissioner of Health, or such other person as he may appoint, within said thirty days after the birth of any child, and every month thereafter, a like schedule of all births which may have occurred during the preceding month, with the particulars required as aforesaid, and the attendance without the attendance of a physician or midwife, or shall make any false statement touching the premises, he shall forfeit and pay for each and every such offence a sum not exceeding ten dollars, and the person who shall fail to report the birth of any child which may become the duty of the person or persons with whom such child may be living to report, shall be liable to the same penalty as the parents of such child would be under the provisions of this section. In case the parents of any child shall be dead, or shall be unable from sickness to report the birth of such child, the duty of reporting such birth shall devolve upon the person in charge of the house in which such child was born, and in case there be no other person in charge of such house, then upon the person who shall have been in attendance upon the mother at the birth of such child; and any person who shall neglect to report the birth of any child as required by this section shall be liable to the same penalty as the parents of such child would be under the provisions of this section. In the event of the parents of any child residing without the limits of the city, the duty of reporting the birth of such child shall devolve upon the person in charge of the house in which such child was born, and in case there be no other person in charge of such house, then upon the person who shall have been in attendance upon the mother at the birth of such child; and any person who shall neglect to report the birth of any child as required by this section shall be liable to the same penalty as the parents of such child would be under the provisions of this section. All fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-12-56

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Herbert — Painter

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1.	*Sex, (state whether male or female)*	Male.
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth.*	April 4th 1890
4.	*Place of Birth, (Street and Number)*	No 1520 Hanover St.
5.	*Full Name of Mother.*	Julia Painter
6.	*Mother's Maiden Name.*	Unknown
7.	*Mother's Birthplace.*	Virginia
8.	*Full Name of Father.*	Unknown Painter
9.	*Father's Occupation.*	Laborer
10.	*Father's Birthplace.*	Virginia
	Name of Medical Attendant, or other person who makes this Return.	Annie Jones
	Address.	No 1603 S. Charles St
	Remarks.	1890 10/0011900 Yrs Age

mouth, and shall set forth, so far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, or other person attending at the birth, to the Registrar of the district in which the birth occurred, within five days after the birth, and shall cover only such births as shall occur during the month next preceding the date of delivery, or shall be in attendance upon the mother at the time of delivery, or should no other person be in attendance upon the mother at the time of delivery, or shall have been informed of the birth of such child, to report its birth to the Commissioner of Health, in the manner and within the time specified above, and pay such person or persons who shall perform such duty, within the provisions of this section, shall be subjected to the fine of ten dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, April 6th 1891.
5. Place of Birth, (Street and Number) 107 Bartlett St.
6. Full Name of Mother, Mary Jane
7. Mother's Maiden Name, —
8. Mother's Birthplace, —
9. Full Name of Father, Bryan Jones
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Ryan A. Tyler M. D.

Address, University Hospital

Remarks, 0 9 1 0 0 0 1 1 0 1

BALTIMORE MD.

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the day, month and year of its birth, and the full name, residence and occupation of its parents, the date and place of birth, and the full name, residence and occupation of the informant, which certificate between the first and third days of each and every month to the office of the Commissioner of Health, to be signed by the person or parents of such child, or in the absence of the parents, by the nurse present at the birth, or by any other person he is shall occur without the attendance of a physician or midwife, then the father or mother of such child, or in the absence of the father or mother, the person occupying with the premises in which such birth shall occur, shall within ten days after the birth of such child, make and deliver to the Commissioner of Health a written certificate containing the particulars required by this section, and in default of such certificate being made and delivered as aforesaid, the person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 1 0 0 0 1 1 0 2

BALTIMORE MD.

WM. J. D. DULANY & CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 7-2-34

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Pearl Eugene Engleman

No. of Child of Mother, (State whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th April - 1891
4. Place of Birth, (Street and Number) #8 Co. Ft. Lombard St.
5. Full Name of Mother, Mrs. Flora E. Engleman
6. Mother's Maiden Name, Flora E. Wales
7. Mother's Birthplace, Balto Co.
8. Full Name of Father, Mr. Lloyd P. Engleman
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, Emma Kuntz

Address, 23 W Eager St

Remarks,

8910001103

BOARD OF HEALTH BALTIMORE CITY

Every child born in this city shall have a full name or christian name given to it by the parents, and the name or names of each child shall be registered as aforesaid. The physician, midwife or other person in attendance upon any birth shall, within six days after such birth, report to the Commissioner of Health the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any failure to make such report as aforesaid, or any refusal to answer the questions contained in the said schedule, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 24777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1.
	Sex, (state whether male or female)	female
	Race or Color, (if not of the white race)	white
3.	*Date of Birth,*	6 April
4.	*Place of Birth, (Street and Number)*	No 632 N Broadway
5.	*Full Name of Mother.*	Maggie Jaber
6.	*Mother's Maiden Name*	Maggie Miller
7.	*Mother's Birthplace.*	Baltimore
8.	*Full Name of Father,*	Louis Jaber
9.	*Father's Occupation.*	Stone Cutter
10.	*Father's Birthplace.*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Maria Watson
	Address,	503 N. Carolina St.
	Remarks,	

8910001104

BALTIMORE MD. BOARD OF HEALTH REGISTRATION

month, and shall set forth so far as the same can be ascertained, the date of birth, sex, color, name, residence and birthplace of child, of any child born alive, and the name, maiden name, residence, birthplace and occupation of parents, and the number of children born to the mother, including the last one born, and the number of such children living at the time of making such return, which shall be signed by the physician or midwife in attendance, or by the householder, or by the owner or agent of the building or tenement in which such birth occurs, or by the parent of such child, if able to write, and in case of the absence or inability of any of the persons above mentioned, then by any other person present at the birth. Such return shall be made within ten days after the birth, and if the birth occurs on board a vessel arriving in port, within ten days after such arrival. Every such return shall be verified by the oath or affirmation of the person making the same, before any officer authorized to administer oaths. Any person who shall neglect or refuse to make such return, as required by this section, shall be subjected to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

874 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT BALTIMORE MD

1. Name of Child or Mother, (state whether 1st, 2d, 3d, &c.) 3rd
2. Sex (state whether Male or Female) Female
3. Race or Color (if not of the white race) White
4. Date of Birth. ~~March~~ April 7th
5. Place of Birth (Street and Number) 1407 N Chester Street
6. Full Name of Mother Annie Carter
7. Mother's Maiden Name Annie Fallon
8. Mother's Birthplace Ireland
9. Father's Occupation Street Paver
10. Father's Birthplace Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. Dora Moore Midwife

Address 2026 Kyser St

Remarks This Child Died of Spasms of Heart Died on April 9. Age 48 H

Place of Burial Holy Cross cemetery Date 9 1 0 2 1 0 5 April 9th 1891 H. Schaffer 8. S Front St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7th 1897
4. Place of Birth, (Street and Number) 82 Boyd St.
5. Full Name of Mother, Mrs Rosa Morrissey
6. Mother's Maiden Name, Rosa Quinn
7. Mother's Birthplace, Ireland
8. Full Name of Father, Mr. John Morrissey
9. Father's Occupation, Peddler in a Store.
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Paca St

Remarks,

1 8 9 1 0 0 0 1 1 0 6

APR 13 1897 BALTIMORE MD

been conferred; its sex; color; the full name and occupation of its parents, the date and place of birth; and the full address of each; which certificate shall be duly signed by the practitioner in the form of a certificate setting forth the facts aforesaid, duly signed by the practitioner in attendance upon the birth of any child [illegible] each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, then it shall be the duty of the midwife, or other person who shall assist at such birth, to make out and deliver to the Commissioner of Health, in the manner and within the time hereinbefore prescribed, the certificate of birth of such child; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7th 1891
4. Place of Birth, (Street and Number) 910 N. Fulton Ave
5. Full Name of Mother, Isabel Skinner
6. Mother's Maiden Name, Isabel Dewitt
7. Mother's Birthplace, Georgia
8. Full Name of Father, Charles [illegible]
9. Father's Occupation, Cotton Merchant
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return Thos. L. Cooke M.D.

Address, 910 N. Charles St

Remarks,

8910001107

BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

39776.

1. No. of Child of Mother, (~~1st, 2d, 3d, &c.~~ 1st, ~~2d, 3d, &c.~~)
2. Sex, (~~Male or Female~~ male ~~or Female~~) M
3. Race or color, (if not of the white race) Negro
4. Date of Birth, April 7th 1891
5. Place of Birth, (Street and Number) 531 Mc Mechin St
6. Full Name of Mother, Emma Garrett
7. Mother's Maiden Name, Williams
8. Mother's Birthplace, Balto
9. Full Name of Father, Marshall Garrett
10. Father's Occupation, Driver
11. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return. Pearce Koutzma MD

Address, 601 Franklin St

Remarks, C.O.P.

1 8 9 1 0 0 0 1 1 0 8

BALTIMORE MD. APR 13 1891 HEALTH DEPARTMENT

J. C. MULANY & CO., CITY PRINTERS AND STATIONERS

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the physician or midwife in attendance, in the form of a certificate between the first and third days of each and every month, in a book to be kept for that purpose, and shall, on the first day of each and every month, transmit a copy of said certificate to the Commissioner of Health. The birth of any child whose parents shall reside in said city, and the birth of any child born in said city during the attendance of a physician or midwife upon the mother, immediately thereafter, shall be registered by the physician or midwife in attendance upon the mother, immediately thereafter, and the certificate required above shall be made out and delivered, duly signed, by such physician or midwife to the parents or parent of such child, to report its birth to the Commissioner of Health, and shall be by him delivered to the Commissioner of Health, duly verified by the oath of such parent, on the first day of the month next succeeding the birth of such child. Any such parent or person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of not more than twenty dollars for each offence. The Commissioner of Health shall not be required to record the birth of any child unless the certificate required by this section shall have been delivered to him within the time limited by this section, or the delay in the registration thereof shall be explained to his satisfaction.

RETURN OF A BIRTH. 29777.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d & Child
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	April 7, 1891
Place of Birth, (Street and Number)	516 Marshall St
Full Name of Mother,	Emma Norfield
Mother's Maiden Name,	Emma Richard
Mother's Birthplace,	Baltimore
Full Name of Father,	Joe Norfield
Father's Occupation,	Clerk
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M R Cushing
Address,	213 W Lafayette St
Remarks,	Dying Well

8 9 1 0 0 0 1 1 0 7 9

BALTIMORE CITY BOARD OF HEALTH

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, to the person who shall present himself or herself as petitioner in the form of a certificate between the first and third days of each month, at the office of the Commissioner of Health. In case the birth of a child shall occur within the said month, but after the said certificate shall have been issued, the attendance of a physician or practitioner of midwifery, or of the person or parents of such child, upon the mother, immediately thereafter, shall be required, and within the period above required, and attendance upon the mother, immediately thereafter, shall be required, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ANS. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 7778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7. 1891
4. Place of Birth, (Street and Number) No 1109 Hubert St
5. Full Name of Mother, Eva Fallon
6. Mother's Maiden Name, Ella McHale
7. Mother's Birthplace, Balt
8. Full Name of Father, John Fallon
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mar E Ettel

Address, No 1619 Eutaw St

Remarks, 8 9 1 0 0 0 1 1 1 0

APR 15 1891 BALTIMORE MD

WM. J. O. SULLANY DO CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 11-21-58

RETURN OF A BIRTH

A 79979.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name Herman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 8th 1891.
4. Place of Birth, (Street and Number) 766 Ramsay St
5. Full Name of Mother, Katie Koech
6. Mother's Maiden Name, Katie Scheler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ferdinand Koech
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Hellmann a Clin

Address, 641 S Paca St

Remarks,

BALTIMORE, MD.

8910001

PRINTED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 8th 1891
4. Place of Birth, (Street and Number) 332 Bartlett St.
5. Full Name of Mother, Lizzie Kelly
6. Mother's Maiden Name, —
7. Mother's Birthplace, Eastern Shore Md.
8. Full Name of Father, Henry Kelly
9. Father's Occupation, —
10. Father's Birthplace, Eastern Shore Md.

Name of Medical Attendant, or other person who makes this Return, Ryan A. Giles M.D.

Address, University Hospital

Remarks,

8910001112

BALTIMORE, MD.

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 29781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) F.

Race or color, (if not of the white race)

3. Date of Birth, April 8th 1871.

4. Place of Birth, (Street and Number) 1 & Clifford Pl. Balto Md.

5. Full Name of Mother, Susan K. Hymen.

6. Mother's Maiden Name, S K. Hines.

7. Mother's Birthplace, Frederick Co Md.

8. Full Name of Father, John F. Hymen.

9. Father's Occupation, ~~Ohio St~~ Carpenter.

10. Father's Birthplace, Rockbridge Co Va.

Name of Medical Attendant, or other person who makes this Return Mrs. Harriet Simmons

Address, Division St.

Remarks.

0910001113

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

said school he shall be detained, only upon a certificate signed by the practitioner in the form of a certificate between the first and second weeks of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child shall remove from the house before the certificate of the physician or midwife in attendance upon the mother, immediately after birth, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the same penalties as are provided by law for fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD.

3. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
4. Sex, (state whether male or female) female
5. Race or Color, (if not of the white race) white
6. Date of Birth, 8. April.
7. Place of Birth, (Street and Number) Hull st. 1117.
8. Full Name of Mother, Mamie Hildebrand.
9. Mother's Maiden Name, " Fitzsimons.
10. Mother's Birthplace. Baltimore
11. Full Name of Father, George Hildebrand.
12. Father's Occupation. Laboar.
13. Father's Birthplace. Baltimore
14. Name of Medical Attendant, or other person who makes this Return. [illegible] Mcfarson.
15. Address, Beason ave. 1721 Locus Point.
16. Remarks,

1 8 9 1 0 0 8 1 1 1 4

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person giving the information, to the Registrar of the district in which the birth shall occur, within the first week after the birth of any child, and the Registrar shall, every month, transmit to the office of the Comptroller a certificate showing the number of births which have occurred in his district during the month, and the names of the persons who have failed to report its birth to the Commissioner of Health. Any person being present at the birth of any child, or in attendance upon the mother, and who shall neglect or refuse to report such birth within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

850.—J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 29783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female) Gail
2. Race or color, (if not of the white race) Colored
3. Date of Birth, 7 of April
4. Place of Birth, (Street and Number) Barnard 27
5. Full Name of Mother. Mary Johnson
6. Mother's Maiden Name. Mary Coates
7. Mother's Birthplace. Baltimore City
8. Full Name of Father. Mell Johnson
9. Father's Occupation, Laber
10. Father's Birthplace, S. Carolina

Name of Medical Attendant, or other person who makes this Return April Johnson

Address, No 127 East Pratt St

Remarks. Barnd at 3.0 Clock dide at 6.0 Clock

6910001115

APR 10 1891
BALTIMORE, MD.

been conferred on me, color, the full name and occupation of its parents, the time and place of birth, and such other facts as may be required by the practitioner in the form of a certificate between the first and second visits. He is also required, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician, it shall be the duty of the person or parents of such attendance upon the mother, the Commissioner of Health, or should no other person be in the period above required, and duty such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each and every such neglect or refusal, to be recovered as aforesaid. It is also made the duty of the Commissioner of Health, or should no other person be in attendance upon the mother, the Commissioner of Health, or should no other person be in the period above required, and duty such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each and every such neglect or refusal, to be recovered as aforesaid. Penalties and forfeitures are recoverable.

J. D. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 9th 1891;
4. Place of Birth (Street and Number)	1130 McCulloh St.
5. Full Name of Mother	Lilian Myers.
6. Mother's Maiden Name	Dawson
7. Mother's Birthplace	Baltimore Co'nty
8. Full Name of Father	Edward Clinton Myers.
9. Father's Occupation	Broker.
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	M. D. W. Sparks Jnd,
Address	102 Park Ave
Remarks	Reported by father April 10th 1891. Labor Parties 8 hours.

0 9 1 0 0 0 1 1 P

A 29752.

BALTIMORE MD. APR 14 1891 REGISTRAR'S DEPARTMENT

refer at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born (as of their physical condition, whether still born or not), the full name, nativity, and residence of the parents, and the maiden name of the mother or children

RETURN OF A BIRTH. A 39786.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 7th 85
4. *Place of Birth, (Street and Number)* 66 7th Charles & Balto City Md
5. *Full Name of Mother,* Mary E Schamburg
6. *Mother's Maiden Name,* Mary E Burtchs
7. *Mother's Birthplace,* P A Co Pa
8. *Full Name of Father,* Robert Henry Schamburg
9. *Father's Occupation,* Carpenter & Builder
10. *Father's Birthplace,* Balto City Md

Name of Medical Attendant, or other person who makes this Return, Thos Bond Co Md

Address, 914 N Charles

Remarks,

Health. This schedule shall contain a full ... [illegible] ... and shall set forth as far as the same can be ascertained the full name of each child of any ... [illegible] ... been conferred its sex, color, the full name and ... [illegible] ... and the date and place of birth, and the ... [illegible] ... said schedule shall be delivered ... [illegible] ... Commissioner of Health. In case the birth of any child ... [illegible] ... thirty days of such birth, a certificate ... [illegible] ... shall cover the case, and in case the ... [illegible] ... within the aforesaid ... [illegible] ... or midwifery, or should no other person be in attendance upon the mother at such ... [illegible] ... shall become the duty of the person or persons of such ... [illegible] ... Child to report its birth to the Commissioner of Health within the time specified, and to comply with the provisions of this section shall be subject to the fine of ... [illegible] ... for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

8 9 10 0 1 1 1 7

RETURN OF A BIRTH

24786

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, 1891 BALTIMORE MD.

Within six days hereafter, stating (distinctly the date of birth, sex, and color of the child, if a twin born, its or their physical condition, whether still-born or alive, nativity, and residence of the parents, and the maiden name of the mother), you are required to report to this office the birth of a child which has occurred in your practice.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored.
3. Date of Birth,	April 9th 1891
4. Place of Birth, (Street and Number)	606 Madison Alley
5. Full Name of Mother	Ida Woingust
6. Mother's Maiden Name,	" Morgan
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	Samuel Woingust
9. Father's Occupation,	Canvasser
10. Father's Birthplace,	Dorchester Co Md.
Name of Medical Attendant, or other Person who makes this Return	Geo. F. Taylor M. D.
Address,	1204 E. Broadway.
Remarks,	

6910001118

& Co. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 7/9/87.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	April 9/91
4. *Place of Birth, (Street and Number)*	230 So. Bond
5. *Full Name of Mother,*	Jennie Eichengreen
6. *Mother's Maiden Name,*	" Greenwald
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	David Eichengreen
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Dr. L. Nicklaus M.D.
Address,	226 S. Broadway
Remarks,	

1891 CITY REGISTER BALTIMORE

1 8 9 1 0 0 0 1 1 1 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as to the same such particulars as may be required by the said Board, to any birth not have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Registrar of Vital Statistics; and in case there shall occur any birth at which no physician or midwife shall officiate, or without the attendance of a physician or midwife, or should no other person be in attendance upon the mother during labor, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the period above required, and such person or parents shall furnish to the Commissioner of Health such information as he may require, and for every neglect or refusal to comply with the requirements of this section, shall be subject to the fine of not less than ten dollars nor more than fifty dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

29788.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 9, 1891.

4. Place of Birth, (Street and Number) 2423 E. Monument St.

5. Full Name of Mother, Emma C. Miller.

6. Mother's Maiden Name, Broder.

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Miller.

9. Father's Occupation, Baker.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Miller.

Address, 1605 Madison St.

Remarks, 1891000112O

HEALTH DEPARTMENT APR 1 1891 BALTIMORE MD

...been conferred, his sex, color, the full name and occupation of its parents, the date and place of birth; and the full name, residence and office of the physician or midwife in attendance, if there was one. Such certificate shall be duly signed by the practitioner in the form of a certificate between the first and fifth days of each and every month to the office of the Commissioner of Health. In case the child was born in a hospital, asylum, or other institution, or if the mother or child was removed to such institution before the birth of the child was registered, the certificate of birth shall be signed by the superintendent or other officer in charge of such institution. In case there was no physician or midwife in attendance upon the mother, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health within the period above required, and such person or persons who shall neglect or refuse to make such report shall be guilty of a misdemeanor and subjected to the fine of ten (10) dollars for each offense.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 24787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 April 1891
4. Place of Birth, (Street and Number) 1356 Towson street
5. Full Name of Mother, Mary A Coleman
6. Mother's Maiden Name, Mary A Enright
7. Mother's Birthplace, Connecut
8. Full Name of Father, Daniel Coleman
9. Father's Occupation, Lawyer
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mrs E Kel

Address, No 1619

Remarks,

BALTIMORE APR 15 1891

0 9 1 0 0 0 1 1 2 1

SM J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 29790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 te
2. Sex, (state whether male or female) Male child
3. Race or Color, (if not of the white race) White
4. Date of Birth, 10 Tue April 1891
5. Place of Birth, (Street and Number) Bare St No 1528
6. Full Name of Mother, Katherine Schneider
7. Mother's Maiden Name, Deiches
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Johan Schneider
10. Father's Occupation, Hard Mann
11. Father's Birthplace, ~~Germany~~ Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Karoline Schwarz Fort Ely & 434

Remarks, 8 9 1 0 0 0 1 1 2 2

BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 29791.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 5 1891.
4. Place of Birth, (Street and Number) 1163 W. Fayette Street
5. Full Name of Mother, Lillie [illegible]
6. Mother's Maiden Name, Lillie [illegible]
7. Mother's Birthplace, Baltimore
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible] Fayette Street

Remarks,

8910001123

[illegible] DEPARTMENT OF HEALTH BALTIMORE MD

Every physician, U.S.A., or other person who shall attend upon or have charge of a case of birth between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in case the birth of any child shall occur without the aid of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the time prescribed in this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible] J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

7/7/91 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 8 1891
BALTIMORE MD.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	9th
1. Sex, (*state whether male or female*)	Female.
2. Race or Color, (*if not of the white race*)	White.
3. Date of Birth,	June 6th 1891.
4. Place of Birth, (*Street and Number*)	# 1536 N. Bay Street.
5. Full Name of Mother,	Mrs Lizzie [illegible]
6. Mother's Maiden Name,	Mrs Lizzie [illegible]
7. Mother's Birthplace,	[illegible] Va.
8. Full Name of Father,	[illegible] Peters.
9. Father's Occupation,	Pump-Maker.
10. Father's Birthplace,	[illegible] Va.
Name of Medical Attendant, or other person who makes this Return.	Dr. Ephraim Ege.
Address,	1605 Madison Street.
Remarks,	

8 9 1 0 0 0 1 1 2 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) 1542 [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, 8910001125

BOARD OF HEALTH BALTIMORE

PUBLISHED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 29793.

BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 10th 1891
4. Place of Birth, (Street and Number) 1217 Baker St
5. Full Name of Mother, Mary E. Fiss
6. Mother's Maiden Name, Mary E. Mitchell
7. Mother's Birthplace, Phila Pa
8. Full Name of Father, John T. Fiss Jr
9. Father's Occupation, Theatrical Manager
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Thos. F. Kaltenbach

Address, 103 W. Monument

Remarks, Jedrons Labor. Other forceps trouble born.

8 9 1 0 0 0 1 1 2 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. SEP 15 1881 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (State whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10th April
4. Place of Birth, (Street and Number) 1629 Saville Mal & Wood
5. Full Name of Mother, Ann Ford
6. Mother's Maiden Name, Ann Burns
7. Mother's Birthplace, Maryland
8. Full Name of Father, William Ford
9. Father's Occupation, Miner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs E Dunlop

Address, 1633 Saville Mal & Wood

Remarks,

1879 | 0 0 0 | 1 2 7

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, the said schedule shall be delivered, duly signed, to the person in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no one in attendance upon the mother immediately thereafter, it shall become such duty within the period above required, and child to report its birth to the Commissioner of Health, and any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. C. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 29795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Florence Elizabeth Harig

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 10th 1891.
4. Place of Birth, (Street and Number) 2201 Hucks Baltimore Md
5. Full Name of Mother, Virginia E. (Mrs.) Harig
6. Mother's Maiden Name, Virginia E. Williams
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, August H. (Mrs.) Harig
9. Father's Occupation, Cooper
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Thos. Lawler M.D.

Address, 914 E. Chase St

Remarks,

8910001128

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of every physician, midwife or other person who shall be in attendance upon the birth of any child, to ascertain the full name of each child so born, and the name and occupation of its parents, the date and place of birth; and the said physician, midwife or other person who shall have been employed in such case, shall sign by the practitioner in the form of a certificate both as to the said fact of birth and the name of the child, if any child shall be given at the time of such birth, and shall deliver such certificate to the parent or parents of such child, if living, within ten days after the birth of such child, and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, then it shall become the duty of the person or parents of such child to report in like manner the birth of such child; and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

STD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

29796.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5 d

Sex (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, April 10th

Place of Birth, (Street and Number) 718 Hamburg St

5. Full Name of Mother. Appleny Schmidt

6. Mother's Maiden Name, Appleny Murphy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Murphy

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Helleyonda Slefer

Address, 641 [illegible] St

Remarks,

HEALTH DEPARTMENT, APR 14 1891 BALTIMORE, MD.

... its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 79797

4-10-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charlotte Marie Schneffe

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth. the 10 of april 1891
5. Place of Birth, (Street and Number) 951 Frederick ave.
6. Full Name of Mother. Kate Elisabeth Schneffe
7. Mother's Maiden Name, " Schnager
8. Mother's Birthplace, Baltimore
9. Full Name of Father, John H. Schneffe
10. Father's Occupation, Butcher
11. Father's Birthplace, Russia Germany

Name of Medical Attendant, or other person who makes this Return. J. H. Pigott

Address, Carroll Station Baltimore

Remarks, 1 8 9 1 0 0 0 1 1 3 0

HEALTH DEPT. APR 15 1891 BALTIMORE, MD.

(Cut concerning the duty of the occupant of the house to report births, and the penalty for neglect.)

Jected to the fine of ten dollars for each offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1891
2

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	First
1. *Sex,* (state whether male or female)	Male
2. *Race or Color.* (if not of the white race)	White
3. *Date of Birth.*	Jan. 29. 1891
4. *Place of Birth.* (Street and Number)	25 Bloomingdale Ave
5. *Full Name of Mother.*	Alice V. Langley
6. *Mother's Maiden Name.*	" " Cornell
7. *Mother's Birthplace.*	Frederick Co. Md
8. *Full Name of Father.*	William Mc Langley
9. *Father's Occupation.*	Engineer
10. *Father's Birthplace.*	Baltimore Co. Md
Name of Medical Attendant, or other Person who makes this Return	William A. P. Gilman M.D.
Address.	1561 Eutaw St.
Remarks.	1891000131

B. PITT & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 28176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 29 1891
4. Place of Birth, (Street and Number) 735 Lucerne
5. Full Name of Mother, Rosa
6. Mother's Maiden Name, Riggins
7. Mother's Birthplace, U. S. A.
8. Full Name of Father, Richard Murphy
9. Father's Occupation, Laborer
10. Father's Birthplace, U. S. A.

Name of Medical Attendant, or other Person who makes this Return. E. J. Williams MD

Address, 1114 [illegible]

Remarks,

1891000 1132

and shall enter the same on a blank schedule to be furnished by the [illegible] list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 24 1891
4. *Place of Birth, (Street and Number)* 229 Hanover Alley
5. *Full Name of Mother,* Maggie J. Hill
6. *Mother's Maiden Name,* Orchard
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* [illegible]
9. *Father's Occupation.* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. Margaret Wright

Address, 1310 Hanover St

Remarks, 8 9 1 0 0 0 1 1 3 3

FEB 11 1891 BALTIMORE

28177

Baltimore, ss. I do solemnly swear that the foregoing is a true statement, to be furnished by the Commissioner of Registry of Vital Statistics, and shall enter the same on a blank schedule, to be furnished by the Commissioner of the Health. This schedule shall contain a list of the births which the [illegible] shall have been conferred, and shall set forth as far as he can ascertain the full name of each child (if any shall have been conferred), the name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the [illegible] third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon such birth, the practitioner or midwife or some one of the persons aforesaid shall occur without the attendance of a physician or midwife hereafter. It shall become the duty of the person or parents of such child, within ten days after the occurrence of such birth, to report the same to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

28178

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	1st
1. Sex (~~state which, Male or~~ Female)	White
2. Race or Color (if not of the white race)	Jan 29th 1891
3. Date of Birth	1832 N Charles St
4. Place of Birth (Street and Number)	Clara V Mewshaw
5. Full Name of Mother	John V White
6. Mother's Maiden Name	Howard Co Md
7. Mother's Birthplace	Joseph H Mewshaw
8. Full Name of Father	Coal & Wood Dealer
9. Father's Occupation	Anne Arundel Co Md
10. Father's Birthplace	H. A. White M.D.
Name of Medical Attendant, or other Person who makes this Return.	1611 N Fesington St
Address	
Remarks	

1 8 9 1 0 0 0 1 1 3 4

28179

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Jan 30 1891
4. Place of Birth, (Street and Number)	1025 N Gilmor St
5. Full Name of Mother,	Anne Swain
6. Mother's Maiden Name,	Parker
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Jas E Swain
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	M D Warner M.D.
Address,	901 N Stricker St
Remarks,	1891000135

Section 7—And be it further enacted, &c., That hereafter [illegible] shall keep a true and correct [illegible] and shall enter therein the name and surname, if any, of every child born in his or her care during the preceding month, the sex, color, the [illegible] of its parents, the [illegible] of the father, and the [illegible] of the mother, and the [illegible] of the birth of each child, and shall report the same to the Commissioner of Health. It shall be the duty of every person who shall hereafter [illegible] any child, to report the same to the Commissioner of Health, and any such person who shall neglect or refuse to make such report as aforesaid, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

To City Printers and Stationers.

28180

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)

1. *Sex,* (*state whether male or female*)
2. *Race or Color.* (*if not of the white race*)
3. *Date of Birth,*
4. *Place of Birth,* (*Street and Number*)
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 1 8 9 1 0 0 0 1 1 3 6

FEB 11 1891 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 28181.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 14th 1891
4. *Place of Birth, (Street and Number)* 14 [illegible]
5. *Full Name of Mother,* Jane Kratz
6. *Mother's Maiden Name,* Gray
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* John Kratz
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto. Co.

Name of Medical Attendant, or other person who makes this Return, M. Gallagher

Address, 1812 Broadway

Remarks,

8910001137

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

DATA NAME ADDED 1-3-95

RETURN OF A BIRTH

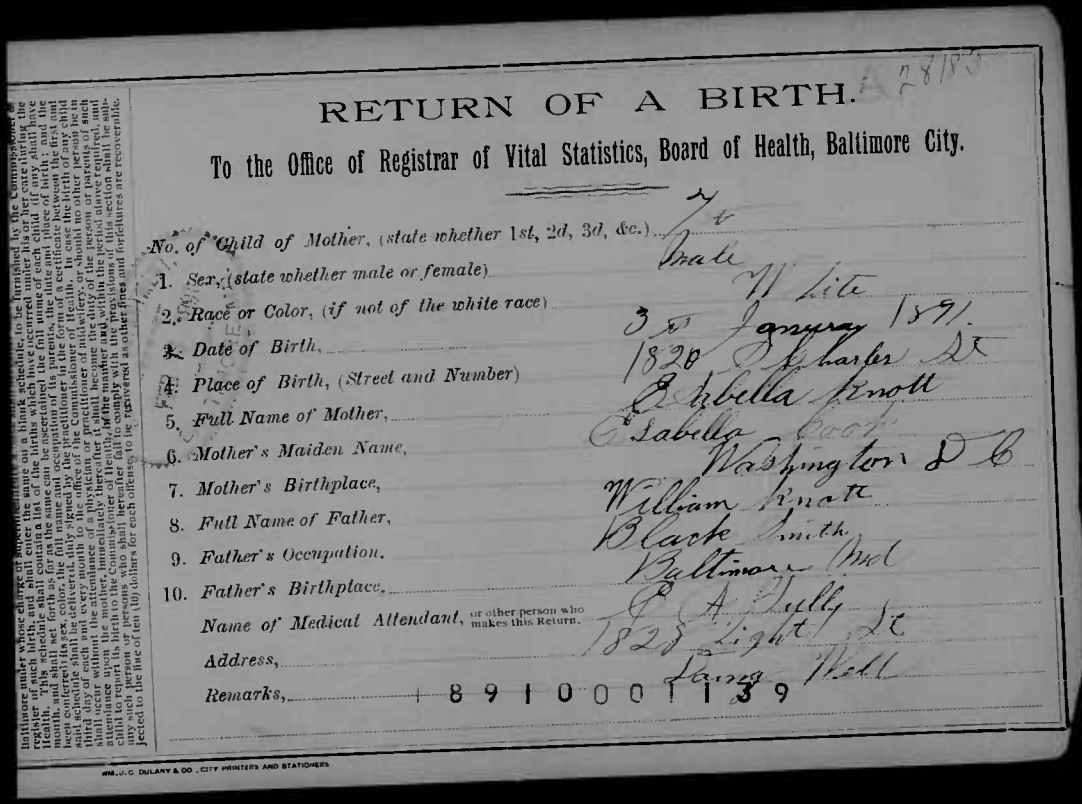
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sadie Rothstein 1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 1st 91
4. Place of Birth, (Street and Number)	922 Fitzgerald
5. Full Name of Mother,	Rose Rothstein
6. Mother's Maiden Name,	Rose Bauer
7. Mother's Birthplace,	Prussia
8. Full Name of Father,	William Rothstein
9. Father's Occupation,	Merchant Tailor
10. Father's Birthplace,	Palmira
Name of Medical Attendant, or other Person who makes this Return.	Bruce Gwinner M.D.
Address,	11 N. Eutaw
Remarks,	

1891000138

Section 1.—It shall be the duty of every physician or midwife who shall be in attendance upon any birth which shall occur after the first day of January, eighteen hundred and ninety-one, to make a return of such birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after such birth, which return shall be made upon a blank to be furnished by the Commissioner of Health. This section shall not apply to a midwife unless she be duly licensed by the Commissioner of Health. The return required by this section shall be signed by the physician or midwife making the same, and shall set forth the name, residence and occupation of the father and mother of each child, the sex and color of each child, the number of each child born to the mother, the date and place of birth, and the name, if any, that has been given to the child. The return required by this section shall be made in the form of a certificate to be furnished by the Commissioner of Health. The certificate shall contain a statement of the fact that the person making the same has ascertained the facts therein stated by personal inquiry of the parents of such child or parents, or one of them, or from the records of the institution in which the birth occurred, and that he believes the statements made in the certificate to be true. Any physician or midwife who shall neglect or refuse to make the return required by this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	30 January 1891.
4. Place of Birth, (Street and Number)	1820 E. Charles St
5. Full Name of Mother,	Isabella Knott
6. Mother's Maiden Name,	Isabella Cook
7. Mother's Birthplace,	Washington D C
8. Full Name of Father,	William Knott
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	C. A. Tully M.D.
Address,	1820 Light St
Remarks,	Living Well

8 9 1 0 0 0 1 1 3 9

Baltimore under whose charge or in whose district the birth occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child if any, and the date of birth, sex, color, whether legitimate or illegitimate, and the full name and occupation of its parents, the date of marriage between the first and last mentioned, the number of children born to the mother, and the number now living, which shall have been entered in the presence of the practitioner in charge of the case. In case the birth of any child shall occur without the attendance of a practitioner, the parent or parents, or person in charge of such child, shall, within ten days thereafter, duly signed by the practitioner in charge of the case, or by the parent or parents of such child, make such return to the office of the Commissioner of Health, or, should no other person be in attendance upon the mother, then the midwife or nurse who shall be in attendance shall immediately thereafter it shall become the duty of the person required, and every month to the office of the Commissioner of Health, a like return of all births which shall occur without the attendance of a practitioner, as required by the provisions of this section shall be submitted to the inspection of the Commissioner of Health, or his authorized agent, and any person required by the provisions of this section shall be subject to the penalty of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 28782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother.* (state whether 1st, 2d, 3d, &c.)	2 "
2. *Sex.* (state whether male or female)	male
3. *Race or Color.* (if not of the white race)	White
4. *Date of Birth,*	Jan 3" 91.
5. *Place of Birth.* (Street and Number)	115 W. Lombard st.
6. *Full Name of Mother.*	Emma Little
7. *Mother's Maiden Name.*	" "
8. *Mother's Birthplace,*	Md.
9. *Full Name of Father.*	
10. *Father's Occupation.*	
Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	S. H. Allen
Address,	115 W. Lombard st
Remarks,	

1 8 9 1 0 0 0 1 1 4 0

Baltimore, under a penalty of ten dollars for each offence, to be recovered before any Justice of the Peace, and subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 28180.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 "
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Jan 3, 1891.
4. Place of Birth, (Street and Number)	115 W. Lombard St.
5. Full Name of Mother,	Lizzie Cookson
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Md.
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	J. Haller
Address,	116 W. Lombard St.
Remarks,	8910001141

Baltimore under whose charge or supervision such a birth shall occur, is hereby required by the Commissioner of Health, to report its birth to the Registrar of Vital Statistics, on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall set forth as far as the same can be ascertained, the date and place of birth, the first and surname, if any, of the child, the full name, age, occupation and birthplace of each parent, and such other information as may be required by the Commissioner of Health. The physician, midwife or other person required to report the birth of any child under the provisions of this section, shall become the duty of the Registrar, and shall deliver or transmit by mail, to the office of the Registrar, within ten days after the birth, a correctly filled out schedule, certified to be correct by the signature of the physician, midwife or other person in attendance upon the mother, immediately after the birth, or in the absence of such attendance, by the father or mother of the child, if able to write, or in case both parents are unable to write, by the householder in whose house the birth occurred. Any person required to report a birth who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine or penalty of ten dollars for each offense. The penalties imposed by this section are recoverable.

BALTIMORE MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendence a birth shall ... to be furnished by the Commissioner of
register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of
Health. This schedule shall contain a list of the births which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the
said schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner ... should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

FEB 12 1891
BALTIMORE, MD.

A 28186

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1"
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) Black
4. Date of Birth, Jan. 4-91.
5. Place of Birth, (Street and Number) 118 W. Lombard St.
6. Full Name of Mother. Martha Davenport
7. Mother's Maiden Name, " "
8. Mother's Birthplace, Md
9. Full Name of Father.
10. Father's Occupation,
11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. Haller

Address, 118 W. Lombard St.

Remarks, 1 8 9 1 0 0 0 1 1 4 2

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 28887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 "
1. Sex, (state whether male or female).	female
2. Race or Color, (if not of the white race)	Black
3. Date of Birth,	Jan. 6 " 91
4. Place of Birth, (Street and Number)	116 W. Fombard St.
5. Full Name of Mother,	Sarah Muse
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Va
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	D. Haller
Address,	116 W. Fombard St.
Remarks,	8910001143

Baltimore under whose charge or supervision a birth shall occur, or the parent or parents of such child, shall report the birth to the Commissioner of Health. This schedule shall be filled out in a plain, legible manner, and delivered, or caused to be delivered, to the office of the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. If any child shall die before a certificate of birth shall have been received by the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, the undertaker or other person who shall bury the body of such child shall report the birth and death of such child to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, and shall secure from the mother, immediately after the birth of such child, a certificate of the birth of such child, and shall deliver the same to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. Any person who shall refuse or neglect to report the birth of any child, or to deliver a certificate of birth, as required by this section, shall be subject to a penalty of not more than one hundred dollars for each offense, to be recovered before any justice of the peace, as debts of like amount are now recovered, and any such person or persons who shall wilfully make any false report of the birth of any child, or who shall refuse to make any report required by this section, shall be subject to the same penalty.

BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH No. 28188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Jan. 8 – 91
4. Place of Birth, (Street and Number) 115 N. Lombard St.
5. Full Name of Mother. Mabel Jackson
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md
8. Full Name of Father, ——
9. Father's Occupation. ——
10. Father's Birthplace, ——

Name of Medical Attendant, or other person who makes this Return. C. Haller

Address, 115 N. Lombard St

Remarks, 1 8 9 1 0 0 0 1 1 4 4

Baltimore under whose charge or superintendence a birth shall occur [illegible] to be furnished by the Commissioner of Health [illegible] register of such birth, and shall enter the same on a blank schedule [illegible] which have occurred under his or her care during the [illegible] month. This schedule shall contain a list of the births which have [illegible] the full name of each child, if any shall have been conferred, and shall set forth as far as the same can be ascertained the date and place of birth; and the [illegible] its sex, color, the full name and occupation of its parents [illegible] week the first and said schedule shall be delivered, duly signed by the practitioner [illegible] In case the birth of any child third day of each and every month to the office of the Commissioner of Health [illegible] shall occur without the attendance of a physician or practitioner of midwifery [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 28189.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2-

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, Jan-9-91
4. Place of Birth, (Street and Number) 35 Wyoming St.
5. Full Name of Mother, Belle Cornish
6. Mother's Maiden Name,
7. Mother's Birthplace, Ky
8. Full Name of Father, — Mr Cornish
9. Father's Occupation, Laborer.
10. Father's Birthplace, Md.

Name of Medical Attendent, or other person who makes this Return, J. Hallen & Ed Wright

Address, 115 W. Lombard St.

Remarks, + 8910001145

register of such birth, [illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 78140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) Male.
3. Race or Color, (if not of the white race) White
4. Date of Birth, June 10 - 91
5. Place of Birth, (Street and Number) 115 W. Fombard St.
6. Full Name of Mother, Fannie Boocher
7. Mother's Maiden Name, " "
8. Mother's Birthplace, Va.
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendent, or other person who makes this Return. J. J. Allen

Address, 115 W. Fombard St.

Remarks,

8 9 1 0 0 0 1 1 4 6

BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 28191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 11th 1891
4. Place of Birth, (Street and Number) Covington St 1104
5. Full Name of Mother, Margret Hayland
6. Mother's Maiden Name, Hill
7. Mother's Birthplace, Balto
8. Full Name of Father, William Hayland
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Dr A Eells
Address, 1808 Light St
Remarks, Poor W. C.

1891 000 147

Register of each birth, etc. ... contain a list of the births which have occurred under his care during the month, with all the facts required to be set forth as far as the same can be ascertained; the full name of each child, if any shall have been conferred; its sex; color; the full name and occupation of its parents, the date and place of birth; and the street and number of the residence where such birth occurred. He shall make one other return in like manner on the third day of each and every month to the office of the Commissioner of Health a certificate between the first and second schedule shall be delivered, duly signed by the midwife or physician in attendance upon the latter, stating the fact of the birth of any child attendance upon the latter within the period last aforesaid, and the failure of any midwife or physician to report its birth to the Commissioner of Health as herein required, shall subject such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable.

BALTIMORE CITY

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 28197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) ....

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 520 Druid Hill Ave.
4. *Place of Birth, (Street and Number)* January 12th 1891
5. *Full Name of Mother,* Beke Teiman
6. *Mother's Maiden Name,* Beke Leiserowitz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob Teiman
9. *Father's Occupation,* Soemacker
10. *Father's Birthplace,* Russia

Name of Medical Attendent, or other person who makes this Return. Dave Shwartzman

Address, 19 Albermarlle St Balto. Md.

Remarks, 8910001148

...Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

2317 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 January 1891
4. Place of Birth, (Street and Number) 234 Johnson St
5. Full Name of Mother, Mary Laurence
6. Mother's Maiden Name, Mc. Human
7. Mother's Birthplace, Balto
8. Full Name of Father, Howard Laurence
9. Father's Occupation, Tiner
10. Father's Birthplace, Balto

Name of Medical Attendent, or other person who makes this Return. Dr A Tully

Address, 1828 Ingle

Remarks, Daisy Well

8 9 1 0 0 0 1 1 4 9

BALTIMORE CITY REGISTRATION

Sec. 2. Be it ordained, &c., That the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the sex, color, date of birth, and the full name, residence and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereafter directed, to the office of the Commissioner of Health, between the first and third day of each and every month; and any practitioner of midwifery, or should no other person be in attendance upon the birth, then the nearest relative present at the birth, who shall neglect or refuse to deliver such schedule to the office of the Commissioner of Health, in the manner and within the period above specified, shall be subject to the fine of ten (10) dollars for each offense, to be recovered before any justice of the peace, and all fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 78194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) male — a twin.
3. Race or Color, (if not of the white race) Black
4. Date of Birth, Jan 12 — 91
5. Place of Birth, (Street and Number) 115 W. Lombard St.
6. Full Name of Mother. Jemima Carter
7. Mother's Maiden Name. " "
8. Mother's Birthplace, Md.
9. Father's Name,
10. Father's Occupation,
11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. L. Hellen
Address, 116 W. Lombard St.
Remarks, 1 8 9 1 0 0 0 1 1 5 0

BALTIMORE MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female — a twin
2. Race or Color, (if not of the white race)	Black
3. Date of Birth,	Jan 12 — 91
4. Place of Birth, (Street and Number)	115 N Fountain St.
5. Full Name of Mother,	Jemima Carter
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Md
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	J. Hallen
Address,	116 N. Fountain St
Remarks,	

8 9 1 0 0 0 1 5 1

The Register of each birth and shall enter the same in a Book, one page of which shall be assigned to each birth, and shall number the pages consecutively. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date of birth, and the name of the physician, midwife or other person who was present at the birth of each child. The first and the last page of each month in the office of the Commissioner of Health. The duplicate of such schedule shall be delivered by the Registrar, within the first week of the month next following, to the Commissioner of Health, who shall preserve the records of such births in his office. Every physician, midwife or other person who shall neglect without reasonable excuse to attend upon the mother immediately after the birth of her child, or who shall neglect or refuse to make the returns required of him by this section, shall for each offense forfeit and pay a sum not exceeding ten dollars, to be recovered as other debts and penalties are recoverable.

BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 78195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Jan 12 — 91

4. Place of Birth, (Street and Number) 115 N. Lombard St.

5. Full Name of Mother. Annie Woodfork.

6. Mother's Maiden Name, "

7. Mother's Birthplace, Va

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. Miller

Address, 116 N. Lombard St.

Remarks, 1 8 9 1 0 0 0 1 1 5 2

BAL. HOSP. MD.

Register of such birth, and shall enter the same on a blank to be furnished to the Health Officer by the Board of Health. This blank shall contain a list of the births reported during the month, and shall specify the full name of the child, if any shall have been named, the sex, color, the day, month and year of birth, and the full name, residence and occupation of the parents. A certificate between the parents, or parent, of any child born out of wedlock, shall not be necessary to the entry of the birth of such child in the register of births, but the name of the father shall not be entered on the certificate of birth, nor on the register of births, unless the certificate be signed by the person making the same, and by the father of the child, if he be present at the birth, and can be conveniently found. Every such certificate shall be delivered monthly to the Health Officer, or to such person as he may appoint to receive the same, within the first ten days of each month, and shall be signed by the person making the same. Every person who shall neglect to report the birth of a child, as required by this section, shall forfeit and pay for every such offence a sum not exceeding fifty dollars, to be recovered, with costs, in the name of the Mayor and City Council of Baltimore, before any justice of the peace of the city, on the information of the Commissioner of Health, who shall receive any such person or persons as a witness or witnesses, and pay over the penalties recovered to the use of the Health Department. Blanks and Certificates will be furnished gratis by the Health Officer to any person who may apply for the same. Any person who shall wilfully make any false statement in any certificate required by this section, shall be subject to the same penalty as is provided for the making of false returns.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 28146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
2. Sex, (State whether male or female) male
3. Race or color, (if not of the white race) White
4. Date of Birth, Jan 14, 1891
5. Place of Birth, (Street and Number) Dutch Broadway
6. Full Name of Mother, Augusta Meile
7. Mother's Maiden Name, Augusta Sorg
8. Mother's Birthplace, Baltimore Maryland
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. J. E. Mullinnix M.D.

Address, 82 Frederick Ave Ext

Remarks,

8 9 10 0 0 1 1 5 3

Health. This schedule shall contain a list of the births which have occurred under [illegible] for one calendar month, and shall be delivered, duly signed and verified, to the Registrar of Vital Statistics within five days after the end of each month, and shall set forth as far as the same can be ascertained the full name of each child, if named, born alive or dead during the month, the sex, color and parentage of each child, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. In case between the first and third days of any month no births shall have occurred to be reported, a report to that effect shall be made. If no birth shall occur within any month, the practitioner as the fact, the date and place of birth, shall give attendance upon the mother of any child shall report its birth to the Commissioner of Health, or shall cause such report to be made, within the time above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered in the manner and with the like penalties as are recoverable in other fines and forfeitures are recoverable

FEB 12 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A. 28197

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	14 January 1891
4. Place of Birth, (Street and Number)	723 William St
5. Full Name of Mother,	Anna Lang
6. Mother's Maiden Name,	Anna Kneese
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Michael Lang
9. Father's Occupation,	Engineer
10. Father's Birthplace,	New Jersey
Name of Medical Attendant, or other person who makes this Return.	Dr A Eells
Address,	1828 Light St
Remarks,	Living Well

8 9 1 0 0 0 1 1 5 4

FEB 18 1891

The Registrar shall cause to be printed a list of the births which have occurred under his or her care during the month, and shall set forth in such list the full name of each child of any sex that may have been born, the full name and occupation of its parents, the date and place of birth, between the first and last days of the month, and the name of the physician or midwife who attended at the birth. Every schedule shall be delivered, duly signed by the practitioner to the Board of Health. In case the birth of any child shall occur without the attendance of the coroner or practitioner of midwifery, or should no other person be required by this section to report such birth, then it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health. In the event of the neglect or refusal of any person to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 28198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	Black
Date of Birth,	Jan. 14 — 91
Place of Birth, (Street and Number)	115 N. Fombard St.
Full Name of Mother,	Annie White
Mother's Maiden Name,	" "
Mother's Birthplace,	Md
Full Name of Father,	
Father's Occupation,	
Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	J. Fallin
Address,	115 N. Fombard St.
Remarks,	1 8 9 1 0 0 0 1 1 5 5

BALTIMORE, MD.

register of births and shall enter therein the particulars required to be registered touching every birth which shall occur in his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the name, surname, residence, and occupation of the parents, the sex, color, and condition as to legitimacy of each child, if any shall have been concealed; he shall also enter the name and residence of the medical attendant, or other person who shall make return of such birth, and shall sign his name to the entry. He shall make no other entry, nor shall any other person be permitted to make any entry in the register, except as directed by the Commissioner of Health. He shall enter the particulars required to be registered touching every birth at the time of the attendance at the birth, or within three days thereafter, and shall make return of such births to the office of the Commissioner of Health every month, and shall sign every return. He shall not receive any fee or reward for the performance of his duties as registrar, except such as may be allowed by the Commissioner of Health, and shall not demand any fee from the person or parents of such child for registering the same or for any certificate which he may be required to give in relation thereto. He shall not be absent from his district for more than one week at any time without appointing a deputy, approved by the Commissioner of Health, to perform his duties during his absence, and in case of neglect or refusal to perform any of the duties required of him by this law, or in case of the absence of a deputy registrar without the appointment of a deputy as aforesaid, he shall forfeit and pay for each offense a sum not exceeding twenty dollars, to be recovered by the Commissioner of Health in the name of the State of Maryland, for the use of the Board of Health of Baltimore City. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the name, surname, residence, and occupation of the parents, the sex, color, and condition as to legitimacy of each child, if any shall have been concealed; he shall also enter the name and residence of the medical attendant, or other person who shall make return of such birth, and shall sign his name to the entry. He shall make no other entry, nor shall any other person be permitted to make any entry in the register, except as directed by the Commissioner of Health. He shall enter the particulars required to be registered touching every birth at the time of the attendance at the birth, or within three days thereafter, and shall make return of such births to the office of the Commissioner of Health every month, and shall sign every return. He shall not receive any fee or reward for the performance of his duties as registrar, except such as may be allowed by the Commissioner of Health, and shall not demand any fee from the person or parents of such child for registering the same or for any certificate which he may be required to give in relation thereto. He shall not be absent from his district for more than one week at any time without appointing a deputy, approved by the Commissioner of Health, to perform his duties during his absence, and in case of neglect or refusal to perform any of the duties required of him by this law, or in case of the absence of a deputy registrar without the appointment of a deputy as aforesaid, he shall forfeit and pay for each offense a sum not exceeding twenty dollars, to be recovered by the Commissioner of Health in the name of the State of Maryland, for the use of the Board of Health of Baltimore City. Forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 18144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) .....

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 Albemarle St.
4. *Place of Birth, (Street and Number)* 21 Jany 1891
5. *Full Name of Mother,* Anna Kahan
6. *Mother's Maiden Name,* Rachel Kahn
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Leivig Kahn
9. *Father's Occupation,* painter
10. *Father's Birthplace,* Russia

Name of Medical Attendent, or other person who makes this Return. Dans Thos or Gynae

Address, 19 Albemarle St Baltimore

Remarks, ...

8 9 1 0 0 0 1 1 5 6

Health. This schedule shall contain a list of the births which have occurred ... month, and shall set forth as far as the same can be ascertained the full name of each child ... been entered in his or her office, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered to the person registering the birth, or left at the residence of such person, within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, and the neglect or refusal of any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Jan. 15-97
4. *Place of Birth, (Street and Number)*	115 W. Fairbank St.
5. *Full Name of Mother,*	Annie Marshall
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	D. C.
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. Fuller
Address,	115 W. Fairbank St.
Remarks,	1891000157

BALTIMORE MD. DEC 12 1897

SECTIONS 12 AND 13 OF THE ORDINANCE. Every physician, midwife or other person having charge or superintendence a birth shall hereafter, within ten days thereafter, report to the Commissioner of Baltimore (only) birth, and shall enter the same on a blank to be furnished by the Commissioner of Health for that purpose, or in default thereof, shall write out a like return and forward the same to the office of the Commissioner of Health. This schedule shall contain, as far as can be ascertained, the full name of each child born, the sex, color, date and place of birth, and the month, and shall set forth the full name and occupation of its parents, the certificate between the first and been collected, shall be delivered, duly signed by the person making the return, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parents of such child or the person in whose house or premises the birth occurs, shall, within the period above required, and attendance upon its birth to the Commissioner of Health, and shall furnish to him such information as may be required by him in relation to such birth. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, to be collected by the proper officers of the corporation, by action of debt or other lawful proceedings.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-28-56

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert Alexander Sawyer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	16 January 1891
4. Place of Birth, (Street and Number)	2 Charles Pro 1711
5. Full Name of Mother,	Sarah Sawyer
6. Mother's Maiden Name,	Sarah Berry
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Samuel Sawyer
9. Father's Occupation,	Conductor on R. R.
10. Father's Birthplace,	Balto
Name of Medical Attendent, or other person who makes this Return,	E. A. Eudy
Address,	1828 Light St
Remarks,	Dorn Well

1891000158

4M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

21707

2 1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 16 - 91

4. Place of Birth, (Street and Number) 238 St Edw

5. Full Name of Mother. Fanny Rosenthal

6. Mother's Maiden Name, Fanny Boyce

7. Mother's Birthplace, City

8. Full Name of Father. Samuel Rosenthal

9. Father's Occupation, Merchant

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mark G Murphy M.D.

Address, 1 St Eutaw

Remarks,

1 8 9 1 0 0 0 1 1 5 9

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

2570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 16 — 71
4. *Place of Birth, (Street and Number)*	2046 Bank
5. *Full Name of Mother.*	Mary J. Baham
6. *Mother's Maiden Name,*	Mary J. McKnight
7. *Mother's Birthplace,*	City
8. *Full Name of Father.*	Henry H. Baham
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return.	Frank Murphy M.D.
Address,	246 Eden
Remarks,	

1 8 9 1 0 0 0 1 1 6 0

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A. 28900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a ... Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

FEB 12 1891 — BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 16 – '91
4. *Place of Birth, (Street and Number)* 115 W. Lombard St.
5. *Full Name of Mother,* Katie Lee
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, J. H. Allen

Address, 118 W. Lombard St.

Remarks,

8 9 1 0 0 0 1 1 6 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 75105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Jan 17 – '91
4. *Place of Birth, (Street and Number)*	115 West Lombard St.
5. *Full Name of Mother,*	Mary L. Collins
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendent, or other person who makes this Return.	S. J. Allen
Address,	115 W. Lombard St.
Remarks,	1891000116 2

Health. This schedule shall contain a list of the name of each child (if any shall have been still born) born within the city of Baltimore after the date hereof, the full name of each parent, and the month, and the year of the birth of such child; and the name, residence and occupation of the attendant at the birth, or if there was no attendant, then the name, residence and occupation of the person informed of the birth; and the time elapsed between the birth and the delivery of such schedule; and the name, residence and occupation of the person making such schedule shall be delivered, duly signed, at the office of the Commissioner of Health. It shall be the duty of each and every physician or practitioner of midwifery, and of every other person who shall render professional assistance at the birth of any child within the city of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and a like duty shall devolve upon the mother, immediately thereafter, in the event of there being no such attendant at the birth. And any such person who shall hereafter fail to comply with the provisions of this section shall forfeit and pay for each offense, to be recovered as other fines and forfeitures are recoverable, subject to the fine of ten (10) dollars.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 98706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2"
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 18 - 91
4. Place of Birth, (Street and Number)	113 N. Lombard St
5. Full Name of Mother,	Nettie Parker
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendent, or other person who makes this Return.	C Hallen
Address,	113 N. Lombard St.
Remarks,	8910001163

Health. This schedule shall contain as to the first child born the full name of each child of any sham have month, and shall set forth as near as the same can be ascertained the sex, the date and place of birth, and the full name, and shall set forth as near as the same can be ascertained the sex, the date and place of birth, and the full name, color, the full name and occupation of the father, and the maiden name of the mother, in the form of a certificate hereto of any child born after the first child, and every physician or midwife in attendance upon the birth of any child and every midwife of a physician or practitioner of midwifery in attendance upon the birth of any child shall be delivered, duly signed, to the Commissioner of Health, or, should no other person be in attendance upon the birth of any child, the father or mother of such child shall cause the same to be delivered, duly signed, to the Commissioner of Health, within the period above stated. third day of each and every month, a certificate of the birth of the person or parents of such child occur within the limits of Baltimore City, and which certificate shall be made out in the manner and within the period above stated. Every person required by this section to report the birth to the Commissioner of Health who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	3
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth,*	29 January 1891
4. *Place of Birth,* (*Street and Number*)	2 E Charles 1912
5. *Full Name of Mother,*	Minnie Slagel
6. *Mother's Maiden Name,*	Minnie [illegible]
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Slagel
9. *Father's Occupation,*	Brick Maker
10. *Father's Birthplace,*	Italy
Name of Medical Attendent, or other person who makes this Return.	E J Duffy
Address,	1828 Light St
Remarks,	Farm Mail

8 9 1 0 0 0 1 1 6 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 2806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	2"
1. *Sex*, (*state whether male or female*)	female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Jan. 24 99
4. *Place of Birth*, (*Street and Number*)	115 W. Lombard St.
5. *Full Name of Mother*,	Sarah Lefever
6. *Mother's Maiden Name*,	" "
7. *Mother's Birthplace*,	Md
8. *Full Name of Father*,	
9. *Father's Occupation*,	
10. *Father's Birthplace*,	
Name of Medical Attendent, or other person who makes this Return.	L. H. Allen
Address,	115 W. Lombard St.
Remarks,	

8910001165

Health. This schedule shall contain the full name of each child (if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, including the present birth, and shall be delivered within 36 hours after the birth of each child to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report to the Commissioner of Health the particulars required by this section, within 36 hours after the birth of such child, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Jan. 25 '94
4. Place of Birth, (Street and Number)	115 N. Lombard St.
5. Full Name of Mother,	Mary Miller.
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendent, or other person who makes this Return.	J. Haller
Address,	115 N. Lombard St.
Remarks,	

8910001166

BALTIMORE CITY HEALTH DEPARTMENT FEB 18 1894

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which shall occur in the practice of each child. If any shall have occurred, the fact shall be stated. The full name of the child, the sex, color, date and place of birth, shall be stated in each schedule. The full name and residence of the mother, her maiden name, the birthplace of the father, shall be stated in each schedule. The full name and residence of the medical attendant, or other person who makes the return, shall be stated in each schedule. Each schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person to whom the child is first known to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable.

RETURN OF A BIRTH A 28710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 25 — 91

4. Place of Birth, (Street and Number) 1157 Lombard St.

5. Full Name of Mother, Hattie Sidner

6. Mother's Maiden Name, "

7. Mother's Birthplace, Va

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendent, or other person who makes this Return. D. Miller

Address, 1157 W Lombard St.

Remarks, 8910001167

BALTIMORE MD

Health. This schedule shall contain a list of all births which occur in each family, and the name of each child of any shall have been ascertained the full name of each child born since the last preceding return, the date of birth, and the name, and shall set forth as far as the same can be ascertained the full name, place of birth, and the occupation of the parents of each child, and the number of children born to the present wife of each parent, and the number now living. In case the mother of any child shall have been married more than once, only the present husband need be given. In case any other person be in attendance upon the mother at the birth of a child, it shall be the duty of such person to report the birth to the Commissioner of Health, in the manner required of the father or parents of such child or children as aforesaid. Any person who shall hereafter fail to report any birth at which he was in attendance, or any person who shall hereafter fail to report any birth which shall occur without the attendance of a physician or midwife, within the period above required, shall incur a penalty of ten dollars, to be recovered as other fines, by warrant before any magistrate recoverable. Any such person who shall hereafter fail to report any birth as aforesaid shall be deemed guilty of a misdemeanor, and subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines, by warrant before any magistrate recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 28211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 13 1891 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3th
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan. 25 - 1891
4. Place of Birth, (Street and Number)	115 N. Lombard St
5. Full Name of Mother,	Annie Fischer
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Fla.
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendent, or other person who makes this Return.	S. Hallen
Address,	115 N. Lombard St.
Remarks,	1 6 9 1 0 0 0 1 1 6 8

Health. This schedule shall contain, as far as practicable, the full name of each child of any mother born within the city of Baltimore, and the particulars required to be set forth as far as the same can be ascertained; the full name of each parent, the color, usual place of birth, and the number of children of the mother, including the child reported, and the number of children of the mother living at the time of the birth of the child reported; its sex, color, the full name and occupation of the father, the usual place of birth, and the street and number of the residence of the parents, in the form of a certificate between the first and second lines hereof, and shall be delivered, duly signed, at the office of the Commissioner of Health, in case the birth of any child shall occur within the limits of the city of Baltimore, and the parents or other persons herein required to report such birth shall fail to do so within the first ten days after the occurrence of such birth, they shall be liable to a penalty of five dollars for each and every day they shall so fail, after the first ten days, to report such birth; and in case of the birth of any child in the absence of a physician or midwife, it shall be the duty of the parents or other persons having charge of such child to report its birth to the Commissioner of Health, as herein required, and any such person or persons who shall neglect or refuse to report such birth within the time and in the manner prescribed in this section shall be subject to the penalty of five dollars for each and every day they shall so fail, after the first ten days, to report such birth; and any such person or persons who shall neglect or refuse to report such birth within the time and in the manner prescribed in this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 2811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan. 27 - 9
4. Place of Birth, (Street and Number)	110 N. Lombard St.
5. Full Name of Mother,	Annie Reinhardt
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Md.
8. Full Name of Father,	
9. Father's Occupation.	
10. Father's Birthplace,	
Name of Medical Attendent, or other person who makes this Return.	S. Adler
Address,	110 N. Lombard St.
Remarks,	1 8 9 1 0 0 0 1 1 6 9

BALTIMORE MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 27 '41
4. Place of Birth, (Street and Number)	517 Easton Ave Highlandtown
5. Full Name of Mother,	Lulu Maxwell
6. Mother's Maiden Name,	" Biggs
7. Mother's Birthplace	City
8. Full Name of Father,	Charles Maxwell
9. Father's Occupation,	Butcher
10. Father's Birthplace,	City
Name of Medical Attendant, or other Person who makes this Return.	Mark Glenn M.D.
Address,	4 S Eutaw St.
Remarks,	

8910001170

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 1171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (State whether male or female)* male

2. *Race or color, (if not of the white race)* White

3. *Date of Birth.* Jan 24 1891.

4. *Place of Birth, (Street and Number)* Oregon Street.

5. *Full Name of Mother,* Rhoda Jane Beck

6. *Mother's Maiden Name.* Rhoda Jane Peregoy

7. *Mother's Birthplace.* Baltimore Md.

8. *Full Name of Father,* Charles G. Beck.

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. J. B. Mullens M.D.

Address, 82 Frederick Ave Ext, Baltimore Md.

Remarks, 1 6 9 1 0 0 0 1 1 7 1

[illegible] Health. This schedule shall contain a list of the births which have occurred [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 05272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	male.
2. Race or Color, (if not of the white race)	white.
3. Date of Birth,	Jan. 28-91.
4. Place of Birth, (Street and Number)	115 N. Lombard St.
5. Full Name of Mother,	Catherine Schmid
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Gottlieb Schmid
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Germany
Name of Medical Attendent, or other person who makes this Return	J. Hallen
Address,	110 N. Lombard
Remarks,	8910001172

Health. This schedule shall contain as far as possible, the full name of each child of any and every mother, the date and place of birth, and the sex and color of each child; the full name and occupation of the father, and the maiden name of the mother; and shall set forth as far as possible the full name and occupation of the person or midwife who attended at the birth of any child born within the city of Baltimore, and if no person was present at the birth of any child been conferred, the fact shall be stated in the return. The certificate herein required shall be delivered, duly signed by the person or midwife who attended at the birth of any child, or by the Commissioner of Health, or his assistant, if no other person be in said schedule, to the Commissioner of Health, or his assistant, within the period above specified. If no other person be in the house at the time of the birth, the occupant of the house shall be subject to the penalty hereinafter mentioned. If any midwife or physician or other person required by this section to make a return of a birth shall neglect or refuse to make such return within the period above specified, he shall be subject to the penalty hereinafter mentioned. And it is hereby made the duty of the Commissioner of Health immediately after the registration of each and every birth to issue a certificate setting forth the fact of such birth, and the name, sex and color of the child, and the full name and occupation of the father and mother, and shall immediately thereafter transmit a duplicate of said certificate to the Commissioner of Health. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the penalty hereinafter mentioned. And it is hereby made the duty of the Commissioner of Health to issue a certificate to the Commissioner of Health immediately after the registration of each and every birth to issue a certificate setting forth the fact of such birth, and the name, sex and color of the child, and the full name and occupation of the father and mother, and shall immediately thereafter transmit a duplicate of said certificate to the Commissioner of Health. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 2871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 19th 1891

4. Place of Birth, (Street and Number) 1358 Woodyear st

5. Full Name of Mother, Lizzie Herr

6. Mother's Maiden Name, " Wickey

7. Mother's Birthplace, Balto.

8. Full Name of Father, Jacob Herr

9. Father's Occupation, Brass-Worker

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Charles H Barber M.D.

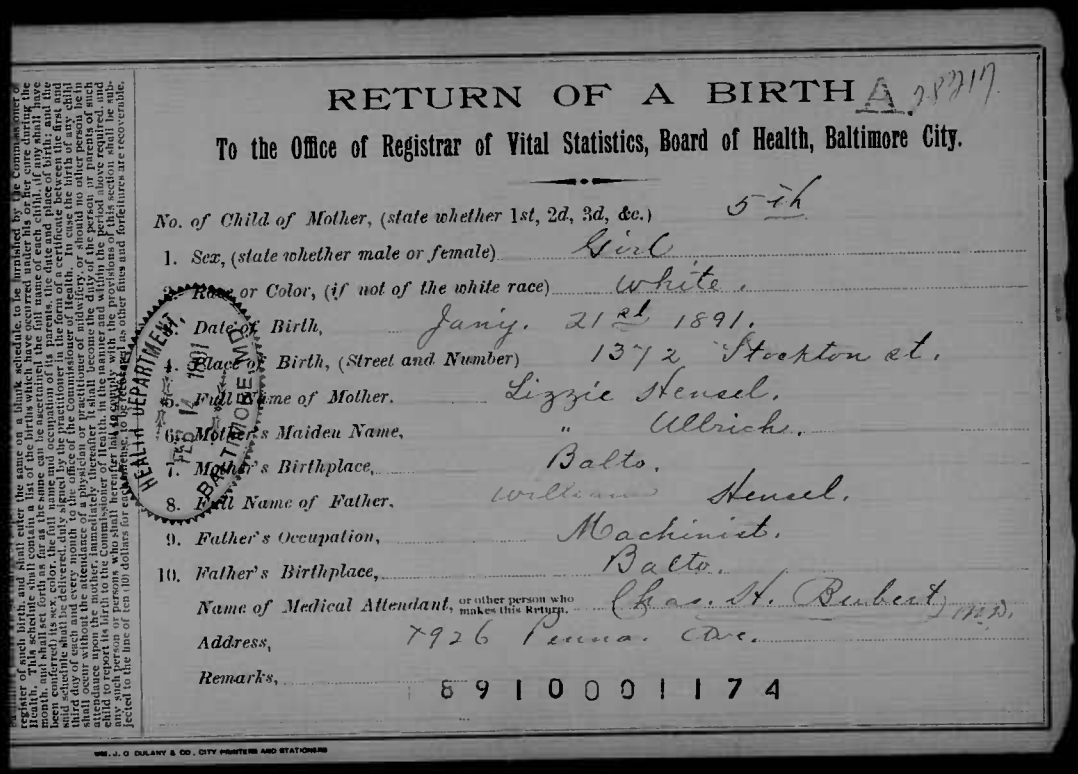
Address, 1926 Penna Ave

Remarks, 8 9 1 0 0 0 1 1 7 3

FEB 14 1891 BALTIMORE HEALTH DEPARTMENT

register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. To this schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, date of birth, and the name, age, birthplace and occupation of its parents, the date of the last and next preceding visit of the midwife, or other person in charge of the case, between the first and said schedule each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person or persons be in charge of the case, then the duty of reporting such birth shall devolve upon the householder or owner or agent of the house in which such birth shall occur, within the period above required, and shall be subject to the penalties hereinafter provided. It shall become the duty of the physician, midwife, attendance upon the child, to report to the Commissioner of Health, in the manner and within the time above specified, the fact of the death of such child, with the cause thereof, and the date of burial. In the event of the failure of any person required by the provisions of this section to make such report, he shall be subject to a penalty of ten dollars for each and every such failure, which penalties and forfeitures are recoverable under the laws of this State.

652. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS



RETURN OF A BIRTH A 28217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 14 1891 BALTIMORE MD

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth, and the sex and color of each child born, the number of children born to each mother, and all other matters required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report said birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Jany. 21st 1891.
4. Place of Birth, (Street and Number) 1372 Stockton st.
5. Full Name of Mother. Lizzie Hensel.
6. Mother's Maiden Name, " Ulrich.
7. Mother's Birthplace, Balto.
8. Full Name of Father. William Hensel.
9. Father's Occupation, Machinist.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Burbet M.D.

Address, 7926 Penna. Ave.

Remarks, 5 9 1 0 0 0 1 1 7 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 28218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 23rd
4. Place of Birth, (Street and Number) 1109 Winchester st
5. Full Name of Mother, Mollie Krumm
6. Mother's Maiden Name, " Phillips
7. Mother's Birthplace, Balto.
8. Full Name of Father, Otto W. Krumm
9. Father's Occupation, Instr Maker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Bubert M.D.

Address, 1936 Penna Ave.

Remarks,

8910001175

REGISTERED JAN 29 1891

PUB. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

28779.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 27th
4. Place of Birth, (Street and Number) 2284 Penna. Ave.
5. Full Name of Mother. Mary Draper
6. Mother's Maiden Name, " Shey
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jas. Draper
9. Father's Occupation, Brick Layer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Charles H. Seibert M.D.

Address, 1926 Penna Ave

Remarks, 6910001176

HEALTH DEPARTMENT FEB 14 1910 BALTIMORE MD

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

The midwife, nurse, or person who shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall enter the same in a book kept for that purpose, and shall report the same to the Registrar of such births, at the office of the Board of Health, in the manner and within the period above required. This schedule shall contain a list of the births attended, the full name of each child, if any shall have been christened, the sex, whether white or colored, the date and place of birth, and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the form of a certificate between the 5th and 10th days of each month, and every month by the midwife or nurse, in case of midwifery; or should no other person be in attendance with the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. Any midwife or nurse who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

28720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) 1st Child

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* 27 of January 1871.

4. *Place of Birth,* (*Street and Number*) 918 N. Chapel st.

5. *Full Name of Mother,* Mary Sedwick

6. *Mother's Maiden Name,* Mary Sedwick

7. *Mother's Birthplace,* Simpes.

8. *Full Name of Father,* Frank Sedwick

9. *Father's Occupation,* Tailor.

10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return. Mary Sedwick

Address, Penna Corner Co. Md.

Remarks,

8 9 1 0 0 0 1 1 7 7

HEALTH DEPARTMENT RECEIVED JAN 28 1871

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

28771.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 31st 1891
4. Place of Birth, (Street and Number) 1225 S. Eutaw St
5. Full Name of Mother. Matilda Lucht
6. Mother's Maiden Name, Matilda Lundlock
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Christian Ludwig Lucht
9. Father's Occupation, Can Maker & Packer
10. Father's Birthplace. Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return W. McCorrell M.D

Address, 409 S. Sharp St

Remarks.

1 8 9 1 0 0 0 1 1 7 8

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...HEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 28777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color. (if not of the white race)

3. Date of Birth. 31th Jan. 1891

4. Place of Birth, (Street and Number) 418. 3d. ave. Highlantown

5. Full Name of Mother. Anna Greul

6. Mother's Maiden Name, Lusin

7. Mother's Birthplace. Balti Md

8. Full Name of Father. William Greul

9. Father's Occupation. Laborer

10. Father's Birthplace, Darmstadt Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Rachad.

Address. 115 S. Wolfe St Balti Md

Remarks.

1 8 9 1 0 0 0 1 1 7 9

...and shall enter the same on a ... list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 28778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan. 7th, 1891
4. Place of Birth, (Street and Number)	810 N. Fremont St
5. Full Name of Mother,	Evelyn C. Herring
6. Mother's Maiden Name,	Evelyn C. Hamelin
7. Mother's Birthplace,	Balt. C. Md
8. Full Name of Father,	Elmer E. Herring
9. Father's Occupation,	Carpet Dealer
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton M.D
Address,	Calvert & Brunton Sts
Remarks,	

1 8 9 1 0 0 0 1 1 8 0

BALTIMORE CITY BOARD OF HEALTH

Health. It is the duty of the physician or midwife in attendance upon any birth, or in case there is no physician or midwife in attendance, then it shall be the duty of the father, mother, householder or other person having knowledge of the birth, within ten days after the occurrence of such birth, to report to the Commissioner of Health, at the office in Baltimore City, the full name of each child, if any shall have been given it, the sex, color, the full name and occupation of its parents, the date and place of birth, and the maiden name of the mother, which information shall be ascertained by the physician or midwife, if present at the birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent or other person in charge of the house in which the birth occurred, or to the undertaker who shall have charge of the burial of any child until day of each and every month by the physician or practitioner of midwifery or should no other person be in attendance, then it shall be the duty of the undertaker having charge of the burial of any child to report to the Commissioner of Health, in the manner and within the time prescribed in this section, the name of such child, if any shall have been given it, and the other particulars required to be reported by the parent or other person in charge of the house in which the birth occurred. Any person who shall refuse or neglect to comply with the requirements of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverible.

MD. J. C. DILLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

E 28376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Jan. 9th - 1891
5. Place of Birth, (Street and Number) S. E. Cor. Valley & Charles
6. Full Name of Mother, Elsie B. Hempel,
7. Mother's Maiden Name, Elsie B. Warner
8. Mother's Birthplace, Frederick Co. Md
9. Full Name of Father, J. Fred. Hempel
10. Father's Occupation, Druggist
11. Father's Birthplace, Baltimore Md
12. Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton M.D.
13. Address, Calvert & Preston Sts.
14. Remarks, 8910001181

BALTIMORE, MD.

Health. This schedule shall contain a list of the births which occur in each household, if any shall have occurred therein during the month next preceding the time at which the same shall be ascertained (the full name of each child born, if any shall have been named, and if not named, the fact to be stated, and the day of birth; and the month, and shall set forth as far as practicable the full name and occupation of the father, and the full name and maiden name of the mother, and the place of birth of each, and the number of the street and house in which the birth occurred, and the number of the certificate between the first and last births recorded in the said schedule; and the said schedule shall be delivered, duly signed by the [illegible] to the Commissioner of Health, or to such person as shall be appointed to receive the same, at the office of the said Commissioner, on the first day of each and every month; and the said schedule shall contain a statement that the provisions of this section have been explained to the person required to furnish the information and sign the schedule. If any birth shall occur in any household without the attendance of a physician, midwife or nurse, it shall become the duty of the person above required, and in the absence of such person, of the parent or parents of such child, to report the birth within the time above specified, and in default of such report, or if any false statement shall be made in any such report, the person or persons so offending shall be liable to a penalty not exceeding fifty (50) dollars for each offence. And if any person required by this section shall neglect or refuse to furnish the information required, or shall knowingly furnish false information, or shall neglect or refuse to sign the schedule, or shall neglect or refuse to deliver the same to the Commissioner of Health, or to such person as shall be appointed to receive the same, at the office of the said Commissioner, on the first day of each and every month, as herein required, such person shall be liable to a penalty not exceeding ten (10) dollars for each offence. And for the purpose of enforcing the provisions of this section, all penalties and forfeitures are recoverable, jointly to the use of ten (10) dollars for each offence, and may be recovered as other debts and forfeitures are recoverable.

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elvira Hartig

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 10th 1891

4. Place of Birth, (Street and Number) 110 W. Hamburg St

5. Full Name of Mother, Bettie Hartig

6. Mother's Maiden Name, Bettie —

7. Mother's Birthplace, Germany

8. Full Name of Father, Leo Hartig

9. Father's Occupation, Organ Maker

10. Father's Birthplace, Germany Kreyt Bluma Kr

Name of Medical Attendant, or other person who makes this Return. GIVEN NAME ADDED 4-2-54 cal

Address, 6 M

Remarks, 8 9 1 0 0 0 1 M 1 8 2

FEB 16 1891 BALTIMORE MD

register of each birth, and shall enter in the order of the births which have occurred under his or her care during the month, and shall set forth as far as practicable the full name of each child, the date and place of birth; and the full name, age, residence and occupation of its parents. If a certificate between the first child been conferred) to see or visit the child or mother, or to be present at the birth of any child, such certificate shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or midwife, or the person or parents of such child to report the birth to the Commissioner of Health, within ten days after the birth, and shall be subject to the fine of ten (10) dollars for each offence. Fines and forfeitures are recoverable.

MD. J. C. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A28776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such … This schedule shall contain a list of the births which have occurred under his or her care during the … Health. This schedule shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FEB 16 1891
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jany 14/91

4. Place of Birth, (Street and Number) 1107 Dexter St

5. Full Name of Mother, Martha Stahl

6. Mother's Maiden Name, Martha Weiss

7. Mother's Birthplace, Germany

8. Full Name of Father, Andreas Stahl

9. Father's Occupation, Glass Blower

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, In Blum MD

Address, 1041 Columbia Av

Remarks, 8910001183

… & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 28777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 16th - 1891
4. *Place of Birth, (Street and Number)*	1321 Homewood Ave,
5. *Full Name of Mother,*	Mar Dempsey
6. *Mother's Maiden Name,*	Mary Kay
7. *Mother's Birthplace,*	Elizabeth N.J.
8. *Full Name of Father,*	Thomas H Dempsey
9. *Father's Occupation,*	Police Officer
10. *Father's Birthplace,*	Harford Co. Md.
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton, M.D
Address,	Calvert & Preston Sts,
Remarks,	8 9 1 0 0 0 1 1 8 4

Health. This schedule shall contain a list of the names of all persons born within the city, if any shall have been omitted in the last preceding return, and the full name of each child, if any shall have been entered without a name, shall be ascertained the full name of each child, if any shall have been entered without a name, shall be ascertained the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and the number living, and the number born between the first and second enumeration, and the number delivered, duly signed by the practitioner in charge of the case, or by the midwife in attendance, and shall be delivered at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person, such child's parent or parents, or in case of their absence, the occupier of the house in which such birth shall occur, shall within ten days after the birth of such child, if living, and if dead, before the burial thereof, deliver the required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

28778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

3. Date of Birth, 18th January 1891

4. Place of Birth, (Street and Number) 26 ... Street

5. Full Name of Mother, Esther ...

6. Mother's Maiden Name, ...

7. Mother's Birthplace, Russia

8. Full Name of Father, ...

9. Father's Occupation, ...

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. ...

Address, 42 ... St

Remarks, 8910001185

FEB 17 1891 BALTIMORE MD.

Health. This schedule shall contain a statement of the full name of each child, if any shall have been given, and shall set forth as far as the same can be ascertained the full name and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth of any child born; its sex, color, the full name and occupation of its parents, the date and place of birth of any child born ...

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 28779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st,

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White,

3. Date of Birth, Jan. 18th, 1891

4. Place of Birth, (Street and Number) N. E. Cor. North Ave. & Barclay St,

5. Full Name of Mother, Mamie A. Krout,

6. Mother's Maiden Name, Mamie A. Dragessen,

7. Mother's Birthplace, Balto, Md,

8. Full Name of Father, Wm. J. Krout

9. Father's Occupation, Veal Butcher,

10. Father's Birthplace, Balt. Co. Md

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton M.D.

Address, Calvert & Preston Sts.

Remarks,

1 8 9 1 0 0 0 1 1 8 6

BALTIMORE, MD. 1891

Health. This schedule shall contain a list of the births which have occurred [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner [illegible] of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or [illegible] should no other person be in attendance upon the mother, immediately thereafter [illegible] shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 28230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jany 20 - 91
4. Place of Birth, (Street and Number)	521 N. Stricker St
5. Full Name of Mother,	Hennie Lutz
6. Mother's Maiden Name,	Hennie Blum Rein
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Louis Lutz
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Joseph Blum M.D.
Address,	641 Columbia Ave.
Remarks,	8 9 1 0 0 0 1 1 8 7

RECEIVED FEB 18 1891 BALTIMORE MD.

It is the duty of the Physician, Midwife or other person having charge of the case, to make a return of every birth which occurs, as far as practicable, within ten days after the occurrence, to the Registrar of Vital Statistics, Board of Health. This schedule shall contain a list of the births which have occurred since the last return, and shall set forth as far as the same can be ascertained, the name of each child, if any shall have been named, the full names and residences of its parents, the date and place of birth, and the number of each child born to the mother, and whether male or female, and such other information as may be required by the practitioner in the form of a certificate of the birth of any child named in said schedule. Every such schedule shall be delivered or mailed by the person making the return, within the first ten days of each month to the office of the Commissioner of Health, or should no other person be in attendance, it shall be the duty of the midwife or nurse who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above specified. Any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 20 January 1891
4. *Place of Birth, (Street and Number)* 411 Saratoga St
5. *Full Name of Mother,* Louise v. d. Wetten
6. *Mother's Maiden Name,* Louise Wiesewetter
7. *Mother's Birthplace,* ~~Germany~~ Baltimore
8. *Full Name of Father,* Wilhelm v. d. Wetten
9. *Father's Occupation,* Dyer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. L E Reinhard

Address, 229 W Madison Street

Remarks, 1891000188

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Jan 22/91
4. Place of Birth, (Street and Number)	715. 1st. Canton
5. Full Name of Mother,	Annie Hannel
6. Mother's Maiden Name,	" Doll
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Jno Hannel
9. Father's Occupation,	Moulder
10. Father's Birthplace,	Balto Md.
Name of Medical Attendant, or other person who makes this Return.	Fred Whelan MD.
Address,	1721. Canton av.
Remarks.	

1891000189

FEB 17 1891 BALTIMORE MD. HEALTH

...month, and shall set forth, as far as the same can be ascertained, the full name, sex, color, date and place of birth, and the name and residence of the parents of each child born alive within the district of which he has been conferred; his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the 10th day of each month, to the Registrar of the district; and any practitioner who shall neglect or refuse to make such return without the attendance of any physician or midwife, or any person who has been in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and upon a like refusal or neglect he shall be subjected to the penalties provided for the violation of the provisions of this section. Any practitioner who shall be subjected to the fine of ten dollars for each neglect or refusal, as in other fines and forfeitures are recoverable.

...J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 284.33.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 1 8 9 1 0 0 0 1 1 9 0

BALTIMORE, MD.

Health. This schedule shall contain the full name of each child of any sha... the name can be ascertained, the full name and occupation of the father, the date and place of birth, and the month, and shall set forth, the full name and occupation of the attendant at the birth of any child ... been concerned, the fact shall be stated in the form of a certificate before the birth of any child ... shall be delivered, duly signed by the person who shall have attended at the birth, or if no ... shall occur without the attendance of a physician or midwife, then the person to whom the ... third day of each and every month of a physician or midwife, then the person to whom the ... shall occur without the attendance of a physician or midwife, then the person to whom the ... attendance at such birth to the Commissioner of Health, within the period hereinafter mentioned, ... day of each and every month a list of all births which have occurred during the preceding month, and shall ... day such person or persons who shall neglect or refuse to make the returns aforesaid, shall be sub... jected to the fine of ten (10) dollars for each offence, to be recovered as other forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 1 1 9 1

RECEIVED FEB 17 1891 REGISTRAR'S OFFICE

Health. This schedule shall contain a list of the births which have occurred in each family during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any sex, and the name, age, color, birthplace and occupation of its parents, and the date and place of birth; and the name and residence of the physician, midwife or other person who shall have been concerned therein, duly signed by the practitioner, if there be one in attendance. In case the birth occurs without the attendance of any practitioner, the duty of making out and rendering the said schedule shall devolve upon the person or parents of such child, and the same shall be delivered, duly signed by one of the persons aforesaid, at the office of the Commissioner of Health within the period above required, and shall occur without the attendance of any practitioner, the duty of making out and rendering the said schedule shall devolve upon the person or parents of such child, and the same shall be delivered, duly signed by one of the persons aforesaid, at the office of the Commissioner of Health within the period above required, and any person or persons who shall hereafter wilfully neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence; which fine may be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 25731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *(state whether male or female)* Male
2. *Race or Color. (if not of the white race)* White
3. *Date of Birth,* 2 th January 1931
4. *Place of Birth, (Street and Number)* 604 Bond St
5. *Full Name of Mother,* ~~[illegible]~~ Rosa Cohen
6. *Mother's Maiden Name,* Rosen
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isaac Cohen
9. *Father's Occupation,* Store - keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Silverman

Address, 2 Eutaw Pl

Remarks, 8911001192

HEALTH FEB 17 1931 BALTIMORE

Health. This schedule shall contain as to the Mother, the full name of each child, if any shall have been born alive, and shall set forth the time and place of birth; and the full name of the father. The name can be ascertained the full name of each child of birth; and the month, and shall set forth the time and place of birth; and the full name and occupation of the father. In case the birth of any child shall occur without the limits of the city, a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no one or parents of such child so report its birth to the Commissioner of Health as aforesaid, then the mother of such child shall occur without the attendance of a physician or practitioner of midwifery, or should no one or parents of such child so report its birth to the Commissioner of Health as aforesaid, then the mother of such child shall be required to report the same within the period above required, and also to make such return in all other respects with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 1787 n 36.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Color, (if not of the white race)* White
3. *Date of Birth,* 28th January
4. *Place of Birth, (Street and Number)* 1323 E Pratt Street
5. *Full Name of Mother,* Sarah Ann Lipsky
6. *Mother's Maiden Name,* Evans
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Wolf Lipsky
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. C. Steinmann

Address, 1 Eutaw Place

Remarks,

6 9 1 0 0 0 1 1 9 3

HEALTH DEPT. BALTIMORE MD. FEB 1 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain as to the time, within the first minute of each child of any single birth, and as to each child of any plural birth, within the first minute after the birth of the next child born, as far as the same can be ascertained, the full name of each child, and the date and place of birth; and the name, residence and occupation of the parents, and such other facts as may be required by the form of a certificate between the first and third days of each month, the midwife, nurse or other person in attendance upon the mother, immediately thereafter it shall become and within the period above required, must deliver or cause to be delivered to the Commissioner of Health, or such person as he may designate, a certificate of the facts required to be set forth in such schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the person or persons in attendance upon the mother, be unable to deliver such certificate, it shall be the duty of each of such persons to report the birth to the Commissioner of Health, and within the period above required, must deliver or cause to be delivered to the Commissioner of Health, or such person as he may designate, a certificate of the facts required to be set forth in such schedule. Any person or persons who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 28357

CERTIFICATE AMENDED

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: HELEN DOMBROSKY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth. 28th Jan. 1911.

4. Place of Birth, (Street and Number) 2400. E. Fayette St.

5. Full Name of Mother. Dosety Dombrosky

6. Mother's Maiden Name. Jurkosky.

7. Mother's Birthplace. Germany

8. Full Name of Father. Emil Dombrosky

9. Father's Occupation. Shoemaker

10. Father's Birthplace. Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Johanna Raubach

Address. 113. S. Wolfe. St. Balto. Md

Remarks.

8 9 1 0 0 0 1 1 9 4

and shall enter the same on a blank to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name, sex and color of each child born alive or dead after the expiration of the first month of pregnancy, the day, month and year of birth, the full name and occupation of its parents, the full name and residence of the physician, midwife or other person in attendance at the birth, the number of children born to the mother, whether this be the first birth or not, and the full place of birth, and the said schedule shall be sworn to by the person making the same, and shall be delivered to the Commissioner of Health, or to such person as he may designate to receive the same, within ten days after the birth of such child; and the Commissioner of Health shall furnish the proper blanks required, and any such person who shall neglect or refuse to make such report as herein required, or who shall knowingly make a false statement in relation to the particulars to be recorded between the first and third day of each month, or any parents of such child to the Commissioner of Health or to such person as he may designate to receive the same, shall be subjected to the fine of ten (10) dollars for each offense to be received as other fines are collected.

RECEIVED FEB 8 1911 REGISTRAR'S DEPARTMENT

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 28238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth 26th Jan. 1891

4. Place of Birth, (Street and Number) 715 E. Lough St

5. Full Name of Mother Rosetta Jent

6. Mother's Maiden Name Keppler

7. Mother's Birthplace Balto Md

8. Full Name of Father Charles E. Jent

9. Father's Occupation Brass maker

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Paulsen

Address, 115 S. Wolfe St Balto Md

Remarks,

1 8 9 1 0 0 0 1 1 9 5

HEALTH DEPARTMENT BALTIMORE

The of the births which have occurred, and of any which may hereafter occur, in his or their respective districts, since the date to which the last return was rendered, the full names and occupation of the parents, the date and place of birth, and the said schedule shall be delivered by the practitioner in the form of a certificate, signed by him, and shall contain the following words, viz: "I hereby certify that I have attended upon the mother, and that the child described in the above schedule was born alive on the day and at the place therein mentioned." Every Physician or practitioner of midwifery, or person of such child to be in attendance upon the mother, and every other person who shall be present at the birth of any child shall occur without the assistance of a Physician or practitioner of midwifery, or person report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section, shall be subjected to the fine of ten (10) dollars or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

1. No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) Second
2. Sex. (state whether male or female) male
3. Race or Color. (if not of the white race) Colored
4. Date of Birth. Jan 20th 1896
5. Place of Birth. (Street and Number) 1320 N Bridge St.
6. Full Name of Mother. Louisa Harris
7. Mother's Maiden Name. Louisa Parker
8. Mother's Birthplace. Lunenburg Co Va
9. Full Name of Father. John A. P. Harris
10. Father's Occupation. Waiter
11. Father's Birthplace. Morgantown W Va

Name of Medical Attendant, or other Person who makes this Return: Edward G Mackenzie M.D.

Address: 324 N Bridge St

Remarks: Well

8 7 1 0 0 1 1 9 6

PRINTED BY THE CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 28740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* 4th.

Sex, (state whether male or female) Femald

Race or Color, (if not of the white race) White.

3. *Date of Birth,* Jan. 31st. 1891

4. *Place of Birth, (Street and Number)* 1322 Homewood Ave,

5. *Full Name of Mother,* Armie D Ehff

6. *Mother's Maiden Name,* Armie Sheffer

7. *Mother's Birthplace,* Glenn Rock Pa,

8. *Full Name of Father,* Wm. H. D Ehff,

9. *Father's Occupation,* A. C. R. R. Engineer.

10. *Father's Birthplace,* Pennsylvania.

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton. M.D.

Address,

Remarks, T 8910001197

Health. This schedule shall contain a list of the [illegible] the full name of each child, if any shall have
month, and shall set forth as far as the same can be ascertained [illegible] its parents, [illegible] date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents [illegible] a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner [illegible] In case the birth of any child
third day of each and every month to the office of the Commissioner [illegible] no other person be in
shall occur without the attendance of a physician or practitioner of midwifery, [illegible] or parents of such
attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and
child to report its birth to the Commissioner of Health, in the manner and within the period [illegible] this section shall be sub-
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT FEB 10 1891 BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 31, 1874.
4. Place of Birth, (Street and Number) 1 Eutaw Pl
5. Full Name of Mother, Mary E. Mills
6. Mother's Maiden Name, [illegible] Baltimore
7. Mother's Birthplace, Penn Eastern
8. Full Name of Father, Chas
9. Father's Occupation, Baltimore
10. Father's Birthplace, Penn Eastern

Name of Medical Attendant, or other person who makes this Return. Dr. [illegible]

Address, [illegible] Eutaw Pl

Remarks, 8 9 1 0 0 0 1 1 9 8

HEALTH DEPT. BALTIMORE CITY FEB 17 1891

Health. This section is to be filled out in full by the person who makes the return, as far as the same can be ascertained, the full name of child, and the month, and state the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of such child. The return as set forth as far as the same can be ascertained, the full name of child, and the month, and state the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of such child. The practitioner in the form of a certificate, which certificate shall be delivered, duly signed, at the office of the Commissioner of Health, or should no other person be authorized by the mother, immediately after the birth, in the manner and within the time required by this section, to report its birth to the Commissioner of Health, in the manner and within the time required, and shall occur upon the mother, immediately after the birth, in the manner and within the time required by this section shall be subject to report its birth to the Commissioner of Health, in the manner and within the time required by this section, to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, which fine may be recovered as other fines and forfeitures are recoverable. any such person or persons shall be guilty of a misdemeanor, and upon conviction thereof shall be fined for each such offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 28912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 16 1891 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, January 28th 1891.

4. Place of Birth, (Street and Number) North Washington St. near Eden St.

5. Full Name of Mother, Lena Waldmann.

6. Mother's Maiden Name, Not married.

7. Mother's Birthplace, Germany.

8. Full Name of Father, Not known.

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Geo. Brown

Address, #1600 Bolton Square, East, City.

Remarks, 1891 Feb. 1

8910001199

...shall set forth as far as the same can be known, the full name, sex, race, date and place of birth; and the full name, residence and occupation of its parents; and a certificate between the first and second days of each month, and oftener if requested by the proper officer, shall be made by the physician in charge of each case, or by the midwife in attendance, or if there was no physician or midwife in attendance, by the parent or other person having charge of such child, stating the name, sex, color, the full name and residence of the parents, and the date and place of birth; and the said certificate shall be delivered, with the written signature of the physician or other person, to the office of the Commissioner of midwifery, or shall be mailed to the Commissioner of Health, within the time above required, and in case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and in case the mother, immediately after the birth of any child, shall be unable to attend to report its birth to the Commissioner of Health, in the manner and within the time above required, the physician or midwife in attendance upon the mother, immediately after the birth of any child, shall report the same to the Commissioner of Health. In the event of the failure to comply with the provisions of this section the person or persons who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to the fine of not more than fifty dollars for each offense, and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 2nd

4. Place of Birth, (Street and Number) 1238 Dallas st

5. Full Name of Mother, Elizabeth Karl

6. Mother's Maiden Name, Dahl

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Karl

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Julia Greene

Address, 1238 Dallas st

Remarks, + 8 9 1 0 0 0 1 2 0 0

Health. This schedule is to be filled out by the attending physician, midwife or other person having charge of the case, within five days after the birth, and the first and second sheets shall be delivered, duly signed, to the undertaker employed to bury the body, or if no burial is to be made in the city, to the person removing the body for interment beyond the limits of the city; and the third sheet shall be delivered, duly signed, at the office of the Commissioner of Health, within ten days after the birth. In every case of a still-born child, the first and second sheets shall be delivered, duly signed, to the undertaker employed to bury the body, or to the person removing the body for interment beyond the limits of the city, and the third sheet shall be delivered, duly signed, at the office of the Commissioner of Health, within ten days after the birth. In every case where a birth occurs without the attendance of a physician or practitioner, the first and second sheets shall be delivered, duly signed, at the office of the Commissioner of Health, within ten days after the birth, and the third sheet shall be delivered, duly signed, at the office of the Commissioner of Health, within twenty days after the birth. In every case where a birth occurs without the attendance of a physician or practitioner, the mother, immediately thereafter, in the manner and form prescribed by the Commissioner of Health, shall make a return of the birth to the Commissioner of Health, and any mother who shall fail to comply with the provisions of this section shall be subject to a fine of not less than ten (10) dollars nor more than fifty (50) dollars for each offense. Any undertaker, midwife or other person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED JUN 3 1910 BALTIMORE, MD.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 6th Jan

4. Place of Birth, (Street and Number) 2076 Baker st

5. Full Name of Mother, Elizabeth Smith Hughes

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Smith

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Greene

Address, 2076 Baker st

Remarks, 8 9 1 0 0 0 1 2 0 1

Health. It is hereby made the duty of every physician, midwife, or other person having charge of any case of confinement, to report to the Commissioner of Health the birth of any child which may be born in such case, within ten days after such birth, stating the name and residence of the parents, the day and hour of birth, and the sex and color of such child, and if there be no physician or midwife in attendance, then the parent or parents, or the householder of the house in which such birth shall occur, shall report the same as herein required. Such report shall be made at the office of the Commissioner of Health, or to such person as he may designate to receive the same, and shall set forth as far as the same can be ascertained, the day, hour and place of birth; and the full name and residence of the parents, the day of their marriage, the number of children born to them, the interval between the first and second confinement, and between the second and third confinement, and so on, and whether previous births have been registered, and if so, where; and if there be no parents, then the name and residence of the person with whom the mother of such child may be living at the time of its birth. Such report shall be made within ten days after the birth of any child, and shall be signed by the person making the same, who shall state his or her place of residence. In case the mother of such child shall die before the birth of such child, or before the expiration of the period during which such report is required, and shall occur within the limits of Baltimore City, the physician or midwife in attendance upon such confinement, or if there be none, then the householder of the house in which such mother shall die, shall report the birth of such child, if living, and if dead, then the fact that it was born dead, and the sex and color of such child, and the name and residence of the mother, immediately after the death of such mother, and within the time prescribed for the report of births. The Commissioner of Health is hereby authorized to make all such rules and regulations as he may deem necessary for the proper execution of the provisions of this section, and to require the report of births to be made to him or to such person as he may designate to receive the same. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 382 ist.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Femal
2. *Race or Color, (if not of the white race)*	B
3. *Date of Birth,*	8 Jan
4. *Place of Birth, (Street and Number)*	611 E Forrest st
5. *Full Name of Mother,*	Maranda Birmingham
6. *Mother's Maiden Name,*	H Meuth
7. *Mother's Birthplace,*	Balto co
8. *Full Name of Father,*	John Birmingham
9. *Father's Occupation,*	Laynr
10. *Father's Birthplace,*	Balto co
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Brown
Address,	611 E Forrest st
Remarks,	† 8 9 1 0 0 0 1 2 0 2

Health. This schedule is to be filled out by the attending physician, midwife or other person having charge of the case, and the same can be answered by a cross (X) in the proper column. If the child is born dead, that fact must be stated. If born alive, but dies before the return is made, that fact must be stated. The return must be made within ten days after the birth, and if the child be born dead, or die before the return is made, the cause of death must be certified to by a physician, if there was one in attendance, and if not, then by the nearest relative or friend having knowledge of the facts, or by the undertaker employed to bury the body. The certificate of the cause of death must be made by the physician, if there was one in attendance, and if not, then by the nearest relative or friend having knowledge of the facts, or by the undertaker employed to bury the body. The certificate of the cause of death must be made by the physician, if there was one in attendance, and if not, then by the nearest relative or friend having knowledge of the facts, or by the undertaker employed to bury the body.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

58346

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 15 Jan
4. Place of Birth, (Street and Number) 1036 1/2 Dallas St
5. Full Name of Mother, Catherine Mueller
6. Mother's Maiden Name, " Montag
7. Mother's Birthplace, Balto
8. Full Name of Father, John [illegible]ller
9. Father's Occupation, Barber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Croome

Address, 940 [illegible]

Remarks, 8 9 1 0 0 0 1 2 0 3

Health. This schedule shall contain a list of [illegible] of each child (if any shall have [illegible]) and the month, and shall set forth as far as the same [illegible] and place of birth; and the been conferred) its sex, color, the full name and [illegible] between the first and said schedule shall be delivered, duly signed by the [illegible] the birth of any child third day of each and every month to the office of the [illegible] case no other person be in shall occur without the attendance of a physician or [illegible] or parents of such attendance upon the mother, immediately thereafter [illegible] period above required, and child to report its birth to the Commissioner [illegible] in the manner [illegible] this section shall be sub- any such person or persons who shall hereafter [illegible] to comply with the provisions [illegible] forfeitures are recoverable. jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and

[Stamp: BALTIMORE, MD. FEB 1[illegible]]

Wm. J. C. Dulany & Co., City Printers and Stationers.

RETURN OF A BIRTH.

28347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 16 Jan
4. Place of Birth, (Street and Number) 1706 Harford Ave
5. Full Name of Mother, Mary Rosmoe
6. Mother's Maiden Name, Filbert
7. Mother's Birthplace, Balto
8. Full Name of Father, Herman Rosmoe
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Dr Julia Crowe

Address, 1706 Harford Ave

Remarks,

8 9 1 0 0 0 1 2 0 4

BALTIMORE CITY

Health. This schedule shall contain the full name of each parent, the date of birth, and the month, and shall set forth as far as can be ascertained the full name and nationality of parents, the date and the place of birth of each child born alive, the number of years elapsed between the first and last confinements, if more than one child be born at a confinement, and the number of children born alive to the mother, including the present birth, and the number now living. In case the birth of any child shall not be delivered, duly signed by the attending physician, midwife or nurse, or in case there be no such attendant, then by the father or mother of such child, within ten days after such birth, and every case of stillbirth attended by a physician or midwife, or should no other person be in attendance, then by the undertaker who shall be employed to bury the body of the person whose stillbirth shall occur, within ten days after such occurrence, and every case of stillbirth attended by a physician or midwife, or should no other person be in attendance, then by the undertaker who shall be employed to bury the body of the person whose stillbirth shall occur without the attendance of either physician, midwife or undertaker, the parent or parents of such stillborn child shall, within ten days after such occurrence, report the same to the Commissioner of Health, in the manner and form required, and any such person or persons who shall neglect or refuse to make such report as aforesaid shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 35708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 Jan
4. Place of Birth, (Street and Number) 1205 N. Holland
5. Full Name of Mother, Margret C Quan
6. Mother's Maiden Name, a McCaul
7. Mother's Birthplace, Balto
8. Full Name of Father, Johnpheir
9. Father's Occupation, Printer
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Wm Inlow room me

Address, 940 N Bay st

Remarks, 8 9 1 0 0 0 1 2 0 5

FEB 17 1891

Health. This schedule shall contain as far as the same can be ascertained the full name of each child born alive within the city of Baltimore after the passage of this act, and the sex and color of such child; and the date and place of birth; and the full name, age and occupation of its parents, the date of their marriage, and the number of children born to such parents, including the present birth, and the number of such children living at the time of making such return; and the name and residence of the physician, midwife or other person in attendance upon the mother during her confinement; and shall be made out in duplicate and delivered by the physician or midwife, or other person in attendance upon the mother, to the Registrar of Vital Statistics of the Board of Health, in the city of Baltimore, within thirty days after the birth of such child, and before the interment of the body of such child, without the attendance of a physician or midwife, and in case there was no person in attendance upon the mother during her confinement, the father shall have the duty imposed upon him of reporting the birth of such child to the Registrar of Vital Statistics of the Board of Health, in the manner and within the time above required, and said schedule shall be retained by the Registrar of Vital Statistics of the Board of Health, in the city of Baltimore, and a certified copy thereof shall be furnished monthly to the Comptroller of the city of Baltimore; and the Registrar of Vital Statistics of the Board of Health, in the city of Baltimore, shall have the power to administer oaths in the discharge of his duties under the provisions of this section; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	—
3. *Date of Birth,*	17th Jan
4. *Place of Birth, (Street and Number)*	788 E Monument
5. *Full Name of Mother,*	Kate Mellis
6. *Mother's Maiden Name,*	" Wambach
7. *Mother's Birthplace,*	Charleston S. C.
8. *Full Name of Father,*	Andrew Mellis
9. *Father's Occupation,*	Gas Fitter
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N Gay st
Remarks,	8 9 1 0 0 0 1 2 0 6

Health. This schedule shall contain a correct statement of the facts required to be stated in relation to each birth occurring in the city of Baltimore, and the name and place of birth; and the name, and shall set forth as far as the same can be ascertained, the full name, residence, color, and birthplace of the father and mother of such child, and the date of birth of such child; and the certificate between the first day of January and the first day of July, and within five days after the birth of such child, if born between the first day of July and the first day of January, and within ten days after the birth of such child, if born between the first day of January and the first day of July, in every year, shall be delivered to the Registrar of Vital Statistics, or to such person as may be appointed by the Board of Health, or by the proper commissioner of Health, to receive the same, by the physician in attendance upon the mother, or in case there be no physician in attendance, by the nurse in attendance, or by the father of such child, or by the mother, or in case the mother be dead, or unable to act, by the next of kin present at the birth, or by the householder of the house where the birth occurs, or by the person in charge of any institution to which the birth may be reported, or by any other person having knowledge of the facts, who shall be required to make such report; and the said schedule shall be every month to the Registrar of Vital Statistics, or to such person as may be appointed by the Board of Health, or by the proper commissioner of Health, to receive the same, on or before the third day of each month, certified under oath to be correct, and shall contain a like report of all births occurring within the city of Baltimore during the month next preceding, and if no birth shall have occurred during any month, then a report to that effect shall be made; and the Registrar of Vital Statistics shall furnish blank forms for the returns hereinafter required, and shall receive and record returns of births and deaths, and shall furnish certified copies of the records in his office, and shall perform such other duties as may be required of him by the Board of Health, or by the proper commissioner of Health.

Penalty. Any person who shall refuse or neglect to attend upon the mother of any child, as required by the provisions of this section, or to report the birth of such child as required by the provisions of this section, shall be guilty of a misdemeanor, and on conviction thereof shall be fined for the first offence not more than five dollars, and for each subsequent offence not more than twenty dollars; and any such fine may be recovered as other fines and forfeitures are recoverable.

Subject to the fine of ten (10) dollars for each offence.

RECEIVED JAN 18 1889 BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 22nd Jan
4. Place of Birth, (Street and Number) 41 E Pond st
5. Full Name of Mother, Sarah Douglass
6. Mother's Maiden Name, " Carlisle
7. Mother's Birthplace, Balt
8. Full Name of Father, William Douglass
9. Father's Occupation, Barber
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Dr Julia Tonge

Address, 740 E Fayette st

Remarks,

8 9 1 0 0 0 1 2 0 7

FEB 11 1891

BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 & 9

1. Sex (state whether male or female), Males
2. Race or Color (if not of the white race), Colord.
3. Date of Birth, Jan 24/91
4. Place of Birth (Street and Number), 1923 Etting St
5. Full Name of Mother. ~~Alice V Meads~~ ~~Balto~~ Alice V. Hall
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto
8. Full Name of Father, James H Meads
9. Father's Occupation, Driver
10. Father's Birthplace. Balto

Name of Medical Attendant, or other person who makes this Return. M. S. Schell

Address, 1941 Druid Hill Ave

Remarks, Twins

1891000I208

BALTIMORE, MD.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	27 Jan
4. *Place of Birth, (Street and Number)*	527 N Wolf st
5. *Full Name of Mother,*	Sarah Jefferson
6. *Mother's Maiden Name,*	" Reese
7. *Mother's Birthplace,*	Philadelphia
8. *Full Name of Father,*	John Jefferson
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Dr. Julia Greene
Address,	1940 N. Eutaw
Remarks,	8910001209

FEB 18 1891 BALTIMORE MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 38903.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE MD. FEB 16 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th child

Sex, (state whether male or female) Male.

Race or Color, (if not of the white race)

Date of Birth, Jan. 29th 1891.

Place of Birth, (Street and Number) Latrobe St. 1614

Full Name of Mother, Maria Mackintosh.

Mother's Maiden Name, Maria Elliott.

Mother's Birthplace, Baltimore

Full Name of Father, Alexander Mackintosh. Dead

Father's Occupation,

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Charlotte Crosby

Address, 1604 Latrobe St.

Remarks,

1 8 9 1 0 0 0 1 2 1 0

This schedule shall contain a list of the names of the persons born in each family, the full name of each child, if any shall have been stillborn it shall be so stated, the full name and occupation of its parents, the date and place of birth, and the name and residence of the physician, midwife or other person in attendance at such birth. Such schedule shall be delivered by the person in charge of the house in which such birth occurs, or if such birth occurs elsewhere than in a house, by the person in charge of the house in which the parents of such child reside, to the Commissioner of Health, within ten days after the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at such birth, then the parents of such child shall be required to report the birth to the Commissioner of Health, within ten days after the third day of each and every month, and it shall be the duty of the Commissioner of Health to cause the information required by this section to be obtained and recorded, and for this purpose he shall have power to require the attendance of any such person or persons who shall heretofore have been present at any birth, to testify concerning the particulars required to be recorded, and to enforce such attendance by the process of subpœna. Any person who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. Fines recovered on other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

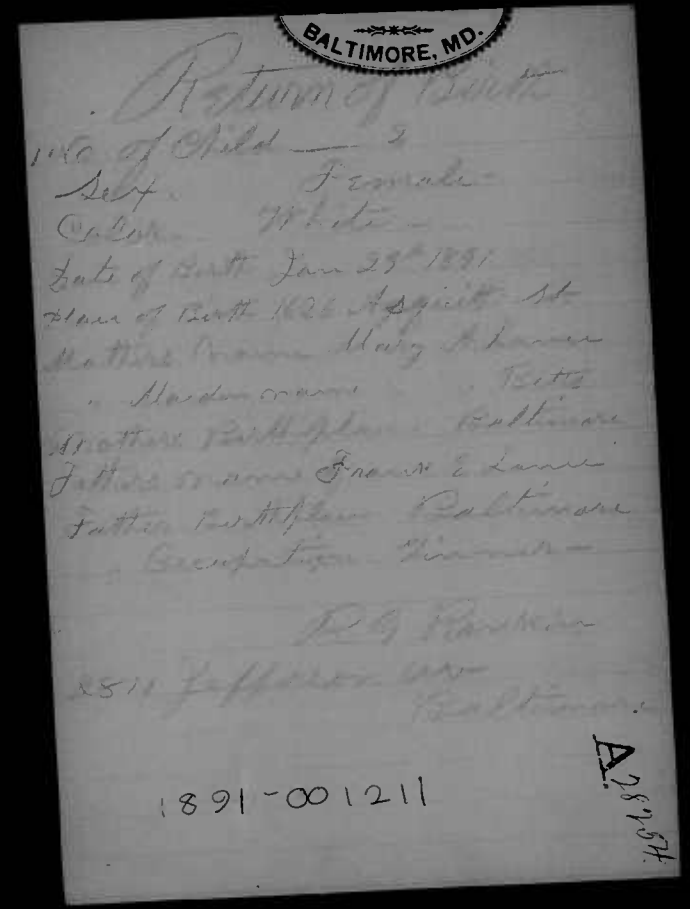
8910001211

CORRECTION

The preceding document has been re-photagraphed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-64)
Hall of Records Commission


BALTIMORE, MD.
Return of Birth
No. of Child — 2
Sex Female
Color White
Date of Birth Jan 23rd 1891
Place of Birth 1626 Aisquith St
Mother's Name Mary A Lanier
Maiden name Fitts
Mother's Birthplace Baltimore
Father's name Francis E Lanier
Father's birthplace Baltimore
Occupation Farmer
R G Fowler
2511 Jefferson ave
Baltimore
1891-001211
A. 28964.

RETURN OF A BIRTH.

28256.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	31 Jan
4. Place of Birth, (Street and Number)	712 N. Caroline st
5. Full Name of Mother,	Mary Hesse
6. Mother's Maiden Name,	Mc Percy
7. Mother's Birthplace,	Balto
8. Full Name of Father,	George Hesse
9. Father's Occupation,	Tinner
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Celia Greene
Address,	710 N. Gay st
Remarks,	6 9 1 0 0 0 1 2 1 2

BALTIMORE MD. FEB 1891

4M. J.C DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. 75206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 1st 1891
4. Place of Birth, (Street and Number) N. Dallas St No 226
5. Full Name of Mother, Kate Hennick
6. Mother's Maiden Name, Kate Kiffler
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, James Hennick
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 114

Remarks,

1 8 9 1 0 0 0 1 2 1 3

month, and shall set forth as far as may be the full name and occupation of its parents, the date and place of birth, and whether it has been conferred; if later, date of, duly signed by the practitioner in charge, or a certificate between the first and said child's birth, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the owner, agent or other person having control of the house in which the mother of such child resides, or in which such birth occurs, shall within the period above required, and attendance upon the mother, make to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 782 57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, January 4th
4. Place of Birth, (Street and Number) 424 Perry Alley
5. Full Name of Mother, Jennie Holland Goldsmith
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charlie Holland
9. Father's Occupation, Waiter
10. Father's Birthplace, Montgomery Co

Name of Medical Attendant, or other person who makes this Return. Hester Eubanks

Address, [illegible]

Remarks, 8910001214

BALTIMORE MD

...shall set forth as far as the same can be ascertained by diligent inquiry, the date and place of birth, and the ... month, and shall set forth as far as the same can be ascertained by diligent inquiry, the date and place of birth, and the ... shall severally sign their names thereto, and state the time of their residence therein. In case the birth of any child ... been attended by a physician or midwife, the certificate or return of birth required by this section shall be made ... said physician or midwife; but if the birth shall have occurred without the presence or attendance of a physician or midwife, then the certificate or return required, and ... shall be made and signed by the father, if living and a resident of the house in which the birth occurred, and if the father be dead or absent, then by the mother, and if she be unable, then by the person having charge of the house; and ... shall occur without the limits of a house, then by the person in charge of the house nearest to the place where the birth occurred. It shall be the duty of each and every physician, midwife, father, mother, householder or other person in attendance as aforesaid, to certify and report the birth as herein required, and ... shall deliver or cause to be delivered at the office of the Registrar of Vital Statistics, within ten days after the ... third day of each month, the certificate or return of birth required by this section. In case the certificate or return ... shall occur without the limits of a house, then by the person in charge of the house nearest to the place where the birth occurred. It shall be the duty of each and every physician, midwife, father, mother, householder or other person in attendance as aforesaid, to certify and report the birth as herein required, and ... attendance as aforesaid, to certify and report the birth as herein required, and ... shall deliver or cause to be delivered at the office of the Registrar of Vital Statistics, within ten days after the ... call for information, and shall receive therefor the sum of twenty-five cents. Any person who shall violate any of the provisions of this section shall be ... any such person or persons shall be subject to a penalty of not less than ten dollars nor more than fifty dollars for each offense. ... jected to the fine of ten (10) dollars for each offense. The forfeitures are recoverable ...

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or ~~female~~) [illegible]
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 3th 1891
4. Place of Birth, (Street and Number) N. Gay St № 937
5. Full Name of Mother, Emelia Fink
6. Mother's Maiden Name, Emelia Einolf
7. Mother's Birthplace, Niedenkopf Hessen Germany
8. Full Name of Father, Henry Fink
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Seusel Hessen Germany

Name of Medical Attendant, or other person who makes this Return, Mary E. Müller

Address, N. Dallas St № 144

Remarks,

1 8 9 1 0 0 0 1 2 1 5

month, and shall set forth as far as the same can be ascertained, the name, the date and place of birth, and the sex, color, and occupation of its parents. In case the birth of a child is not reported as aforesaid, the duty is hereby imposed upon the midwife or other person in attendance upon the mother, immediately after the birth of such child to report its birth as aforesaid; and any midwife who shall hereafter fail to report as aforesaid, shall be liable to the penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

GEO. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall set forth as far as the same can be ascertained the full name of each child, and the month, and shall set forth its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
JAN 2? 1891
BALTIMORE MD.

a. 78759

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 5th
2. Sex (state whether male or female) Male
3. Race or Color. (if not of the white race) —
4. Date of Birth, Jany 6th 1891
5. Place of Birth, (Street and Number) 1402 E Lombard
   Full Name of Mother, Mary Ward
6. Mother's Maiden Name, " Sweeney
7. Mother's Birthplace, Ireland
8. Full Name of Father, Michael Ward
9. Father's Occupation, Baker
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Geo. B. Reynolds M.D.

Address, 711 S. Calvert St

Remarks,

8910001216

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a [illegible] be ascertained the full name of each child [illegible] and the month, and shall set forth as far as the same can be ascertained the occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 7 1760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) (3 d)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jany 6th 1891

4. Place of Birth, (Street and Number) 1810 N Caroline

5. Full Name of Mother, Catherine T Love

6. Mother's Maiden Name, " " Grant

7. Mother's Birthplace, Balto

8. Full Name of Father, Joseph W. Love

9. Father's Occupation, Chief-Clerk Balto P. Office

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo B Reynolds M.D.

Address, 711 N Calvert St

Remarks,

6910001217

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* Colored
4. *Date of Birth,* January 8, 1891
5. *Place of Birth, (Street and Number)* 1C Little Pine Street
6. *Full Name of Mother,* Lucia Fisher Brown
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* Jeremiah Fisher
10. *Father's Birthplace,* Philadelphia
11. *Father's Occupation,* Waiter

Name of Medical Attendant, or other person who makes this Return. Hoxlei Colmer

Address, 547 Scholar Street

Remarks,

8 9 1 0 0 0 1 2 1 8

HEALTH DEPT. 1891 BALTIMORE MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 21267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 10 [illegible]

4. Place of Birth, (Street and Number) Alicander 1803

5. Full Name of Mother, Rosa Grokofska

6. Mother's Maiden Name, Konatski

7. Mother's Birthplace, Poland

8. Full Name of Father, Jacob Grookofska

9. Father's Occupation, Laborar

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mary Krotzka

Address, 806 S. Ann Sth.

Remarks, 8910001219

FEB 23 1891

BALTIMORE CITY REGISTRAR

It is unlawful for the attendance of a physician or practitioner in any case of birth to omit the duty of the person or parents of such child to report such birth to the Registrar of Vital Statistics, and such report shall be verified and shall occur without the attendance of a physician or practitioner, in which case it shall be the duty of the person or parents of such child to report such birth to the Registrar of Vital Statistics, and within the period above required and attendance of the midwife, nurse or other person in attendance at such birth, immediately thereafter. It shall be the duty of the midwife, nurse or other person in attendance at such birth to report such birth to the Commissioner of Health, complying with the regulations of the Board of Health, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. All forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 12th 1891
4. Place of Birth, (Street and Number) N. Washington St N. 522
5. Full Name of Mother, Mary Golery
6. Mother's Maiden Name, Mary Lindrey
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Golery
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 114

Remarks,

1891000122 0

...the 1st, and shall set forth as far as the same can be ascertained, the name, the date and place of birth; and the ...month conferred) its sex, color, the full name and occupation of its parents, and a certificate between the first and ...kept confidential by the practitioner in life for the Board of Health. In case the birth of any ... shall be delivered within the city, or within one month to the office of the Commissioner of midwifery, or should no other person ... parents of such ... every case where a physician or midwife is not in attendance, the duty of the parents to make the return required, and ... third day of each month at the attendance of a physician after it shall become the duty of the parents to make the return required, and ... shall receive upon the mother, immediately after the birth of each child, the provisions of this section shall be made ... and must receive upon the mother, immediately after the birth of each child, the provisions of this section shall be made ... child to report its birth to the Commissioner of Health. In the manner aforesaid, any physician or midwife who shall hereafter fail to comply with the provisions of this section shall be made ... any such person of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. ...Jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[illegible] Health. This schedule shall contain a list of the [illegible] ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] and forfeitures are recoverable.

28760

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, FEB 23 1891 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 Jan.
4. Place of Birth, (Street and Number) Register St. 724
5. Full Name of Mother, Kate Shawuska
6. Mother's Maiden Name, Stantko
7. Mother's Birthplace, Poland
8. Full Name of Father, Jacob Shawuska
9. Father's Occupation, Laborar
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mary Hrotzka

Address, 806 S. Ann St.

Remarks, 1891000122 1

Wm. J. C. Dulany & Co., City Printers and Stationers

A 28260.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 14th 1891

4. Place of Birth, (Street and Number) 1322 N. [illegible] St.

5. Full Name of Mother, Nannie E. Bowman

6. Mother's Maiden Name, Nannie E. Robinson

7. Mother's Birthplace, Virginia

8. Full Name of Father, Henry C. Bowman

9. Father's Occupation, Plumber

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. [illegible] Miller M.D.

Address, 227 W. Monument St.

Remarks, 8910001222

Report overlooked [illegible]

MAR 1 189[illegible] BALTIMORE, MD.

Health. This schedule shall [illegible] the same can be ascertained the full name [illegible] and place of birth; and the month, and shall set forth as far as the same [illegible] and occupation of its parents, the date [illegible] between the first and [illegible] been conferred) its sex, color, the full name [illegible] in the form of a certificate [illegible] the birth of any child said schedule shall be delivered, duly signed by the practitioner [illegible] of Health. In case the birth of any child [illegible] other person be in third day of each and every month to the office of the Commissioner of midwifery, or should no other person or parents of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parent [illegible] above required, and attendance upon the mother, immediately thereafter it shall [illegible] within the period [illegible] shall be sub- child to report its birth to the Commissioner of Health. In the [illegible] of this section any such person or persons who shall hereafter fail to comply with the provisions [illegible] jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany & Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 78266.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* January 18th 1891

4. *Place of Birth, (Street and Number)* 1st First St

5. *Full Name of Mother,* Agnes May Knauff

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father.* Charles Albert Knauff

9. *Father's Occupation.* Sadler

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. George B. Reynolds M.D.

Address, 711 N. Calvert St

Remarks,

1 8 9 1 0 0 0 1 2 2 3

FEB 1891

Health. This record is to be made as far as the same can be ascertained the full name of each child, and the month, and shall set forth as far as the same can be ascertained the full name of its parents, the date and place of birth, and the color, the full name and occupation of the informant in the form of a certificate given the first and next succeeding month after the birth of any child born in the city of Baltimore, it shall be the duty of the person or persons in charge of such child to report the same at the office of the Commissioner of Health, and no other person or persons shall be required to report the same. If the birth occurs after the third day of each and every month, and without the attendance of a physician or midwife, it shall become the duty of the person or persons in charge of such child to report the same at the office of the Commissioner of Health, and no other person or persons shall be required to report the same. If the birth occurs after the third day of each and every month, and without the attendance of a physician or midwife, it shall become the duty of the person or persons in charge of such child to report the same at the office of the Commissioner of Health, and no other person or persons shall be required to report the same. If the mother, immediately thereafter, and within the time of this section shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 25767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether ~~male or~~ female).
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 18th 1891
4. Place of Birth, (Street and Number) N. Caroline St No 412
5. Full Name of Mother, Caroline Lange
6. Mother's Maiden Name, Caroline Reichert
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Herman Lange
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary C. Müller

Address, N. Dallas St No 114

Remarks, 1891000 1224

Health. [illegible] the same can be ascertained the full name the date and place of birth; and the
month, and shall set forth as far as the same can be ascertained, its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 2876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	January 2nd 1891
4. *Place of Birth, (Street and Number)*	1737 E. Madison St
5. *Full Name of Mother,*	Annie Kenan
6. *Mother's Maiden Name.*	Annie McGovern
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Paul Kenan
9. *Father's Occupation,*	Truck Driver
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes Return.	H. Saunders Md.
Address,	519 E. Chase St
Remarks,	

1891000225

FEB 25 1891
BALTIMORE MD.

under whose charge or supervision he is, he shall cause the same to be furnished by the Commissioner of Health, as soon as the child can be and shall enter the same on a Death under like or her care during the month, and shall set forth in the said certificate the full and complete name of such child, if any shall have been registered), if duly signed by the practitioner in the form of a certificate between the first and fifteenth days of each month to the office of his Commissioner of Health. In case the parents, the date and place of birth, and the said shall every month to the office of his Commissioner of Health. In case the birth of a child shall occur without the attendance of a Physician, Midwife or Nurse, the parents of such child, to certificate between the first and fifteenth days of each month to the office of his Commissioner of Health. In case the report its birth in the Commissioner of Health, the Physician, Midwife or Nurse required to the fine of ten (10) dollars or persons who shall hereafter neglect or refuse to comply with the requirements of this section shall be severally liable for each offence to be recovered as other fines and penalties are recoverable.

John Murphy & Co., City Printers And Stationers.

RETURN OF A BIRTH

A. 25267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 24th Jan. 1891
4. Place of Birth, (Street and Number) Balt. Bradford St No 109
5. Full Name of Mother, Mrs. Mary Lowe
6. Mother's Maiden Name, Mrs Mary Renshaw
7. Mother's Birthplace, Europe
8. Full Name of Father, Mr. Michael Lowe
9. Father's Occupation, Stevedore
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. Krauger

Address, No 2026 E. Fayette St. Balt Md

Remarks.

8 9 1 0 0 0 1 2 2 6

SECTION 7.—And be it further ordained, That it shall be the duty of the midwife, or other person, in attendance upon any child born in the City of Baltimore after the passage of this ordinance, to cause the birth of such child to be registered, and to deliver to the parent or parents, guardian or other person having the custody of such child, a blank schedule, to be furnished by the Commissioner of Health, for the purpose of registering such birth, and shall enter therein the full name of each child born, the name of the parent or parents, guardian or other person having the custody of such child, the time and place of birth, and the sex and color of such child, which schedule shall be filled up and returned to the office of the Commissioner of Health, within ten days after the birth of such child, by the midwife, or other person in attendance upon such birth. This schedule shall contain the full name and residence of the midwife, or other person in attendance upon such birth, and shall be signed by such midwife, or other person in attendance upon such birth. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the parent or parents, guardian or other person having the custody of such child, to report the birth of such child, in the manner and within the time above required, and such person or persons shall furnish the information required by this section. This schedule may be had at the office of the Commissioner of Health, and any midwife, or other person in attendance upon any birth, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GUNBY & CO., CITY PRINTERS

RETURN OF A BIRTH A 28770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	24 Jan
4. Place of Birth, (Street and Number)	913 Hollins St
5. Full Name of Mother,	Teresa Smith
6. Mother's Maiden Name,	Teresa Bath
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Peter Smith
9. Father's Occupation,	Cabinetmaker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. [illegible]
Address,	W. 907. Hollins St.
Remarks,	18910001227

health, shall set forth as far as the name can be ascertained the full name of the child, the sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall state whether it was the first, second or other child born of its parents. It shall be the duty of the physician or midwife in attendance upon any birth to make a return thereof to the Commissioner of Health within ten days after such birth, and in case there shall be no physician or midwife in attendance upon the birth of any child born elsewhere than at a hospital, or other institution, the owner, agent or manager of such hospital or institution shall be required, duly signed by the attendant, to report such birth to the Commissioner of Health within ten days after such birth, and in case there shall be no physician or midwife in attendance upon the birth of any child born elsewhere than at a hospital, or other institution, the duty of the person or persons in charge of the premises where such birth occurs shall become the duty of the person or persons residing in the house where such birth occurs to report such birth to the Commissioner of Health within ten days after such birth, and in case there shall be no person residing in the house where such birth occurs, then the duty shall devolve upon the mother. Immediately thereafter, in the manner and within the time prescribed, a certificate of such birth shall be registered, and shall contain all the facts required to be reported concerning births. Any person who shall neglect or refuse to report such birth to the Commissioner of Health as herein required, or who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 6 1891 BALTIMORE MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Jan 27, 1891
5. Place of Birth, (Street and Number) 1325 Harford Ave
6. Full Name of Mother, Katie Krushler
7. Mother's Maiden Name, Katie Thumm
8. Mother's Birthplace, ~~1325 Harford Ave~~ Baltimore
9. Full Name of Father, F. L. Krushler
10. Father's Occupation, Dairy
11. Father's Birthplace, Shrewsbury, York Co. Pa.

Name of Medical Attendant, or other person who makes this Return. Mrs Worden

Address, 936 Greenmount Ave

Remarks,

1 8 9 1 0 0 0 1 2 2 8

Health. This ... shall be ... the same can be ascertained the full name of each child born ... month, and shall set forth as far as the same can be ascertained the full name of each child born ... been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month; and in case of stillbirth, or if no medical or other person be in attendance at the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or if such child be not reported by any such person, the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Registrar of Vital Statistics in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 30730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 9 1891

BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 2nd 91
4. Place of Birth, (Street and Number) 812 Lemmon St.
5. Full Name of Mother, Ida Lee Thomas Slater
6. Mother's Maiden Name, Ida Catherine Burke
7. Mother's Birthplace, Cambridge Maryland
8. Full Name of Father, John Wesley Slater
9. Father's Occupation, Carpenter
10. Father's Birthplace, Cambridge Maryland

Name of Medical Attendant, or other person who makes this Return. Nurse Constance

Address, 806 Fulton St.

Remarks,

1891000 1229

(Blank) 1891

Every Physician, Midwife or other person who shall have been concerned in the birth of any child, shall, within ten days after the birth, make a return thereof to the Registrar of Vital Statistics, Board of Health, Baltimore City, stating the name, color, the full name and occupation of its parents, the date and place of birth; and the said return shall be duly signed by the practitioner in the form of a certificate between the first and fifteenth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the father or mother of such child to report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth, in the manner and with the particulars above required. And the Commissioner of Health, in the manner and with the powers conferred by the provisions of this section shall require the attendance upon the Board of Health of any person who shall hereafter fail to comply with any provisions of this section, and any such person or persons are hereby declared guilty of a misdemeanor and subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recovered.

498 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2 1

1. *Sex*, (*state whether male or female*) Male

2. *Race or Color*, (*if not of the white race*)

3. *Date of Birth*, April 21 1891

4. *Place of Birth*, (*Street and Number*) 405 [illegible]

5. *Full Name of Mother*, [illegible]

6. *Mother's Maiden Name*, [illegible]

7. *Mother's Birthplace*, Ba[illegible]

8. *Full Name of Father*, [illegible]

9. *Father's Occupation*, [illegible]

10. *Father's Birthplace*, [illegible]

Name of Medical Attendant, or other person who makes this Return. Dr. [illegible]

Address, [illegible]

Remarks, [illegible]

1891000 1230

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

SEC. 3. Be it further enacted, That the name and occupation of the parents, the sex and place of birth, and the full name of each child born alive in Baltimore city, shall be returned to the Commissioner of Health by the attendant, if there be one, and if not, by the parent, within ten days after the birth, and before the interment of the child, on blanks to be furnished by the Commissioner of Health; in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if no other person be in attendance upon the mother, then the parent shall become the informant; and if the parent be dead, or unable to report the birth, the same shall be reported by the undertaker, householder or other person having charge of the house where the birth occurred, within the time and in the manner required, and before the interment of the child; and the Commissioner of Health shall furnish blanks for the purpose of such returns; and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 30239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 25 1907
4. Place of Birth, (Street and Number) 1245 E. Monument St.
5. Full Name of Mother, Virginia
6. Mother's Maiden Name, Bailey
7. Mother's Birthplace, Germany
8. Full Name of Father, Carl
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. M. A. Bell

Address, 1245 E. Monument St.

Remarks, All Well

8 9 1 0 0 0 1 2 3 1

Item endorsed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the guidance of a physician or midwife, or if such child die before the delivery of the said certificate, the parent or parents or other person having charge of such child shall report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 30446

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (State whether male or female) Male
3. Race or color, (if not of the white race) White
4. Date of Birth. Apr 23 1891
5. Place of Birth, (Street and Number) 76 S. Fountain St
6. Full Name of Mother, Mary Reynolds
7. Mother's Maiden Name, " Sovern
8. Mother's Birthplace, Baltimore City
9. Father's Occupation, Martin Reynolds Clerk
10. Father's Birthplace, B. City

Name of Medical Attendant, or other person who makes this Return. Dr Wm Hill Mott

Address, 801 N Arlington Ave

Remarks,

1 8 9 1 0 0 0 1 2 3 2

J. D. EHLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30 pd.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 24 of May 1891
4. Place of Birth, (Street and Number) Sarah ann st 712
5. Full Name of Mother, Annie Bell Milburn
6. Mother's Maiden Name, Annie Bell Yates
7. Mother's Birthplace, St Mary country Md
8. Full Name of Father, Charby Henry Milburn
9. Father's Occupation, Coachman
10. Father's Birthplace, St Mary's county Md.

Name of Medical Attendant, or other person who makes this Return. Carlton Cook

Address, [illegible]

Remarks, 1891000 1233

ORD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* female
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* April 26th 1891
5. *Place of Birth, (Street and Number)* No 2020 Cumberland Street
6. *Full Name of Mother,* Sallie Dibbs
7. *Mother's Maiden Name,* Sallie Hudson
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* John Dibbs
10. *Father's Occupation,* tinner
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 848 west Pratt Street Baltimore

Remarks,

1 8 9 1 0 0 0 1 2 3 4

Real Estate of his Ward, &c. The full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, under the penalty of ten dollars for each offense. In case there is no practitioner in attendance upon the mother at the time of birth, or if the child be still born, then it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with this provision shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as the penalties aforesaid are recoverable.

898 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 6 1891

4. Place of Birth, (Street and Number) 832 Pennsylvania Ave.

5. Full Name of Mother, Mrs. Mary E. Gordon

6. Mother's Maiden Name, Mary E. Shadrick

7. Mother's Birthplace, Dorchester County Maryland

8. Full Name of Father, John Gordon

9. Father's Occupation, Hunter

10. Father's Birthplace, Norfolk Virginia

Name of Medical Attendant, or other person who makes this Return. Hinkley Gardner

Address, 1 E. Pleasant St.

Remarks,

1891 APR 10 CITY REGISTER

1 8 9 1 0 0 0 1 2 3 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons failing to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

694 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-1-52

RETURN OF A BIRTH.

A 30721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Frederick Büttner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 ed Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 26 — 91
4. Place of Birth, (Street and Number) 1512 Battery av.
5. Full Name of Mother, Caroline Büttner
6. Mother's Maiden Name, Brimm
7. Mother's Birthplace, Germany
8. Full Name of Father, John A. Büttner
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. Schaufler md

Address, 1032 Hanover st.

Remarks,

8 9 1 0 0 0 1 2 3 6

Every Physician, or other person who shall attend upon any case of birth, shall, within ten days after the birth, deliver to the Registrar of Vital Statistics, at the office of the Board of Health, a certificate of such birth, containing the information required by this section, and if no physician or other person shall attend upon any case of birth, then the father or mother of the child shall deliver such certificate to the Registrar of Vital Statistics, at the office of the Board of Health, within ten days after the birth. In the absence of the father and mother, immediately thereafter, the undertaker who shall bury any child dying before it shall have been registered, shall deliver such certificate to the Registrar of Vital Statistics, at the office of the Board of Health, within ten days after the burial. Any person who shall neglect or refuse to deliver such certificate as required by this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

30 2 46

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) color
3. Date of Birth, 26 of April
4. Place of Birth, (Street and Number) 4 14 mulberry ave
5. Full Name of Mother, Josphine Steward
6. Mother's Maiden Name, Josphine Lee
7. Mother's Birthplace, Dorchester county md
8. Full Name of Father, ~~A~~ Alexander Steward
9. Father's Occupation, waiter
10. Father's Birthplace, chester town

Name of Medical Attendant, or other person who makes this Return.

Address, calestin cook 108 Sheilds alley

Remarks, 1 8 9 1 0 0 0 1 2 3 7

and refusing to allow it to be performed, shall forfeit and pay a fine not exceeding fifty dollars for each offence. And any person who shall refuse to report the birth of any child as required by this section, or who shall report the birth of any child to be born at a time when he knows that such child will not be born alive, or who shall report the birth of any child as having been born at a time when he knows that such child was not born at that time, or who shall report the birth of any child as having been born of parents by whom he knows that such child was not born, or who shall report the birth of any child as having been born at a place where he knows that such child was not born, or who shall report the birth of any child as having been born at a time when he knows that such child was not born at that time, or who shall report the birth of any child as having been born of parents by whom he knows that such child was not born, or who shall report the birth of any child as having been born at a place where he knows that such child was not born, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30226.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 26, 1
4. Place of Birth, (Street and Number) 114 Hudson Alley
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Germany
8. Full Name of Father, [illegible]
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. M. C. Bart[illegible]
Address, 1100 E. Monument St.
Remarks, Live Male

1891000 1238

ENG. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30 N 7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 5 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 27th 1891
4. Place of Birth, (Street and Number) 836 Pierce St.
5. Full Name of Mother, Mrs Girtrude Hill
6. Mother's Maiden Name, Girtrude Dorsey
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, John Hill
9. Father's Occupation, Waiter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Hester Courlance

Address, 309 Preston St.

Remarks,

1 8 9 1 0 0 0 1 2 3 9

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of healing, and in other cases where such attendance is not required, it shall be the duty of the father or mother of such child, or in case of the absence or inability of both parents, the person or persons in charge of such child, to report the birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

888. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

E 30 248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 18 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 2, 1891
4. Place of Birth, (Street and Number) 69 Orchard St.
5. Full Name of Mother, Mrs Rosa Johnson
6. Mother's Maiden Name, Rosa Wallace
7. Mother's Birthplace, Baltimore City Maryland
8. Full Name of Father, John Wesley Johnson
9. Father's Occupation. Waiter
10. Father's Birthplace, Baltimore City Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Rosa Johnson

Address, 69 Orchard Street

Remarks,

1891000240

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required by this section to report such birth, then it shall become the duty of the owner or occupier of the house in which such birth occurs, or the mother, immediately thereafter, if she be able, to report the birth of the child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines. Forfeitures are recoverable.

498. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30711.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th Child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, April 29 — 91

4. Place of Birth, (Street and Number) 1016 Abbeys alley

5. Full Name of Mother, Catherin Siebert

6. Mother's Maiden Name, Hartman

7. Mother's Birthplace, Germany

8. Full Name of Father, Andrew Siebert

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. Schwarzer midwife

Address, 1032 Hanover st.

Remarks,

1 8 9 1 0 0 0 1 2 4 1

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of every physician, midwife or other person who shall hereafter attend upon any woman in labor, to make a return of every birth which shall occur, to the Commissioner of Health, within ten days after the occurrence of such birth, which return shall be made upon a certificate to be furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person required by this ordinance to make a return of such birth, make the same within the time above required, it shall become the duty of the mother, immediately thereafter, if able to do so, to make such return; and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

30750.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katie Strupp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th Child
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	
3. Date of Birth,	April 30 91
4. Place of Birth, (Street and Number)	45 little Church
5. Full Name of Mother,	Emilie Strupp
6. Mother's Maiden Name,	Reiger
7. Mother's Birthplace,	America
8. Full Name of Father,	Jacob Strupp
9. Father's Occupation,	Labarer
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Lehnasser midwife
Address,	1032 Hanover st.
Remarks,	

8 9 1 0 0 0 1 2 4 2

STATE BOARD OF HEALTH
NOV 9 1891
BALTIMORE

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the parent or parents of such child to report its birth, immediately thereafter, the same and within the period above required, and all other persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 30331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 8 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 30, 1891
4. Place of Birth, (Street and Number) 1533 Wilmer Alley
5. Full Name of Mother, Louisa Hall
6. Mother's Maiden Name, Louisa Hall
7. Mother's Birthplace, Carroll County Maryland
8. Full Name of Father, Samuel Brown
9. Father's Occupation, Sleader
10. Father's Birthplace, Carroll Md.

Name of Medical Attendant, or other person who makes this Return. Hester Courtance

Address, 509 Preston Street

Remarks,

1891000243

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 3rd
4. *Place of Birth, (Street and Number)*	309 E. Biddle St.
5. *Full Name of Mother,*	Annie V. Burnes
6. *Mother's Maiden Name,*	" Hamilton
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Jno W. Burnes
9. *Father's Occupation,*	Brakeman on Rail Road
10. *Father's Birthplace,*	Baltimore Co Md
Name of Medical Attendant, or other person who makes this Return.	W B Reamy M.D
Address,	621 E. C. Lear St
Remarks,	

1891000 1244

1891 J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30750.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 4 "
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 6 4 - 91
4. *Place of Birth, (Street and Number)*	505 Madison St.
5. *Full Name of Mother,*	Elizabeth ~~Lynch~~ McAlister
6. *Mother's Maiden Name,*	" Lynch
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Jno J. McAlister
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	W B Rey M D
Address,	62, E Chase St.
Remarks,	

1891000245

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

30254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 13th
4. Place of Birth, (Street and Number) 1427 McKinsey st.
5. Full Name of Mother, Sallie Turner
6. Mother's Maiden Name, Martin
7. Mother's Birthplace, Havana to Ina
8. Full Name of Father, Chas. H Turner
9. Father's Occupation, Conductor B&O.
10. Father's Birthplace, a. a. to Ina

Name of Medical Attendant, or other person who makes this Return, Duncan F Kirk

Address, 1401 W. Fayette

Remarks,

8910001246

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

over

RETURN OF A BIRTH.

30385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Francis Vitus Dicke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 15th - 1891
4. Place of Birth, (Street and Number) 204 N. Wolf St.
5. Full Name of Mother, Dora (Dicke) Dicke
6. Mother's Maiden Name, Dora Michael
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Vitus (Dicke) Dicke
9. Father's Occupation, Blacksmith & Wheelwright
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton, M.D.

Address, Walnut & Preston Sts

Remarks,

1891000247

The Return of each and every birth to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the mother herself shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parent who shall hereafter fail to comply with this section shall be subjected to the fine of ten dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

1891

1891. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30256.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20/91
4. Place of Birth, (Street and Number) 1007 Watson St.
5. Full Name of Mother, Ida Shwartzman
6. Mother's Maiden Name, Ida Yorkcroft
7. Mother's Birthplace, Russia
8. Full Name of Father, Charlie Shwartzman
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendent, or other person who makes this Return. Sara Shwartzman

Address, 19 Albermarle St.

Remarks,

1 8 9 1 0 0 0 1 2 4 8

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the premises of any institution or public hospital, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) White female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 April Aliceanna Street 1615
4. Place of Birth, (Street and Number) ~~Eigedomity~~ Kreis Hongroy
5. Full Name of Mother, Josepha Helinsky
6. Mother's Maiden Name,
7. Mother's Birthplace, Kreis Hongroiety
8. Full Name of Father, Martin Helinsky
9. Father's Occupation, Arbeiter
10. Father's Birthplace, Polan

Name of Medical Attendant, or other person who makes this Return, Mrs Schmidt

Address, 109 South Street

Remarks,

1891000 1249

Third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person than the parents of such child report the birth, the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother immediately after birth, shall report the same to the Registrar of Vital Statistics, who shall thereafter visit the premises and obtain the information required by this section. Penalties are recoverable.

BALTIMORE CITY

WM. J. O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30128.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th,
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 22nd.
4. Place of Birth, (Street and Number)	1124 Mulberry St.
5. Full Name of Mother,	Margaret Leber Hare
6. Mother's Maiden Name,	Margaret Leber
7. Mother's Birthplace,	Pennsylvania
8. Full Name of Father,	John N. Hare
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore Co. Md
Name of Medical Attendant, or other person who makes this Return.	Wilmer Winter. M.D.
Address,	Calvert & Preston Sts.
Remarks,	

1891 0001250

third day of each and every month to the officer or agent of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parent with whom such child or mother may be, within ten days after the birth of such child, to report the particulars of such birth to the Commissioner of Health, in the manner and form required, and duly sign such report; and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

BALTIMORE MD. DEC 1891

696. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall [illegible] the duty of the person or parents of such child to report its birth to the Commissioner of Health, [illegible] within the period above required, and any such person or [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] dollars for each offense, to be recovered as [illegible] forfeitures are recoverable.

MAY 2 1891
DEPARTMENT [illegible]

RETURN OF A BIRTH.

30259.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Apl 23a
4. *Place of Birth, (Street and Number)* 1609 W. Fayette
5. *Full Name of Mother,* Kate Knowles
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return. Armand F. Hill [illegible]

Address, 1401 W. Fayette St.

Remarks,

1 8 9 1 0 0 0 1 2 5 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30360.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 25/91
4. Place of Birth, (Street and Number) 218 W. Exeter St.
5. Full Name of Mother, Hana Tanojasky
6. Mother's Maiden Name, Hana Shneider
7. Mother's Birthplace, Russia
8. Full Name of Father, Shneider
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Dana Swartzmon

Address, 19 Albermarle St.

Remarks, 18910001252

498.—J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

NAME ADDED 2-14-54

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Edith Gertrude Maitenet

2. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eight
3. Sex, (child whether male or female)	Female
4. Color, (if not of the white race)	White. No
Date of Birth,	April 28, 1891
Place of Birth, (Street and Number)	1631 N. Broadway
5. Full Name of Mother,	Mattie A. Maitenet.
6. Mother's Maiden Name,	Mattie A. Lange
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Simon J. Maitenet. Jr.
9. Father's Occupation,	Ingineer Agent
Father's Birthplace,	Baltimore Maty
Name of Medical Attendant, or other Person who makes this Return.	J. P. Maitenet
Address,	1441 N. Clay Street
Remarks,	

1891 0001253

RECEIVED IN REGISTRAR'S OFFICE MAY 11 1891 BALTIMORE MD.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ONE

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White race
3. Date of Birth, 29th day of April 1891
4. Place of Birth, (Street and Number) 214 S. Castle Street
5. Full Name of Mother, Emma, Virginia, Liggs
6. Mother's Maiden Name, Emma, Virginia, Stanley
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Joseph, Meads, Liggs
9. Father's Occupation, Iron Molder
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. M. Knowles

Address,

Remarks, 1891000254

said relative shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days after birth and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, the householder or owner of the premises where such child was born shall report the same to the Commissioner of Health, in the manner and within the time above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED - 6/5/67

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Gladys Louise Fallin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* [illegible] 29
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* Rella Fallin
6. *Mother's Maiden Name,* Rella Lewis
7. *Mother's Birthplace,* Dorchester County Md
8. *Full Name of Father,* William H Fallin
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return. Mrs Hanna Gibson

Address, 21 N Madison St

Remarks,

1891 0001255

1891 DEC 10

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the mother or nurse in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth in the manner and within the time above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines shall be recoverable.

...J.C. DULANY & CO., CITY HUNTERS AND STATIONERS.

RETURN OF A BIRTH. A 30760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 30th 1891
5. Place of Birth, (Street and Number) #318 Zenth Street
6. Full Name of Mother, Annie M Freed
7. Mother's Maiden Name, " " Ebaugh
8. Mother's Birthplace, Pennsylvania
9. Full Name of Father, Jacob Freed
10. Father's Occupation, Railroader
11. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. R G Rankin M D

Address, #811 Jefferson Ave Baltimore Md

Remarks, 1891000256

MAY 1891 BALTIMORE

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, or should no other person be in attendance, the mother shall immediately thereafter it shall become the duty of the person or parent next in charge of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or parent who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 30765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 30th 1889

4. Place of Birth, (Street and Number) 42 S. Bond St.

5. Full Name of Mother, Mary Lizzie Murray.

6. Mother's Maiden Name, Mary Lizzie Robinson

7. Mother's Birthplace, Balto.

8. Full Name of Father, George

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. John B. Mennanin M.D.

Address, E. Lr. Colvert & Read on.

Remarks,

1891000 1257

DEC 2 1889

...y & Co., City Printers and Stationers.

...of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report to the Health Office the particulars required by this section, and also the sex, color and parentage of such child, and any such person or persons who shall neglect or refuse or fail to comply with the provisions of this section, shall be guilty of a misdemeanor, and on conviction thereof in the Criminal Court of Baltimore City shall be punished for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 30101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	30 April
4. *Place of Birth, (Street and Number)*	Eden Street 307
5. *Full Name of Mother,*	Mary Albert
6. *Mother's Maiden Name,*	Mary Kraus
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Albert
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ehrman
Address,	401 South Bond Street
Remarks,	1 8 9 1 0 0 0 1 2 5 8

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 30267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether 1st, 2d, 3d, &c.*~~) .....

Sex, (~~*state whether male or*~~ *female*) .....

Race or Color, (~~*if not of the white race*~~) .....

3. *Date of Birth*, 21 Dec 1891

4. *Place of Birth*, (Street and Number) 819 Druid Hill Avenue

5. *Full Name of Mother*, Mrs Lily Forrest Prudent

6. *Mother's Maiden Name*, Lily Forrest Moore

7. *Mother's Birthplace*, Martinsburg Shepherdstown Md.

8. *Full Name of Father*, Jos R. Prudent

9. *Father's Occupation*, Machinist

10. *Father's Birthplace*, Martinsburg Va

Name of Medical Attendant, or other person who makes this Return. B. F. Leonard M.D.

Address, 1 W Saratoga St Baltimore.

Remarks, 1 8 9 1 0 0 0 1 2 5 9

APR 2 1891 BALTIMORE MD.

Within ten days of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the limits of the city, but the parents or parent of such child shall reside within the limits of the city, the return shall be made by the person or parents of such child to report its birth to the Commissioners of Health, as aforesaid, immediately on his or their return to the city. In case the birth of any child shall occur on board any vessel in the harbor of Baltimore, the return shall be made by the master of such vessel, or by the person who shall have charge of such child, within ten days after the arrival of such vessel in the harbor of Baltimore. Any person or persons who shall neglect or refuse to make the return required by this section shall be subject to the fine of ten dollars for each offence. The returns required by this section are recognizable as other returns are recognizable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 3078

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or chil

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 2nd 1899
4. Place of Birth (Street and Number)	1611 Bolton St
5. Full Name of Mother	Mary Johnson
6. Mother's Maiden Name	Mary Mattson
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Lawrence Johnson
9. Father's Occupation	Laborer
10. Father's Birthplace	Kensington Randal Co Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. J. Bon Biddle M.D.
Address	
Remarks	

1 8 9 9 1 0 0 0 1 2 6 0

RETURN OF A BIRTH. A 30269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, apr 16/91
4. Place of Birth, (Street and Number) 108 Edgar Place Old
5. Full Name of Mother, Mrs Nellie Mitchell
6. Mother's Maiden Name, Nellie Horn
7. Mother's Birthplace, Balto
8. Full Name of Father, Rev Ira Mitchell
9. Father's Occupation, Minister
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A E Pole

Address, Madison ave & Eden st

Remarks,

5911000126 1

BALTIMORE MD APR 12 1891

WM J. C. BULLY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 30770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24 / 91
4. Place of Birth, (Street and Number) 105 Retreat St
5. Full Name of Mother, Sarah Carroll
6. Mother's Maiden Name, Sarah Brashear
7. Mother's Birthplace, Prince Georges Co
8. Full Name of Father, Thos Carroll
9. Father's Occupation, Policeman
10. Father's Birthplace, Prince Georges Co

Name of Medical Attendant, or other person who makes this Return, A S Pole

Address, Madison Ave & Lanvale St

Remarks, 89 | 000 | 262

Third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. Any physician, midwife or other person who shall neglect to report the birth of any child as required by this section, or who shall knowingly make any false report, or who shall report the birth of any child which shall occur without the attendance of a Physician, Midwife or other person, as the case may require, shall be guilty of a misdemeanor and upon conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense. And it shall be the duty of the Commissioner of Health to report to the State's Attorney for prosecution all violations of this section which may come to his knowledge. Any person who shall refuse or neglect to give the information required by this section, or who shall give false information, shall be guilty of a misdemeanor and upon conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense. All fines and penalties imposed and collected for violations of this section shall be paid into the City Treasury. Penalties may be recovered as other fines are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 3077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Apr. 2 1891
4. Place of Birth, (Street and Number) 2001 Eutaw Place
5. Full Name of Mother, Katie L. ~~Baker~~ George
6. Mother's Maiden Name, Katie L. Baker
7. Mother's Birthplace, Balto Co.
8. Full Name of Father, I. Stewart George
9. Father's Occupation, merchant
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other Person who makes this Return. A Cable
- Address, Nelson & Bloom Sts
- Remarks,

MAY 12 1891

B. OF HEALTH

1 8 9 1 0 0 0 1 2 6 3

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 3077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) F

Race or Color, (if not of the white race) Wht

Date of Birth, Apr 26/91

Place of Birth, (Street and Number) 1121 Mulberry St

5. Full Name of Mother, Rose Landon

6. Mother's Maiden Name, Rose Johnson

7. Mother's Birthplace, Ithaca NY

8. Full Name of Father, Herbert Landon

9. Father's Occupation, Frame Manufact.

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A G Pole

Address, Madison Ave & Biddle St

Remarks, 6 9 1 0 0 0 1 2 6 4

DEPT. OF HEALTH CITY JAN 12 1892 BALTIMORE MD

and who shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, a report of the birth of any child born during the preceding month, and shall state in such certificate if the mother of such child be living or dead, and if living, whether married or single, and shall also state the birth of any child which may be born after the making of such certificate, if the same shall occur before the making of the next monthly certificate. If such practitioner shall neglect or refuse to make such certificate, or to report the birth of any child which may be born after the making of such certificate, as herein required, he shall be subject to the penalty of a fine of not less than ten dollars nor more than fifty dollars for each offence, to be recovered in the manner and by the proceedings prescribed in section 1 of article 12 of the Code of Public Local Laws of Maryland.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 31773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 7th 1891
4. *Place of Birth, (Street and Number)*	403 Mulberry Street
5. *Full Name of Mother,*	Katie Litz
6. *Mother's Maiden Name,*	Katie Maltz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Litz
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Emma Hoffman
Address,	518 W. Hoffman St
Remarks,	

8 9 1 0 0 0 1 2 6 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* April 9 1891
5. *Place of Birth, (Street and Number)* 543 W Hoffman Street
6. *Full Name of Mother,* Emma Coleman
7. *Mother's Maiden Name,* Emma Wenzell
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* James H Coleman
10. *Father's Occupation,* Driver
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Wenzell

Address, 543 W Hoffman St

Remarks, 891000126

MAY 12 1891

BALTIMORE

HEALTH

DEPT.

Every birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to a physician or practitioner as the case may be, to the Commissioner of Health, or to such person or parents of such child to report the birth of any child who shall be appointed by the Commissioner of Health to receive the same; and should no other person be in attendance upon the mother immediately before and after the birth, it shall be the duty of the person or parents of such child to report the birth as aforesaid. Every neglect or refusal to comply with the requirements of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12 th 1891
4. Place of Birth, (Street and Number) 1426 Hollen Avenue
5. Full Name of Mother, Kate Zimmerman
6. Mother's Maiden Name, Hall
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Zimmerman
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Ulmanzell

Address, 542 W Hoffman Street

Remarks,

1 8 9 1 0 0 0 1 2 6 7

MAY 13 1891

BALTIMORE CITY REGISTRAR

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Registrar of the Commissioners of Health. To each birth of a child who shall occur without the attendance of a physician or practitioner of any theory or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report the same to the Registrar of Births, &c., within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 12 of April
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Ida Martin
6. Mother's Maiden Name, Ida Lloyd
7. Mother's Birthplace, Maine
8. Full Name of Father, William Lloyd
9. Father's Occupation, Coal Onalers
10. Father's Birthplace, New Jersey

Name of Medical Attendent, or other person who makes this Return, Angeline Nelson

Address, 218 N. Carey St.

Remarks, 1891000 1268

BALTIMORE

...shall schedule shall be delivered, duly signed, to the proper Registrar of the District, a certificate between the first and third day of each and every month to the Registrar of Births, &c., of the District, which shall occur without the attendance of a physician, and the duty required by this section shall be performed by the attending physician or midwife, or if there be none, by the nearest relative present at the birth, or in case there be no relative present, by the person in charge of the premises where the birth occurs. In case the birth of any child shall occur without the attendance of a physician, midwife or relative, the duty required by this section shall be performed by the occupant of the house in which the birth occurs. Any such person or persons who shall neglect or refuse to perform the duties required of him or them by this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 31717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 of April
4. Place of Birth, (Street and Number) 216 Pine St
5. Full Name of Mother, Jannie Wilson
6. Mother's Maiden Name, Hannah
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Wilson
9. Father's Occupation, Painter
10. Father's Birthplace, Virginia

Name of Medical Attendent, or other person who makes this Return. Caroline Wilson

Address, 218 East Lee St

Remarks, 1891000126 9

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur without the attendance of a practitioner, or midwife, the person or parents of such child to whom the duty of registering the same shall become due within the time above required, and who shall neglect immediately thereafter it shall become the duty of the person in charge of the house in which the birth occurred to make the above return, and in case the birth occurred elsewhere than in a house, the person in charge of the house nearest to the place where the birth occurred shall be required to make the above return. Any practitioner, midwife or person who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30378.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) child 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 of april
4. Place of Birth, (Street and Number) 402 W. Lexington St
5. Full Name of Mother, Lizzie Lincoln
6. Mother's Maiden Name, Lizzie Rice
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fredrick Rice
9. Father's Occupation, Glass Blower
10. Father's Birthplace, Germany

Name of Medical Attendent, or other person who makes this Return. Dr. Chas Wilson

Address, 218 N. Eden St

Remarks, [illegible]

1 8 9 1 0 0 0 1 2 7 0

BALTIMORE MD. MAY 3 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 10 April
4. Place of Birth, (Street and Number) 20 N Hamburg St
5. Full Name of Mother, Maggie Boden
6. Mother's Maiden Name, Maggie Brogan
7. Mother's Birthplace, Lower County
8. Full Name of Father. Ben Boden
9. Father's Occupation. Waiter
10. Father's Birthplace, Balto

Name of Medical Attendent, or other person who makes this Return. Dr Lee Dodson

Address, 28 St Paul St

Remarks,

8910001271

BALTIMORE CITY DEPARTMENT OF HEALTH

MAY 22 1891

REGISTERED

Every child born within the City of Baltimore shall be registered, and for the purpose of registration it shall be the duty of the physician or midwife in attendance upon the mother, or in case there be no physician or midwife in attendance, then it shall be the duty of the father, householder or other person having knowledge of the facts, to report the birth of such child to the Commissioner of Health, in the manner and within the time prescribed by the ordinances of the City of Baltimore. This certificate, duly signed by the practitioners in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioners in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or householder of such premises where such birth occurred, and in case there be no father or householder, then of the person having knowledge of such birth, to report the same to the Commissioner of Health, in the manner and within the time prescribed by the ordinances of the City of Baltimore. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 317 80.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 17 of April 1891
4. Place of Birth, (Street and Number) 20 N. Green St
5. Full Name of Mother, Anna Hackett
Mother's Maiden Name, Anna Chapman
7. Mother's Birthplace, Balto
8. Full Name of Father, Jerome Hackett
9. Father's Occupation, Brick yard
10. Father's Birthplace, Balto
Name of Medical Attendent, or other person who makes this Return. Angeline Wilson
Address, 218 N. Green St.
Remarks, 1891000272

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month after the birth of any child to the Registrar of Vital Statistics, or to such other person as the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person report such birth as above required, it shall become the duty of the mother, and in case of her inability, of the person in charge of such child to report its birth to the Commissioner of Health in the manner and within the time above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of fifty dollars for each offense. No fee recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. Born St.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 14 1911
4. Place of Birth, (Street and Number) 405 Chapel street
5. Full Name of Mother, Jennie B. Ruffel
6. Mother's Maiden Name, Jennie Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Ruffel
9. Father's Occupation, Shoe maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Anna Meyer M.D.

Address, 643 Mc Henry st

Remarks,

1891000127 3

BALTIMORE MAY 25 1911

Any person who shall neglect or refuse to comply with the provisions of the ordinance to which this is a supplement, shall be subjected to the fine of ten dollars for each offense, and each day's neglect to make such return shall be deemed a separate offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second 2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color. (if not of the white race)*	White
3. *Date of Birth,*	April 18th 1891
4. *Place of Birth, (Street and Number)*	2117 Lexington street
5. *Full Name of Mother,*	Mary Mc Cusker
6. *Mother's Maiden Name,*	Mary O Connell
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	William H Mc Cusker
9. *Father's Occupation.*	Mfg Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Miss Anna A Mc Donnell
Address,	2172 Mc Henry street
Remarks,	1891000274

PRINTED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 13 1891

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2d Child and
1. Sex, (*state whether male or female*) Female
2. Race or Color, (*if not of the white race*) White
3. Date of Birth, April 1
4. Place of Birth, (*Street and Number*) 1324 Baulein Alley
5. Full Name of Mother, Julia Kamer
6. Mother's Maiden Name, Julia Heimler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Kamer
9. Father's Occupation, Brass Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. [illegible]

Address, 143 Eff Fielder Ave

Remarks, 1891000 1275

Each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the limits of an institution or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 27th 1891
4. *Place of Birth, (Street and Number)*	1709 Eutaw Place
5. *Full Name of Mother,*	Martha Schiller
6. *Mother's Maiden Name,*	Martha Schumacher
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Charles Schiller
9. *Father's Occupation.*	Florist
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Dr. Anna Hessinger
Address,	543 Mc Mechen St
Remarks,	

1891 0001276

MAR 13 1891

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practical midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence. Fines under this section are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 36088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 28 nd 1891
4. Place of Birth, (Street and Number) 1307 N Fremont Street
5. Full Name of Mother, Clara Brauckhoff
6. Mother's Maiden Name, Clara Brauckhoff
7. Mother's Birthplace, Germany
8. Full Name of Father, Gustave Brauckhoff
9. Father's Occupation, Collector
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Hemmerle

Address, 543 W Hoffman Street

Remarks,

1891000127 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A30286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Annie Winnefred Droney

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 22nd 91
4. Place of Birth, (Street and Number)	8 E. Henrietta St
5. Full Name of Mother,	Annie Droney
6. Mother's Maiden Name,	McDermott
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Martin J. Droney
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Harry M Stabler
Address,	403 Hanover St
Remarks,	5910001278

MAY 14 1891 A.B. STATISTICIAN

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or midwife, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner above required, and any person or persons neglecting or refusing to comply with the provisions of this section shall be subject to the fine of ten to ... dollars for each offense. To ... shall be recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 1 0 0 0 1 2 7 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur without the attendance of a physician or midwife, then the parent, householder or other person in charge of the person or parents of such child, within ten days after the birth, shall report the same to the Commissioner of Health, in manner and form as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, which fine or penalty may be sued for and recovered.

MAY 15 1891

RETURN OF A BIRTH A 30288.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st [illegible] Kind

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) White
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, 1891000128 0

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the mother, within the time required, and each person present within ten days after the birth, to report the same to the Registrar, and any person or persons [illegible] shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten [illegible] dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 30289.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fünfter zum Ist. Kind.

Sex, (state whether ~~male~~ or female) weiblich

Race or Color, (if not of the white race) weiß

3. Date of Birth, Zum 2 April

4. Place of Birth, (Street and Number) Linn Strasse N. 1000.

5. Full Name of Mother, Mary Greger

6. Mother's Maiden Name, Mary Neuman

7. Mother's Birthplace, Böhmen

8. Full Name of Father, Karl Neuman

9. Father's Occupation, Grocer

10. Father's Birthplace, Böhmen

Name of Medical Attendant, or other person who makes this Return. Mary Hanzlik

Address, P. Eager Strasse

Remarks,

8 9 1 0 0 0 1 2 8 1

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, or if the said attendant or midwife shall neglect to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

...SEC. 3. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the birth of any child to be registered without the attendance of a Physician or Midwife, on the application of the parent or parents of such child, or of the person having the charge of the same, and no other person shall be entitled to receive any fee for registering the birth of any child, unless he shall have been present at the birth of such child, and shall have been requested by the parent or parents, or person having the charge of the same, to register the birth of such child.

...SEC. 4. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 5. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 6. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 7. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 8. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 9. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 10. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 11. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 12. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 13. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 14. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 15. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 16. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 17. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 18. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 19. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 20. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 21. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 22. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 23. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 24. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 25. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 26. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 27. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 28. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 29. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 30. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 31. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 32. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 33. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 34. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 35. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

...SEC. 36. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be printed in such form as to require the following information, viz: The number of the child of the mother, whether first, second, third, &c.; the sex of the child; the race or color of the child; the date of birth; the place of birth, (street and number); the full name of the mother; the maiden name of the mother; the birthplace of the mother; the full name of the father; the occupation of the father; the birthplace of the father; the name of the medical attendant, or other person who makes the return; the address of the medical attendant, or other person who makes the return; and such remarks as may be necessary.

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...SEC. 73. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the blanks for the registration of births to be

RETURN OF A BIRTH. A 36240.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the limits of this city, and the parents thereafter shall become residents of this city, it shall be the duty of the attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine or fines for each offense, to be recovered as other fines and penalties are recoverible.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 3, 1891
4. *Place of Birth, (Street and Number)*	1107 Fifting St.
5. *Full Name of Mother,*	Sarah Mowcark
6. *Mother's Maiden Name,*	Sarah S. Hyson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Mowcark
9. *Father's Occupation,*	Boiler maker
10. *Father's Birthplace,*	St. Georges Del.
Name of Medical Attendant, or other person who makes this Return.	Mr. Cosby
Address,	213 E. Heath St
Remarks,	Living Well

1 8 9 1 0 0 0 1 2 8 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 4, 1891
4. Place of Birth, (Street and Number)	11 Westfall St
5. Full Name of Mother,	Magdalene Stumph
6. Mother's Maiden Name,	Magdalene Stumph
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Carl Christian Stumph
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	M. R. Cosgrey
Address,	213 E. Heathst
Remarks,	Doing Well

1 8 9 1 0 0 0 1 2 8 3

Every physician or midwife who shall attend upon any case of birth, or other person who shall be present at any birth, shall, within ten days thereafter, report to the Commissioner of Health the birth of any child which may have occurred, and every month to the office of the Commissioner of Health. In case no physician or midwife or other person be in attendance upon the mother, the householder or other person who shall receive information of the birth of any child shall report the same as required by this section. Any physician or midwife who shall neglect or refuse to make the report required, and any householder or person who shall hereafter fail to comply with the provisions of this section, shall be liable to a penalty of not less than two dollars nor more than ten dollars for each offense, to be recovered as other fines and forfeits are now recoverable.

RETURN OF A BIRTH.

A 30792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, Dec 6 1903
4. Place of Birth, (Street and Number) 209 St. Gay 11
5. Full Name of Mother, Rachel Fried
6. Mother's Maiden Name, " Hall
7. Mother's Birthplace, Balto Co.
8. Full Name of Father, Meyer Fried
9. Father's Occupation, Salesman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs R. Illig

Address, 602 Hollins 11

Remarks,

1891000128 4

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 10 April
4. Place of Birth, (Street and Number) 1319 E Pratt St
5. Full Name of Mother, Rosa Lessler
6. Mother's Maiden Name, " Spandner
7. Mother's Birthplace, Europe
8. Full Name of Father, Louis Lessler
9. Father's Occupation, Jeweler
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs R Gi[illegible]

Address, 302 Holland

Remarks,

8910001285

MORE NO.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, April 12 th
4. Place of Birth, (Street and Number) 1636 E Balto St
5. Full Name of Mother, Rachel Greenberg
6. Mother's Maiden Name, " Rines
7. Mother's Birthplace, Balto
8. Full Name of Father, Meyer Greenberg
9. Father's Occupation, Peddler
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mrs R Hillig

Address, 1302 Hollins St

Remarks,

8 9 1 0 0 0 1 2 8 6

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 3079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12 - 1891
4. Place of Birth, (Street and Number) 1635 N. Bond st.
5. Full Name of Mother, Josephine E. Pinning
6. Mother's Maiden Name, " " Luber
7. Mother's Birthplace, City
8. Full Name of Father, Frank E. Pinning
9. Father's Occupation, Contractor
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. E. C. Kerby, M.D.

Address, 1201 N. Eden st.

Remarks,

1891000 1287

BAL. MORE, MD.

...the & Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 30794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 15 April
4. Place of Birth, (Street and Number) 523 A. Eden St.
5. Full Name of Mother, Mary Lang
6. Mother's Maiden Name, " Walsh
7. Mother's Birthplace, Balto
8. Full Name of Father, David Lang
9. Father's Occupation, Baker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. B. Miller

Address, 502 Holland

Remarks,

8 9 1 0 0 0 1 2 8 8

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the father of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of Twenty dollars for each offense, to be recovered by other fines forfeitures are recoverable.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30397.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
2. Sex, (state whether male or female) Male
3. Race, or Color, (if not of the white race) Colored
4. Date of Birth, 12 April
5. Place of Birth, (Street and Number) 1148 Low St
6. Full Name of Mother Lidia Roles
7. Mother's Maiden Name, Smith
8. Mother's Birthplace, Balto
9. Full Name of Father, William Roles
10. Father's Occupation, Car Wake
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs. R. Ellis

Address, 1862 Holland St

Remarks,

1891000289

Shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the father, immediately thereafter it shall become and within the period above required, and shall report the birth to the Commissioner of Health, and shall comply with the provisions of this section shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than ten dollars nor more than one hundred dollars, and each person or persons who shall be guilty of such offense, to be recovered as other fines are recoverable. Jected to the fine of

BALTIMORE CITY REGISTRAR'S OFFICE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 6 April

4. Place of Birth, (Street and Number) 142 Asquith N

5. Full Name of Mother, Bessie Milnick

6. Mother's Maiden Name, Schreiber

7. Mother's Birthplace, England

8. Full Name of Father, Jacob Milnick

9. Father's Occupation, Lawyer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Wm R Mills

Address, 1902 E Monument

Remarks, Doctor

891000290

Shall occur without the attendance of a physician or midwife one of such officers, or should no other person be in attendance, then the mother, shall within five days thereafter, if able, and if not able within five days after she shall be able, cause the birth of such child to be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of one hundred (100) dollars for each offense, to be recovered as by law fines and forfeitures are recoverable.

APR 7 1891

APR 11 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
2. Sex, (state whether male or female) F.
3. Race or Color, (if not of the white race) Col.
4. Date of Birth, April 17 1891
5. Place of Birth, (Street and Number) 110 Brady ave
6. Full Name of Mother, Sabra Anne Clay
7. Mother's Maiden Name, " " Malone
8. Mother's Birthplace, Glyndon, Balt Co. Md
9. Full Name of Father, William F. Clay
10. Father's Occupation, Milkman
11. Father's Birthplace, Harford Co. Md
12. Name of Medical Attendant, or other person who makes this Return. C. G. Heuer
13. Address, 713 York Road
14. Remarks, 8910001291

BALTIMORE MD. 1891

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fünf & Rind
2. Sex, (state whether male or female) weiblich
3. Race or Color, (if not of the white race) Weiß
4. Date of Birth, Fünf 20 April
5. Place of Birth, (Street and Number) Baltimore Strid 2033.
6. Full Name of Mother, Ellis L Pezil
7. Mother's Maiden Name, Ellis Lina
8. Mother's Birthplace, Baltimore
9. Father's Occupation, Kief
10. Father's Birthplace, Bayern

Name of Medical Attendant, or other person who makes this Return. Mary Hanzlik

Address, S. Eutaw St. 12030

Remarks,

8910001292

Shall neglect without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth of a child, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and in case of the failure of either of the persons above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 30301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 26 April
4. Place of Birth, (Street and Number) 906 Orleans St
5. Full Name of Mother, Christina Kaffel
6. Mother's Maiden Name, Kibler
7. Mother's Birthplace, Balto
8. Full Name of Father, Edward Kaffel
9. Father's Occupation, Baker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs R. Ellis

Address, 1309 Holland St

Remarks,

8910001293

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother immediately thereafter is shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ... dollars for each offense, to be recovered in the same manner as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 30307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, April 26
4. Place of Birth (Street and Number), 2000 Hanson Ct
5. Full Name of Mother, Jane E Beauchamp
6. Mother's Maiden Name, " " Bond
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Saml C Beauchamp
9. Father's Occupation, Hunter
10. Father's Birthplace, Eastern Shore Md

Name of Medical Attendant or other person who makes this Return. M S Schell

Address, 1940 Broad Hill Ave

Remarks,

8910001294

The physician or practitioner of midwifery, or should no other person be in attendance, then the mother, immediately hereafter shall become the duty of the person or parent of each child to report to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., Office Printers and Stationers

RETURN OF A BIRTH A 30303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st with Twin
2. Sex, (state whether male or female) male
3. Race or Color, (if not of the white race) White
4. Date of Birth, June 29 April
5. Place of Birth, (Street and Number) Washington Point No 902
6. Full Name of Mother, Anna Hellman
7. Mother's Maiden Name, Anna Hellman
8. Mother's Birthplace, Switzland
9. Full Name of Father, Johan Hellman
10. Father's Occupation, Butcher
11. Father's Birthplace, Switzland

Name of Medical Attendant, or other person who makes this Return. Mary Hamlik
J. Eager Point No 130

Address,

Remarks, 8910001295

MAY 15 1891 BALTIMORE MD

All agent who shall be guilty of any neglect or malfeasance in the discharge of a position or practitioner of midwifery, or should no other person be in attendance upon the mother, shall immediately thereafter, it shall become and within the period above required, and child to report the birth to the Commissioner of Health, to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered, other lines are reconvertible.

SEE J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 30304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st with Twin
2. Sex, (state whether male or ~~female~~) male
3. Race or Color, (if not of the white race) white
4. Date of Birth, Dec 29 1890
5. Place of Birth, (Street and Number) Dallas Street No 918
6. Full Name of Mother, Josefina Mary
7. Mother's Maiden Name, Josefina Mares
8. Mother's Birthplace, Bohemia
9. Full Name of Father, Antonia Mares
10. Father's Occupation, Glassblower
11. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Geraghty

Address, 9 E. Eager St 2030.

Remarks,

8 9 1 0 0 0 1 2 9 6

MAY 15 1891

shall seem without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall wilfully neglect or refuse to make such report, as required by this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines are recoverable.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 30308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twelfth Child
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) Negro
4. Date of Birth, Dec 27 1890
5. Place of Birth, (Street and Number) Wolf Street No 718.
5. Full Name of Mother, Sophia Echola
6. Mother's Maiden Name, Sophia Lang
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Lang
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Hamlik
Address, 1 Eager Street
Remarks,

8 9 1 0 0 0 1 2 9 7

MAY 15 1891

which occur within the attendance of a physician or practitioner of mid... or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health. In the matter of the... period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be collected in the same manner as other fines are recoverable.

...MORE...

...CITY...

...ORE. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st with Twin

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 30 April

4. Place of Birth, (Street and Number) Chester Street 717.

5. Full Name of Mother, Mary Alba

6. Mother's Maiden Name, Mrs Sarek

7. Mother's Birthplace, Bavaria

8. Full Name of Father, Johann Sarek

9. Father's Occupation, Zimmerman

10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other person who makes this Return. Mary Hanzlik

Address, 1 E Eager Street 21202

Remarks,

8 9 1 0 0 0 1 2 9 8

penalty occur who fails to comply with the provisions of this section. And it shall become the duty of the person or parents of such child, next in age, living in the city, to perform the duties required, and subject to the like penalty for each offense, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st w[illegible] Child
2. Sex, (state whether ~~male~~ or female) weiblich
3. Race or Color, (if not of the white race) weiß
4. Date of Birth, 30 März
5. Place of Birth, (Street and Number) Lurfurm Druid 1019
6. Full Name of Mother, Ella Klaina
7. Mother's Maiden Name, Ella Ruzitka
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Frank Ruzitka
10. Father's Occupation, Painter
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Hanglik
J. Eager

Address,

Remarks,

8 9 1 0 0 0 1 2 9 9

If the above return be not made within the time prescribed by law, the person or persons who shall neglect or refuse to make such return, or who shall make a false return, shall be guilty of a misdemeanor, and shall be liable to a penalty of not less than five dollars nor more than fifty dollars for each offense, to be recovered as other fines and penalties are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 17 1911
CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 14 1911
4. Place of Birth, (Street and Number) 119 Central Ave
5. Full Name of Mother, Annie Shlatis
6. Mother's Maiden Name, Cooler
7. Mother's Birthplace, Russia
8. Full Name of Father, Wm Shlatis
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Thompson

Address, 412 Aliceanna St

Remarks,

8910001300

shall occur without the attendance of a physician or practitioner of midwifery, or shall die without having been seen during sickness by a physician or practitioner of midwifery, or shall die from any unusual cause, the person having charge of the body shall forthwith notify the Commissioner of Health thereof, and shall not remove the body from the house or place where the death occurred until permission shall have been given by the Commissioner of Health or his deputy, or by the Coroner, unless the Commissioner of Health or his deputy shall have failed to attend within twelve hours after notice of death shall have been given to him, and any person violating any of the provisions of this section shall be subject to a fine of not more than fifty dollars for each offense, to be recovered as other forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

30309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, 23rd April 1891
4. Place of Birth, (Street and Number) 1116 Low Street
5. Full Name of Mother, Ida Goldman
6. Mother's Maiden Name, Berman
7. Mother's Birthplace, Russia
8. Full Name of Father, Jake Levin
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Wm. E. Scherman

Address, 43 Lexington Street

Remarks,

8910001301

CITY OF BALTIMORE APR 27 1891 REGISTRAR'S DEPARTMENT

...shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the father of such child to report its birth to the commissioner of health, within the period above required, and any such person or persons who shall neglect or refuse to make such report, shall be subject to the fine of ... dollars for each ... forfeitures are recoverable.

...ANY CHILD ... BORN ... IN ... CITY ... SHALL ... REGISTERED ... BY ... PENALTY ...

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 19 1891 CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 31st May 1891

4. Place of Birth, (Street and Number) 603 S. Wolfe St

5. Full Name of Mother, Anna Pollack

6. Mother's Maiden Name, Pell

7. Mother's Birthplace, Prussia

8. Full Name of Father, Casper Pollack

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, E. Thayer

Address, 42 Aliceanna St.

Remarks,

8 9 1 0 0 0 1 3 0 2

WM J C BULANY CO CITY PRINTERS AND STATIONERS

shall incur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother herself), (hereafter it shall become the duty of the person or parents of such child to report it forthwith to the Commissioner of Health, and within ten days thereafter to furnish the certificate required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of [illegible] dollars for each offense, to be recovered as other forfeitures are recoverable

RETURN OF A BIRTH. A 30311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 1891 CITY OF BALTIMORE

1. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, 29th April 1891
5. Place of Birth, (Street and Number) 1317 S. Forrest St
6. Full Name of Mother, Rachel Goller
7. Mother's Maiden Name, Weiss
8. Mother's Birthplace, Russia
9. Full Name of Father, Leybolter
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, H. Schuman

Address, 1211 Aisquith St

Remarks,

1 8 9 1 0 0 0 1 3 0 3

attendance upon the mother, immediately thereafter. It shall become the duty of the person required to report a birth to report the death of such child, in the manner and within the period above required. Such report shall be given to the Commissioner of Health, in the manner prescribed by him. Any person neglecting to make such report, as herein required, shall be subject to the fine of not more than twenty dollars, to be recovered as other fines are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

Sex, (state whether male or female) female

Race or Color, (if not of the white race) colord

Date of Birth, 1891 april 25

Place of Birth, (Street and Number) york st 122

5. Full Name of Mother, fannie owen

6. Mother's Maiden Name, fannie foster

7. Mother's Birthplace, talbert County

8. Full Name of Father, John mose

9. Father's Occupation, Brick yard

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary macka

Address, R. L. Cooke

Remarks, a full nine months child

1 8 9 1 0 0 0 1 5 0 4

Wm. J. C. Dulany Co. City Printers and Stationers

RETURN OF A BIRTH. A 30313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Mary Elizabeth Hafemeister

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* [illegible]
2. *Sex, (state whether male or female)* Female.
3. *Race or Color, (if not of the white race)* White.
4. *Date of Birth,* April 21st 1891.
5. *Place of Birth, (Street and Number)* 1525 E. Baltimore St.
6. *Full Name of Mother,* Lizzie Hafemeister.
7. *Mother's Maiden Name,* Lizzie Lange.
8. *Mother's Birthplace,* Germany.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Dr. C. Engle.

Address, 1607 E. Baltimore St.

Remarks,

8910001305

attendance upon the mother immediately hereafter, it shall become the duty of the person in charge of such child within ten days after the birth of such child, to report the same to the Commissioner of Health, in the manner required by law. In the matter of any such birth, which shall hereafter occur, any such person or persons, who shall hereafter fail to comply with the requirements of this section, shall be fined and forfeiture are recoverable. jected to the fine of ten (10) dollars for each offense, to be recovered

CITY OF BALTIMORE

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30,314.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	april 6 '91
4. Place of Birth, (Street and Number)	1361 N Calhoun St
5. Full Name of Mother,	Mrs Margt Fitz
6. Mother's Maiden Name,	" Ostenderf
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Geo. Fitz
9. Father's Occupation,	Druggist
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	T C Worthington MD
Address,	840 W Fayette
Remarks,	

8 9 1 0 0 0 1 3 0 6

CITY OF BALTIMORE

attendance upon the mother, immediately thereafter. It shall be the duty of the person in charge of any institution, or of the keeper of any lodging-house, in which a birth occurs, or of the parent of such child to report its birth to the Commissioner of Health, within ten days thereafter, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 30538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	april 10 '91
4. Place of Birth, (Street and Number)	819 Robert St
5. Full Name of Mother,	mrs Annie Biggins
6. Mother's Maiden Name,	" Miller
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wm R Biggins
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Balto md
Name of Medical Attendant, or other person who makes this Return.	T C Worthington M D
Address,	840 W. Lafayette
Remarks,	8910001307

attendance upon the mother immediately thereafter. It shall also be the duty of the person or parents of such child to report said birth to the Commissioner of Health, in the manner required in the 2d above recited section, and any such person or persons who shall hereafter fail to comply with the requirements of said section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 30316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* April 13th 1891
5. *Place of Birth, (Street and Number)* 306 N. Stricker St.
6. *Full Name of Mother,* Bertha Botelen
7. *Mother's Maiden Name,* Dodson
8. *Mother's Birthplace,* A. A. Co. Md
9. *Father's Occupation,* Foreman Fireman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. John Neff

Address, 704 N. Gilmor Ave

Remarks,

1 8 9 1 0 0 0 1 3 0 8

CITY OF BALTIMORE 1891

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. # 3037.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3=1
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 26 = 1891
5. Place of Birth, (Street and Number) 426 N. Arlington Ave
6. Full Name of Mother, Annie Griffin
7. Mother's Maiden Name, Fahey
8. Mother's Birthplace, Balto
9. Full Name of Father, Jas. E. Griffin
10. Father's Occupation, Machinist
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, John Seth M.D.

Address, 701 N. Carrollton Ave

Remarks, 8910001309

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30318.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 27th 1891
4. Place of Birth, (Street and Number) 1147 Hanover St. n Conn. Ave
5. Full Name of Mother, Mary Corkery
6. Mother's Maiden Name, Welch
7. Mother's Birthplace, Ireland
8. Full Name of Father, Michael Corkery
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. John Nolt

Address, 701 N. Carrollton Ave

Remarks,

8 9 1 0 0 0 1 3 1 0

CITY OF BALTIMORE

Ordinance 1908. The mother, immediately after the birth of each child, and the physician, midwife or other person in attendance upon the mother, immediately after the birth of such child is required to report its birth to the Commissioner of Health, and in default of such report, each of the persons required to report as aforesaid, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not less than five dollars nor more than fifty dollars for each offense. Any such person or persons who shall hereafter neglect or refuse to make the report required by this section shall be subjected to the fine of ten (10) dollars for each offense and forfeiture are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30219.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 30. 1891
4. Place of Birth, (Street and Number) 1506 Preston St
5. Full Name of Mother, Jennie E Brown
6. Mother's Maiden Name, Wanner
7. Mother's Birthplace, Ireland
8. Full Name of Father, Joseph Brown
9. Father's Occupation, Insurance Manager
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. E Lane Tannyhill

Address, 1103 Madison ave

Remarks,

8 9 1 0 0 0 1 3 1 1

attendance upon the mother. Immediately hereafter the ... of the house in which the birth occurred, or the ... person or parents of such child to report its birth to the Commissioner of Health, ... the name of said child within the period above required, and any such person or persons who shall hereafter ... comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. ... forfeitures are recoverable.

CITY OF BALTIMORE

... J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1st 1891.
4. Place of Birth, (Street and Number) 29 E Lanvale St
5. Full Name of Mother, Mary Ida Hafner
6. Mother's Maiden Name, " " Duncan
7. Mother's Birthplace, " " Ball
8. Full Name of Father, Wm Isaac Hafner
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return E. Neale Porter

Address, 314 N Paca

Remarks, 8 9 1 0 0 0 1 3 1 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 30371.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* April 20th 1891
5. *Place of Birth, (Street and Number)* 1216 Myrtle Ave
6. *Full Name of Mother,* Maria McIntyre
7. *Mother's Maiden Name,* Mary McEntire
8. *Mother's Birthplace,* Md
9. *Full Name of Father,* James McIntyre
10. *Father's Occupation.* Blacksmith
11. *Father's Birthplace.* Md

Name of Medical Attendant, or other person who makes this Return. D. J. Keller M.D.

Address, 222 N. Monument St.

Remarks, 8 9 1 0 0 0 1 3 1 3

CITY OF BALTIMORE

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24th 1891
4. Place of Birth, (Street and Number) 502 Jefferson st
5. Full Name of Mother, Mary Ellen Henderson
6. Mother's Maiden Name, " " Etzler
7. Mother's Birthplace, Balto
8. Full Name of Father, William C. Henderson
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, L E Hopkins

Address, 610 Mc Culloh

Remarks,

8 9 1 0 0 0 1 3 1 4.

HEALTH DEPARTMENT JUN 1891 CITY OF BALTIMORE

ORIG. J.C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 27 April
4. Place of Birth, (Street and Number) 10 35 Harford Ave.
5. Full Name of Mother, Mary Lizzie Scholl
6. Mother's Maiden Name,
7. Mother's Birthplace, Balt
8. Full Name of Father, Joseph Snyder
9. Father's Occupation, horseshoer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 N. Carr. Ave.

Remarks, 1891000 1315

CITY OF BALTIMORE

In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the father of such child, or the person or parents of such child occupying the house where the birth occurs, shall be subject to the fine of ten dollars for each offence.

The Commissioner of Health may require a certificate of birth to be made by any person who shall be in attendance upon the mother, and such person shall comply with such requirement, and shall be subject to the fine of ten dollars for each offence. In the absence of such certificate, the record of birth shall be subscribed by the father or mother of such child, or the person or parents of such child occupying the house where the birth occurs, and such person or parents shall be subject to the fine of ten dollars for each offence. Forfeitures are recoverable.

ETC. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Apr 4th 1891
4. Place of Birth, (Street and Number) No 1557 Wardour St
5. Full Name of Mother, Hanna Larua Brison
6. Mother's Maiden Name, Lena Mulder
7. Mother's Birthplace, St Marys Co Md
8. Full Name of Father, Abram Brison
9. Father's Occupation, Labro
10. Father's Birthplace, St Marys Co Md

Name of Medical Attendant, or other person who makes this Return. Miss Mariah Jones

Address, 1637 Whalen St

Remarks,

8910001316

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the knowledge of the father or mother, the physician, midwife, or other person in attendance upon the mother, immediately after the birth, shall report the same. In case the person or parents of such child fail to report its birth as herein required, such person or parents shall be liable to a penalty of ten dollars, which shall be recovered, with costs, for the use of the city, in the name of the Commissioner of Health, before any justice of the peace. Any person who shall herein willfully make a false return shall be subject to the same penalty. The penalties and forfeitures in this section shall be recoverable by civil action. Any person who shall neglect or refuse to make the return required by this section shall be liable to a penalty of ten dollars for each offense, to be recovered as aforesaid.

CITY REGISTRAR OF VITAL STATISTICS 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 27th 1891.
4. Place of Birth, (Street and Number) #396 E. Monument St.
5. Full Name of Mother, Louise Westrell
6. Mother's Maiden Name, Lehman.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Joseph Westrell
9. Father's Occupation, Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Wm. Geo. Gillegent

Address, #1038 E. Monument St.

Remarks,

8 9 1 0 0 0 1 3 1 7

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CYPER NAME ADDED 4-25-35

RETURN OF A BIRTH A 30336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alva Brannan	
2. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
3. Sex, (State whether male or female)	Female
4. Race or color, (if not of the white race)	White
5. Date of Birth,	April 22nd 1891
6. Place of Birth, (Street and Number)	# 1282 Battery Av.
7. Full Name of Mother,	Alva V. Brannan
8. Mother's Maiden Name,	Foxwell
9. Mother's Birthplace,	Balto. City
10. Full Name of Father,	Thos. Brannan
11. Father's Occupation,	Engineer
12. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return.	R. C. Lee
Address,	Hanover & Ex. Barre
Remarks.	

8910001318

third day of each and every month to the office of the commissioner of health, in the city of Baltimore, the birth of any child which shall occur within the limits of said city after the first day of January, eighteen hundred and ninety-one, without the attendance of a physician or midwife, and in default of such attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the commissioner of health, in the manner above required, and in default thereof, such person or parents so failing, shall be subjected to the fine of not less than five dollars nor more than fifty dollars for each offence, to be recovered as other fines are recoverable.

RECEIVED APR 13 1891 CITY OF BALTIMORE HEALTH DEPARTMENT

RETURN OF A BIRTH A 30377.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Apr. 24th 1891
4. Place of Birth, (Street and Number)	# 1222 Light St.
5. Full Name of Mother,	Emma A. Gareis
6. Mother's Maiden Name,	Bartlett
7. Mother's Birthplace,	Balto. City
8. Full Name of Father,	Chas. A. Gareis
9. Father's Occupation,	Printer
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return.	R. C. Lee
Address,	N. W. cor Hanover & Barnes Sts
Remarks,	

8910001319

In case the birth of any child shall occur upon the premises occupied by the parents of such child, and no other person be in attendance as a physician, midwife, nurse or other person, then the duty of reporting such birth to the Commissioner of Health within the period above required shall devolve upon the father of such child, if living and a resident with his family at the place where the birth occurred; and in case the father is not living, or is not a resident with his family at the place where the birth occurred, then the duty of reporting such birth shall devolve upon the mother, if she be living and a resident at the place where the birth occurred; and in case the mother is not living, or is not a resident at the place where the birth occurred, then the duty of reporting such birth shall devolve upon the person in charge of the premises where the birth occurred. Any person who shall neglect or refuse to report the birth of any child as required by this section shall be subject to a fine of not less than two dollars nor more than five dollars for each offense. All fines and forfeitures are recoverable.

Compliance with the requirements of this section by any physician, midwife, nurse or other person in attendance upon the mother at the birth of a child, or by the father or mother of such child, or by the person in charge of the premises where the birth occurred, shall be a full discharge of the duty of each and every other person required by this section to report such birth.

Within ten days after the end of each and every month it shall be the duty of each physician, midwife, nurse or other person who shall have been in attendance upon the mother at the birth of a child during the month, and of the father or mother of such child, or of the person in charge of the premises where the birth occurred, to report such birth to the Commissioner of Health, in the manner and form prescribed by the Board of Health, and for each neglect or refusal to make such report, every person so offending shall be subject to a fine of not less than two dollars nor more than five dollars.

CITY OF BALTIMORE

RETURN OF A BIRTH A. 3037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (State whether male or female)*	Female
Race or color, (if not of the white race)	White
Date of Birth,	7-6-91
Place of Birth, (Street and Number)	327 Fulton Ave
Full Name of Mother,	M O'Brien
6. *Mother's Maiden Name,*	" Schaeffer
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Geo J. O'Brien
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	L F Frey M.D.
Address,	108 Druid Hill Ave
Remarks,	R C H Pos

1 8 9 1 0 0 0 1 3 2 0

CITY OF BALTIMORE 1891

Attention is directed to the fact that it is the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and that any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered under the forfeitures act recoverable before a justice.

KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April 16/91
4. Place of Birth, (Street and Number)	35 S. Front St
5. Full Name of Mother,	Zora Kimlinsky
6. Mother's Maiden Name,	Boratzky
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Abraham Boratzky
9. Father's Occupation,	Peddler
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return.	Ford Webster M.D.
Address,	1721 Caulton av.
Remarks,	

8910001321

...ty to report its birth to the Commissioner of Health, the ... may such person or persons within ... jected to the fine of ... dollars for each offense, to be recovered ... penalties are recoverable.

...ey & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, April the 27
4. Place of Birth, (Street and Number) 26 Baltimo Parish
5. Full Name of Mother, Cora Maker
6. Mother's Maiden Name,
7. Mother's Birthplace, Washing D C
8. Full Name of Father, William Simmon
9. Father's Occupation, Labor
10. Father's Birthplace, West Va M D

Name of Medical Attendant, or other person who makes this Return. Mrs E Jones

Address, 1121 Saratoga Street

Remarks, 8910001322

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30331.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 St

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26 th 1891
4. Place of Birth, (Street and Number) 226 So. Broadway
5. Full Name of Mother, Harriet E. Wilkins
6. Mother's Maiden Name, Harriet E. Schreiner
7. Mother's Birthplace, Harrisburg Pa.
8. Full Name of Father, Geo. L. Wilkins
9. Father's Occupation, Physician
10. Father's Birthplace, Portsmouth Va.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Wilkins M.D.

Address, 226 So. Broadway

Remarks,

8 9 1 0 0 0 1 3 2 3

...third day of each and every month to the office of the Commissioner of Health, in the city of Baltimore, a return of the birth of any child ... shall occur without the attendance of a physician, midwife or other person, it shall be the duty of the father or mother of such child, or the occupant of the house in which such birth shall occur, or the person who shall be present at such birth, to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ... Dollars for each offense, to be recovered as debts of like amount are recoverable.

CITY OF BALTIMORE

1891 JUN 23

1891 JUN 23

1891. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 30. 91.
4. Place of Birth, (Street and Number) 204 Clifton St
5. Full Name of Mother, Louisa Prevost
6. Mother's Maiden Name, Louisa Coleman
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Jules Prevost
9. Father's Occupation, Letter Carrier
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Dr. J. Chappell

Address, 1351 N. Calvert St

Remarks,

8 9 1 0 0 0 1 3 2 4

child to report its birth to the Commissioner of Health, the person or parents of such child, or person who shall hereafter fail to report the birth of any child within the period above named, and persons who shall hereafter fail to report the birth of any child as required by any section of this Act, shall be subject, on the first conviction, to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

Office of Registrar of Vital Statistics, Board of Health, Ba...

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d 30333

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, 23 April 1891
4. Place of Birth, (Street and Number) 200 E Preston Street
5. Full Name of Mother, Bertie Catharine Meredith
6. Mother's Maiden Name, B. C. Fetzith
7. Mother's Birthplace, Vyeuath - Germany
8. Full Name of Father, John Meredith
9. Father's Occupation, Merchant
10. Father's Birthplace, Vyeuath - Germany

Name of Medical Attendant, or other person who makes this Return. Dr Pritchard

Address, 220 W Madison St

Remarks,

18,91 0 0 0 1 3 2 5

...ANY & CO., CITY PRINTERS AND STATIONERS.

...attendance upon the mother, unnecessary treasure it shall ... above re... child to report its birth as aforesaid, in the manner ... section re... any such person or persons who shall hereafter fail to comply ... pictures are ... jected to the fine of ten (10) dollars for each offence, to be recov...

RETURN OF A BIRTH. A 30314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race)

Date of Birth, May 1

Place of Birth, (Street and Number) 1730 McCulloh St.

Full Name of Mother, Minnie Richardson

Mother's Maiden Name, Serralls

Mother's Birthplace, Balt.

Full Name of Father, John Richardson

Father's Occupation, Laborer

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return. H. Atkinson

Address, 1008 Mad. Ave

Remarks,

MAR 4 1891

1 8 9 1 0 0 0 1 3 2 5

...and every midwife to give notice to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health. In the twenty-four hours next following the birth, and any such person or persons failing to comply with the provisions of this section shall be subject to the fine of ten dollars, to be recovered as other fines and forfeitures are recoverable.

...ORE, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), white
3. Date of Birth, 1 of May 1891
4. Place of Birth (Street and Number), E. Pennsylvania Broad Elly
5. Full Name of Mother, Rachel Wolf
6. Mother's Maiden Name, Rachel Zeiger
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Wolf
9. Father's Occupation, cigrette maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return.

Address, Broad Elly E. Pennsylvania St

Remarks,

1891000327

...e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

A 30 318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEPARTMENT OF HEALTH MAY 4 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, May 4

4. Place of Birth, (Street and Number) 115 N. Leonard St.

5. Full Name of Mother, Carlotta Diamond

6. Mother's Maiden Name,

7. Mother's Birthplace, Virginia

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Charles Green M.D.

Address, 115 N. Leonard St.

Remarks,

8910001328

thirty days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to give notice of the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 35349

CERTIFICATE CORRECTED 1-31-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 4 1891 BALTIMORE MD

Name: Joseph F. Holden 2d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Male.

Race or Color, (if not of the white race)

3. Date of Birth, May 1st 1891

4. Place of Birth, (Street and Number) Mount Winans Balto Co.

5. Full Name of Mother, Anna Goulden Golden

6. Mother's Maiden Name, Anna Kern.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, James. Goulden Golden

9. Father's Occupation, Carter

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Shaffer.

Address, 604 Little Parkin Street Balto City

Remarks, 1 8 9 1 0 0 0 1 3 2 9

Third day of each and every month to the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of any physician or practitioner of midwifery, or the person or parents of such child to report the birth to the Commissioner of Health, in writing, within the time and in the manner required and under such penalties for each offense, to be recovered in the manner as are provided in section 43 of article subjected to the fine of ten dollars for each offense, to be recovered in the manner as are provided in section 43 of article

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 20350.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born May 1st 1891
4. *Place of Birth, (Street and Number)*	# 2109 Hollins Str
5. *Full Name of Mother,*	Mrs Anna Hartmann
6. *Mother's Maiden Name,*	Wife Hamberger
7. *Mother's Birthplace,*	Bayern Germany
8. *Full Name of Father,*	Mr Jonas Hartmann
9. *Father's Occupation,*	Shoe Maker
10. *Father's Birthplace,*	Bayern Germany
Name of Medical Attendent, or other person who makes this Return.	Mrs Hiller
Address,	2121 W Pratt St
Remarks,	

8 9 1 0 0 0 1 3 3 0

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner prescribed by this section shall be subject to the fine of ten dollars for each offence. [illegible] who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other penalties and forfeitures are recoverable.

REGISTRY DEPARTMENT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3031

1. No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, May 11th 1891
5. Place of Birth, (Street and Number) 1913 Pratt Street
6. Full Name of Mother, Jane Williams
7. Mother's Maiden Name, Jane Greene
8. Mother's Birthplace, Accomac County Virginia
9. Father's Occupation, Labour
10. Father's Birthplace, Henry Williams
Name of Medical Attendant, or other person who makes this Return. Maccubbin
Address, 115 west Fayette Street
Remarks,

1 8 9 1 0 0 0 1 3 3 1

BRIVENT, MAY 9 1891

Every child born within the limits of any City or County in this State, shall be registered at the office of the Commissioner of Health. In case the birth of any child shall occur upon the premises of a physician or nurse, it shall become the duty of such physician or nurse to report its birth to the Commissioner of Health, in the manner above required; and in case the mother of such child shall occur elsewhere than upon the premises of a physician or nurse, it shall become the duty of the person in attendance upon the mother at the birth, to report the same to the Commissioner of Health, in the manner above required; and in case there shall be no person in attendance upon the mother at the birth, or in case the mother shall be in attendance upon herself, it shall become the duty of each parent, guardian or householder, to report the birth of such child to the Commissioner of Health, in the manner above required; and any person or persons neglecting or refusing to make such report as aforesaid, shall be subject to the penalties set forth in section 3 of Ordinance No. 410, approved April 30th, 1890, which penalties are recoverable. Blanks will be furnished at the office of the Commissioner of Health, on application therefor, and every midwife, physician or nurse shall be furnished with a blank immediately after the birth of each and every month, to be filled up and returned to the office of the Commissioner of Health, in the manner above required, on the first day of each and every month, and every midwife, physician or nurse who shall neglect or refuse to make such return, shall be subject to the penalties set forth in section 3 of Ordinance No. 410, approved April 30th, 1890, for each offense, to be recovered as other fines are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 1 1891 CITY REGISTRAR

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 the child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 1st 91
4. Place of Birth, (Street and Number) 228 Little Church st
5. Full Name of Mother, Francisca Resserts
6. Mother's Maiden Name, Kodai
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Wenselaus Resserts
9. Father's Occupation, Bohemia
10. Father's Birthplace, Tailor

Name of Medical Attendant, or other person who makes this Return. J. Wagner midwife

Address, 1032 Hanover st.

Remarks,

6 9 1 0 0 0 1 3 3 2

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who would be required by law to report the same, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of [illegible] dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. — PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, May 1st.
4. Place of Birth, (Street and Number) No 900 Ramsey st.
5. Full Name of Mother, Birdie Maxwell,
6. Mother's Maiden Name, Filogerald
7. Mother's Birthplace, Ireland,
8. Full Name of Father, George Maxwell,
9. Father's Occupation, Horse-Shoer,
10. Father's Birthplace, Balto Cty,

Name of Medical Attendant, or other person who makes this Return. [signature]

Address, No 724 Columbia Ave

Remarks, 8910001333

Every day of each and every month in the year, the commissioner of health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall become the duty of the person or parents of such child to report its birth to the commissioner of health, in the manner and within the time prescribed in this section, and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A30354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 1st 1891
4. Place of Birth, (Street and Number) 1210 Barkly St. Annex
5. Full Name of Mother, Minnie M. Foley
6. Mother's Maiden Name, " " Deetjen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John F. Foley
9. Father's Occupation, Telegrapher
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. R G Rankin M D

Address, 811 Jefferson Ave Waverly Balto

Remarks, 1891000134

Third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of the jurisdiction of a Superintendent of Midwifery, or shall no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or parents who shall neglect or refuse to report such birth as herein required, shall be subjected to the fine of ten dollars for each and every offence, to be recovered in other fines and penalties are recoverable.

APR 2 1891

APR 2 1891

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 30358.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (State whether male or female) male.
2. Race or color, (if not of the white race) White.
3. Date of Birth, May 2d 1891.
4. Place of Birth, (Street and Number) 501 N. Stricker St.
5. Full Name of Mother, Florence W. Talbott.
6. Mother's Maiden Name, Dewling.
7. Mother's Birthplace, Balto. City Md.
8. Full Name of Father, Thomas B. Talbott.
9. Father's Occupation, Draughtsman.
10. Father's Birthplace, Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return. R. He. Goldsmith. M.D.

Address, Harlem av. & Calhoun St.

Remarks,

1891000 1335

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30356

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. *No. of Child of Mother.* (state whether 1st, 2d, 3d, &c.)
2. *Sex.* (state whether male or female) X
3. *Race or Color.* (if not of the white race)
4. *Date of Birth,* May 2 / 91
5. *Place of Birth,* (Street and Number) 932 N. Wolfe St
6. *Full Name of Mother.* Mary ~~Fourth~~ Goodwin
7. *Mother's Maiden Name,* " Frush
8. *Mother's Birthplace,* Baltimore City
9. *Full Name of Father.* Wm Goodwin
10. *Father's Occupation,* Cabinet Maker
11. *Father's Birthplace,* Talbot Co. Md
12. *Name of Medical Attendant,* (Mother, Parent who makes this Return) Geo F. Taylor M.D
13. *Address,* 1254 N. Broadway
14. *Remarks.*

1 8 9 1 0 0 0 1 3 3 4

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 30357.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 2 mar
5. Place of Birth, (Street and Number) Snyder St, 3
6. Full Name of Mother, Susan Hunter
7. Mother's Maiden Name, Susan Cant
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Robert J Hunter
10. Father's Occupation, Gas Fitter
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Payson St

Remarks, 6910001337

HEALTH DEPARTMENT MAR 1 1921

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur in the absence of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall neglect or fail to comply with the requirements of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. *Child of* Mother, (*state whether 1st, 2d, 3d, &c.*) 1st
2. *Sex* (*state whether Male or Female*). Male
3. *Race or Color* (*if not of the white race*) White
4. *Date of Birth* May 2d
5. *Place of Birth* (*Street and Number*) 1505 Edmonson Av.
6. *Full Name of Mother* Minnie R. Lind
7. *Mother's Maiden Name* Minnie R. McCrea
8. *Mother's Birthplace* Balt Md
9. *Full Name of Father* Alex Murdock Lind
10. *Father's Occupation* Reporter
11. *Father's Birthplace* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Robt K Kneas

Address 1205 N Fayette St

Remarks

1 8 9 1 0 0 0 1 3 3 8

DEPARTMENT OF HEALTH

Under a penalty of $50, the Physician, Midwife, or other person attending at the birth of a child, or in charge of any person having charge of such child, is required to report the birth of such child within 5 days after such birth. If there be no physician, midwife, or other person in attendance, then the parent or parents, or person having charge of such child, shall report the birth within 5 days after such birth. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

3c 337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child
1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), white
3. Date of Birth, May 2/91
4. Place of Birth (Street and Number), 2019 Bank St.
5. Full Name of Mother, Maggie Lake
6. Mother's Maiden Name, " Vogel
7. Mother's Birthplace, Balto.
8. Full Name of Father, Simon Lake
9. Father's Occupation, Ship Joiner
10. Father's Birthplace, New Jersey
Name of Medical Attendant, or other person who makes this Return. W. Mansfield M.D
Address, 129 So Broadway
Remarks,

1 8 9 1 0 0 0 1 3 3 9

each and every month to the office of the Commissioner of Health. To case the birth of any child shall occur without the attendance of a physician or midwife, or should the parents of such child fail to report the birth to the aforesaid office, it shall become the duty of the owner, agent or lessee of the house in which the mother, if unmarried, resides within the period above required, and such party shall upon conviction thereof be subjected to a penalty of not less than five nor more than ten dollars for each offence, to be recovered as the other fines and forfeitures are recoverable.

n e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race)
4. Date of Birth May 1st 1891
5. Place of Birth, (Street and Number) 632 George Street.
6. Full Name of Mother, Augusta F. Bowman
7. Mother's Maiden Name, Schneider
8. Mother's Birthplace, Baltimore, Md.
9. Full Name of Father, Andrew J. Bowman
10. Father's Occupation, Painter
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Wm. S. Parkhurst M.D.

Address, 1410 Park Avenue.

Remarks,

1 8 9 1 0 0 0 1 3 4 0

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 30361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) Color
4. Date of Birth, May 3 rd 189 1
5. Place of Birth, (Street and Number) 225 W York st
6. Full Name of Mother, Maggie Banks
7. Mother's Maiden Name, Maggie Laws
8. Mother's Birthplace, Baltimore Md
9. Full Name of Father, James S Banks
10. Father's Occupation, Drive Wagon
11. Father's Birthplace, Baltimore Md
12. Name of Medical Attendant, or other person who makes this Return. Mrs Scharlottie Williams
13. Address, 9 N Leader Hall st
14. Remarks, Give dollars

1 8 9 1 0 0 0 1 3 4 1

BOARD OF HEALTH BALTIMORE CITY

...ake due care to ascertain the correctness of the particulars required by this Act. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance with the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines are recoverable.

...ORD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	May 3 1891
Place of Birth, (Street and Number)	511 N Lexington St.
5. Full Name of Mother,	Bertha Mühlenson
6. Mother's Maiden Name,	Bertha Kast
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Karl Mühlenson
9. Father's Occupation,	Daughtsman
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	A Friedenwald
Address,	310 N Eutaw St
Remarks,	8910001342

DEPARTMENT OF HEALTH MAY 1891 BALTIMORE MD.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or persons occupying the house where the birth occurs, to report the same to the Commissioner of Health. In the manner and within the time above required, and such person or persons so shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

30360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female). Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 13 - 1851
4. Place of Birth, (Street and Number) on 2434 Foster ave
5. Full Name of Mother, Louis Bartman
6. Mother's Maiden Name, Kremer
7. Mother's Birthplace. Baltimore
8. Full Name of Father, Christopher Bartman
9. Father's Occupation. Can Capper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah J Harrington

Address, on 524 Binney st

Remarks, 1891000134 3

PUBLISHED BY THE AUTHORITY OF THE BOARD OF HEALTH.

Any physician or practitioner of midwifery, or other person who shall attend the birth of a child, shall report its birth to the Commissioner of Health within ten days thereafter; and in case the mother shall die before the birth is reported, the person who shall attend the funeral of such mother, or who shall bury the body, shall report the birth and death; and in case no person shall attend the funeral, then the person who shall bury such person or person shall report the birth and death. Failure to report as above will be punished by a fine of ten dollars for each offense, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

Sex, (~~state whether male or~~ female)

Race or Color, (~~if not of the~~ white race)

3. Date of Birth, May 30th 91.

4. Place of Birth, (Street and Number) 114 W. Saratoga St.

5. Full Name of Mother, Fannie Lachhold

6. Mother's Maiden Name, Fannie Mayer

7. Mother's Birthplace, Harrisburg, Pa.

8. Full Name of Father, Abraham M. Lachhold.

9. Father's Occupation, Manufacturer of Cigarettes.

10. Father's Birthplace, Warsaw, Russia

Name of Medical Attendant, or other person who makes this Return. John J. Hogan, M.D.

Address, 662. W. Lexington St.

Remarks,

8 9 1 0 0 0 1 3 4 4

third day of each and every month to the office of the Commissioner of Health, City Hall, the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above named, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other debts and penalties are recoverable.

RETURN OF A BIRTH A 30363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 3rd 1891
4. Place of Birth, (Street and Number) 308 S Appelton st
5. Full Name of Mother, Johanna Byrnes
6. Mother's Maiden Name, Johanna Whelan
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Peter Byrnes
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Henry C. Ohlr, M.D.

Address, 1703 10th & Fayette sts

Remarks, Cremation Birth Certificate issued 2 hours

1891-0001345

PUB. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30366.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sunday May 3rd - 1891
4. *Place of Birth, (Street and Number)*	2103 Jefferson St.
5. *Full Name of Mother,*	Emma HeeKnotte
6. *Mother's Maiden Name,*	Emma Knees
7. *Mother's Birthplace,*	Baltimore. Md
8. *Full Name of Father,*	Harry HeeKnotte.
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Balt. Md,
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton. M.D
Address,	Calvert & Preston Sts
Remarks,	8910001346

third day of each and every month to the ... The ... Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance within the time above required, the mother of such child is hereby required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ... dollars for each offense, to be recovered as other fines and penalties are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 4 1891
4. Place of Birth, (Street and Number) Eutaw St 537
5. Full Name of Mother, Isabella Adams
6. Mother's Maiden Name, Isabella Whilington
7. Mother's Birthplace, Balt City Md
8. Full Name of Father, Charles Adams
9. Father's Occupation, Oyster
10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other person who makes this Return. Hetty Coleman

Address, 537 Preston St

Remarks, 1891000134 7

Sec. 3. Be it ordained, &c., That every midwife or physician or practitioner of midwifery, or other person who shall occur without the attendance of a physician or midwife, or shall be in attendance upon the birth of a child, shall, within the period above required, and in such form as may be required by the Commissioner of Health, in the manner and to the person or persons designated in section 2 of this ordinance, make a return of such birth to the Commissioner of Health, in conformity with the provisions of said section; and any such person or persons who shall hereafter fail, refuse or neglect to comply with the provisions of said section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 4th 1891
4. Place of Birth, (Street and Number) No. 1 Green st
5. Full Name of Mother, Emma Sisk
6. Mother's Maiden Name, Emma Evans
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Sisk
9. Father's Occupation, Plumber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1891000 1348

shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the keeper of such almshouse upon the mother, immediately thereafter, to make the return required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense, to be recovered as debts of like amount are now recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 11-13-51

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Amelia Magdalene Christopher 4

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 4 of May, 1891.
4. Place of Birth, (Street and Number) Baltimore, 106 Frances st
5. Full Name of Mother, Catherine Christopher
6. Mother's Maiden Name, Caroline Hoerdt KORB
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John M Chrisopher
9. Father's Occupation, Car Coulder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs E Donnelly

Address, 1635 Little Wash Street

Remarks, Mon

1891000349

shall occur without the attendance of a physician or midwife, or other person, such person shall report the fact to the Registrar within ten days after it shall come to his knowledge, and attendance upon the mother immediately in the manner and within the time specified, and also the name of the child, if it shall have been named since the birth, and the sex and color of the child. Every physician, midwife or other person who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten dollars for each offence, to be recovered with costs in the manner that fines are recoverable.

CITY REGISTRY

MURLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 7 1891 HEALTH DEPARTMENT

3. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
Sex, (state whether male or female)	Boy
Race or Color, (if not of the white race)	White Race
Date of Birth,	Born May 6th 1891
4. Place of Birth, (Street and Number)	#205 Frederick Ave
5. Full Name of Mother,	Mrs Bertha Rinehade
6. Mother's Maiden Name,	Wife " Witzgo
7. Mother's Birthplace,	Hessen Germany
8. Full Name of Father,	Mr George Rinehade
9. Father's Occupation,	Saloon
10. Father's Birthplace,	Baltimore
Name of Medical Attendent, or other person who makes this Return.	Mrs Miller
Address,	2127 W. Pratt St
Remarks,	

1891000 1350

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this requirement shall be subjected to the fine of forty dollars for each offense, to be recovered as fines and penalties are recoverable.

WM. J.C DULANY & CO., CITY PRINTERS AND STATIONERS.

A 3037

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 4th 1891

4. Place of Birth, (Street and Number) 1307 N Carrollton ave

5. Full Name of Mother, Mabel Baker

6. Mother's Maiden Name, Mother

7. Mother's Birthplace, Md

8. Full Name of Father, Chas L Baker

9. Father's Occupation, Salesman

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. A Edward James M D

Address, 837 N Eutaw St

Remarks,

1891000135 1

Heirs of any child shall occur without the attendance of a Physician or practitioner of either sex, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall herein fail, neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 30372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 5th 91
4. Place of Birth, (Street and Number) 420 E. Fourth St.
5. Full Name of Mother, Mary C. Bargar
6. Mother's Maiden Name, " S " Mitchell
7. Mother's Birthplace, York Co. Penn.
8. Full Name of Father, Wm Bargar
9. Father's Occupation, Laborer
10. Father's Birthplace, York Co. Penn.

Name of Medical Attendant, or other person who makes this Return. Geo. C. Stewart, M.D.

Address, 120 E. Fourth St.

Remarks,

1891000352

shall occur without the attendance of a physician or practitioner of the healing art, the mother, or in case of her death or inability, the father, shall within ten days after the birth of any child report in writing to the Registrar of Vital Statistics the particulars required by this section to be reported, and in default thereof, in the opinion of the Board of Health, such attendance upon the mother, immediately thereafter, shall be required, and such child to report as herein required, shall be deemed a violation of this section and shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

303/3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, ~~(state whether male or female)~~ Herman M. Frank

2. Race or color, (~~if not of the white race~~) White

3. Date of Birth, 5-5-91

4. Place of Birth, (Street and Number) 1019 Argyle ave

5. Full Name of Mother, Anna May Frank

6. Mother's Maiden Name, Kratz

7. Mother's Birthplace, Balto

8. Full Name of Father, Jno. C. Frank

9. Father's Occupation, Prof. of Music

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Wm Kaufman

Address, 772 Lee

Remarks, Natural labor

MAY 1891 HEALTH DEPARTMENT

1891000 1353

...ANY & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30874.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Do
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, May 5th 1891
5. Place of Birth, (Street and Number) 1220 N. Lexington
6. Full Name of Mother, Laura E. Randall
7. Mother's Maiden Name, Turner
8. Mother's Birthplace, Winchester Va
9. Full Name of Father, George W. Randall
10. Father's Occupation, Traveling Salesman
11. Father's Birthplace, Baltimore
12. Name of Medical Attendant, or other person who makes this Return, Edw. Lee M.D.
13. Address, 602 N. Carey St
14. Remarks, Weight 8 9 1 0 0 0 1 3 5 4 Plus 15 oz

MAY 7 1891

SEE NOTE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, [illegible] 4 [illegible]

4. Place of Birth, (Street and Number) 2027 E Bank

5. Full Name of Mother, Alice Wilson

6. Mother's Maiden Name, Dickerson

7. Mother's Birthplace, Sussex Co Delaware

8. Full Name of Father, Walter Wilson

9. Father's Occupation, Sea Master

10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other person who makes this Return. M A Drennan

Address, 225 S Ann St

Remarks,

1891000 1355

BALTIMORE MD

MAY 1891

third day of each and every month to the office of the Commissioner of Health, in the manner and within the time above required, and every such person who shall neglect or refuse to make such return, or who shall make a false return, shall forfeit and pay for each offence, the sum of ten dollars, to be recovered before any justice of the peace of the city of Baltimore, on the complaint of the Commissioner of Health, or any person who will sue for the same, one-half of which penalty shall be paid to the informer, and the other half to the Commissioner of Health, for the use of the city. Any person who shall neglect or refuse to comply with the requirements of this section, shall be subject to the fine of ten dollars for each offence, to be recovered as aforesaid.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 30376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 6

4. Place of Birth, (Street and Number) 402 Collington av

5. Full Name of Mother, Mary Wheeler

6. Mother's Maiden Name, Mary Simon

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Robert Wheeler

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Lauran Hunter

Address, 23 N Bayview

Remarks,

1891 0001356

Third city or county in which the birth occurred, and the number of the certificate. In case the birth or death certificate upon the mother, immediately thereafter (said blank being furnished for the purpose), and shall register such child to report its birth to the Commissioner of Health, who shall register the same, and issue a certificate of birth, for which he shall receive fifty cents. Any person or persons who shall refuse or neglect to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offense. Only the above items are required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense. All other returns are receivable.

1891

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, May 14th 1891
4. Place of Birth, (Street and Number) 1134 Bell Stat Baltimore City
5. Full Name of Mother, Kate Peterson
6. Mother's Maiden Name, Kate Daniel
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Thos Peterson
9. Father's Occupation, Boarding House
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary Feeney

Address, 1616 Eutaw Stat

Remarks,

1891 0001357

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 7th 1891
4. Place Birth, (Street and Number) 572 N. Chester Street
5. Full Name of Mother, Mary Teresa McShane
6. Mother's Maiden Name, " " Cashmyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John M. McShane
9. Father's Occupation, Draughtsman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, James F. McShane

Address, 20 Patterson Park Ave.

Remarks, 1891000358

MAY 8 1891 CITY HEALTH OFFICE

Ed. 4d. ay. of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race) W

3. Date of Birth, May 7th 1891

4. Place of Birth, (Street and Number) 1933 Park Ave

5. Full Name of Mother, Josephine Louise ~~Baetjer~~ Key

6. Mother's Maiden Name, Baetjer

7. Mother's Birthplace, Chicago Ill

8. Full Name of Father, Manager Balt° Dredging Co

9. Father's Occupation, Mary. Key

10. Father's Birthplace, La

Name of Medical Attendant, or other person who makes this Return. D. R. Winslow

Address, 1 W. Royal Terrace

Remarks,

1891 0001359

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to cause the same to be registered within the time and with the particulars required, and any such person or parents who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, May 11 1891
4. Place of Birth, (Street and Number) 1119 Lancaster Street Baltimore
5. Full Name of Mother, Ellen Chisholm
6. Mother's Maiden Name, Ellen Rebyohns
7. Mother's Birthplace, Wales
8. Full Name of Father, Daniel Chisholm
9. Father's Occupation, Shoeder
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return. Mary Conway

Address, 1100 Lough Street

Remarks,

1891000136 0

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state ~~whether male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 7th 1891
4. Place of Birth, (Street and Number) 1821 Edmondson
5. Full Name of Mother, Emma Ellis
6. Mother's Maiden Name, " Ridan
7. Mother's Birthplace, B. Co
8. Full Name of Father, Peter Ellis.
9. Father's Occupation, Plumber
10. Father's Birthplace, B Co

Name of Medical Attendant, or other person who makes this Return. Herman Mill

Address, 1401 N. Fayette st

Remarks,

1891000136 1

...third day of each and every month to the Registrar of the Commissioner of Health. In case he shall be of opinion that all the requirements of this section have been complied with in the case of any child born during the month, he shall so certify to the Commissioner of Health, who shall thereupon pay to such person or persons as may be entitled thereto the sum of fifty cents for each birth so reported. Any person who shall neglect or refuse to report any birth as required by this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RE

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 3038V.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY 11 1891 BALTIMORE MD. REGISTRAR'S DEPARTMENT

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
2. Sex (state whether male or female) Female
3. Race or Color (if not of the white race) White
4. Date of Birth May 8th 1891
5. Place of Birth (Street and Number) 532 E. Sharp St
6. Full Name of Mother Annie Bettie Moore
7. Mother's Maiden Name Annie Bettie Davis
8. Mother's Birthplace Rockingham County Virginia
9. Full Name of Father Henry Garrett Moore
10. Father's Occupation Clerk
11. Father's Birthplace Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. E. Michaux M.D.

Address 526 E. Sharp St

Remarks

1 6 9 1 0 0 0 1 3 6 2

Certificate, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Hugo Dalsheimer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 16 1891
4. Place of Birth, (Street and Number)	653 W Lombard St
5. Full Name of Mother,	Bertha Dalsheimer
6. Mother's Maiden Name,	Hoffman
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Simon Dalsheimer
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return,	A Friedenwald
Address,	210 N Eutaw Street
Remarks,	

891000 1363

(1) It is hereby made the duty of every Physician or practitioner of midwifery, or any other person in attendance upon any case of birth, to report the same to the Registrar of Vital Statistics of the district in which the birth occurs, within ten days after the birth of any child so born, and in default thereof it shall become the duty of the occupier of the house in which such birth occurs, to report the same within the next succeeding five days, and any such person who shall neglect to comply with the requirements of this section, shall be subject to a penalty of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 30,384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 3rd

4. Place of Birth, (Street and Number) No. 1016 N. Ann Str

5. Full Name of Mother, Sadie Galamison

6. Mother's Maiden Name, Madden

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph A Galamison

9. Father's Occupation, Messenger

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Grass.

Address, No. 1907 E Monument Str.

Remarks, 1691000136 4

MAY 11 1891 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 10/11/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Herbert Basil

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 4th of May

4. Place of Birth, (Street and Number) No 4 30 E Eager Str.

5. Full Name of Mother, Ella Bassil

6. Mother's Maiden Name, Small

7. Mother's Birthplace, Baltimore

8. Full Name of Father, David Bassil

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs L Gross

Address, 1907. E Monument Str.

Remarks,

1891000365

Third day of each and every month to the Clerk of the Superior Court, [illegible] shall occur without the mother immediately thereafter having [illegible] child to report its birth to the Commissioner of Health, [illegible] any such person or persons who shall [illegible] subject to the fine of ten dollars for each offense, to be [illegible]

BALTIMORE CITY

1891

GM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	may 6 1891
4. Place of Birth, (Street and Number)	no 515 Birney st
5. Full Name of Mother,	Susanna Garey
6. Mother's Maiden Name,	Hill
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Garey
9. Father's Occupation,	Can maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah T Harrington
Address,	no 524 Birney st
Remarks,	1891000136 6

MAY 12 1891
BALTIMORE MD

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 11-15-89

RETURN OF A BIRTH A 30387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Herman Henry Schnick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 6th 1891

4. Place of Birth, (Street and Number) 812 Park ave

5. Full Name of Mother, Katie Schnick

6. Mother's Maiden Name, " Ball

7. Mother's Birthplace, Balto

8. Full Name of Father, George Schnick

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. C. L. Bandeloh

Address, 418 S. Paca st.

Remarks,

1891000 1367

MAY 11 1891

SOLE MIDWIFE

Every midwife, physician or other person who shall fail to report the birth of any child as directed by the Commissioner of Health, or who shall report any false information respecting the same, shall forfeit and pay a fine of ten dollars for each offence, to be recovered, with costs, in the name of the Mayor and City Council of Baltimore, before any justice of the peace upon the complaint of any person who will sue for the same; and in case the birth of any child shall not be reported within the period above required, and after the Registrar shall have given notice to the midwife, physician or other person in charge of the case to report the same, the midwife, physician or other person so neglecting shall forfeit and pay a fine of ten dollars for each such offence, to be recovered as aforesaid.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30388.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 1 1881
4. Place of Birth, (Street and Number) 1105 Harris al
5. Full Name of Mother, Theresa Scholner
6. Mother's Maiden Name, Hudman
7. Mother's Birthplace, Germany
8. Full Name of Father, Mat Scholner
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Sarah P Harrington

Address, 1124 Binney st

Remarks, 1891000136 8

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person having charge of such child or mother to report the particulars of such birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 30389.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 9th 1891
4. *Place of Birth, (Street and Number)*	428 Mulberry st.
5. *Full Name of Mother,*	Christine Hoover Stumpf Dubbelde
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	George Dubbelde
9. *Father's Occupation,*	Cabinet-maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	C. L. Bondurant
Address,	418 S. Paca st.
Remarks,	1891000 1369

and selective shall be achieved, duly signed by the practitioner in the [illegible] a certificate between the first and third day of each and every month to the Health Officer of the City of Baltimore, setting forth the name, age, sex and color of each child born since the last preceding report, its birth to the mother, and the name and residence of the father, if known. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the father or mother of such child, or in the absence of the father or mother, the householder or owner of the premises where such birth occurred, or any person present at such birth, to report the same to the Commissioner of Health within the time prescribed by this section, and for any such person or persons shall neglect or refuse to make such report, he or they shall be subject to the fine of ten dollars for each offence. Other fines and forfeitures are recoverable.

MAY 11 1891 BALTIMORE MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A30390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) Second.

1. Sex (state whether male or ~~female~~), Male.

2. Race or Color (if not of the white race), White

3. Date of Birth, May 10th. 1891. Sund.

4. Place of Birth (Street and Number), 025 N. Central, Ave.

5. Full Name of Mother, Mrs Gustave M. Liebman

6. Mother's Maiden Name, Ida Rhoda Barnett.

7. Mother's Birthplace, West Virginia

8. Full Name of Father, Gustave M. Liebman.

9. Father's Occupation, Medicinal Doctors.

10. Father's Birthplace, Baltimore Maryland.

Name of Medical Attendant, or other person who makes this Return. G. M. Liebman M.D.

Address, No. 025. N. Central Ave.

Remarks,

1891000137 0

MAY 12 1891

Sec. 4. And every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the father of such child, within ten days after the birth of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any father who shall neglect or refuse to make such report as aforesaid, shall forfeit and pay a fine of ten dollars for each offence, to be recovered as other fines, and it shall be the duty of the Commissioner of Health to enforce the collection of the same.

Sec. 5. And every midwife, or other person in attendance upon the mother, in addition to the duties required by the preceding section of this ordinance, shall report to the Commissioner of Health the birth of each child, and the sex, color and parentage thereof, in the manner and within the period above required, and any midwife or other person who shall hereafter fail to comply with the provisions of this section shall forfeit and pay a fine of ten dollars for each offence, to be recovered as other fines, and it shall be the duty of the Commissioner of Health to enforce the collection of the same.

RETURN OF A BIRTH A 30391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
2. Sex (state whether male or female), Male
3. Race or Color (if not of the white race), White
4. Date of Birth, May 1st 1891
5. Place of Birth (Street and Number), 611 E. Biddle St
6. Full Name of Mother, Anna Irwin
7. Mother's Maiden Name, Anna Marble
8. Mother's Birthplace, Chicago
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. W. H. Jones M.D.

Address, 708 E. Preston St

Remarks,

8910001371

...e Publishing Co., City Printers and Stationers.

...each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the mother, or in her absence, the undertaker, immediately thereafter it shall be also the duty of the person or persons in charge of such house to make return to the Health Office as above required, and any such person or persons who shall hereafter fail to make such return as required by this section shall be subjected to the penalty of ten (10) dollars for each offence, to be recovered ... other fines and forfeitures now ...

RETURN OF A BIRTH

A 30397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, May 2d 1891

4. Place of Birth (Street and Number), 912 Hanford ave

5. Full Name of Mother, Kate McLaughlin

6. Mother's Maiden Name, Kate Faulkner

7. Mother's Birthplace, Ireland

8. Full Name of Father, James McLaughlin

9. Father's Occupation, Iron Moulder

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. [illegible] Jones M.D.

Address, 702 E Pratt St.

Remarks, 8910001372

[illegible] Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

A 30393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

BOARD OF HEALTH, MAY 12 1891 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Six

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 2d 1891
4. Place of Birth, (Street and Number) 302 Fulton Ave Ext
5. Full Name of Mother, Ellen McCarthy
6. Mother's Maiden Name, " Dunn
7. Mother's Birthplace, Ireland
8. Full Name of Father, Michael J. McCarthy
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mary L. Shockney

Address, 781 Cumberland St

Remarks,

1891000 1373

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Sec. 4. Be it ordained, &c., That any physician or midwife who shall neglect or refuse to make the return of a birth required by this ordinance, within the time specified, shall forfeit and pay for each offense a sum not exceeding ten dollars, to be recovered as other fines and forfeitures are recoverable.

Sec. 5. Be it ordained, &c., That it shall be the duty of the Commissioner of Health to cause the birth of any child not duly reported as required by this ordinance to be reported by any other person or persons who may have knowledge of the facts, and the person or persons so reporting such birth shall be entitled to the same fee as is provided for the person required to report the birth in the first instance, which fee shall be paid by the parent or parents of such child, or by the person or persons who shall hereafter fail to comply with the provisions of this ordinance, to be recovered as other fines and forfeitures are recoverable.

Sec. 6. Be it ordained, &c., That any person who shall wilfully neglect or refuse to report the birth of any child as required by this ordinance, within the time specified, shall be guilty of a misdemeanor, and upon conviction shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 30394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 4th 1891
4. Place of Birth, (Street and Number) 1208 W Pratt St
5. Full Name of Mother, Mary A. Hawkins
6. Mother's Maiden Name, Mary A. Fibney
7. Mother's Birthplace, Ireland
8. Full Name of Father, John R. Hawkins
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Louis Hunter

Address, 23 N Eutaw

Remarks,

1891000137 4

The Act of Assembly requires the Return of each and every birth to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of medicine, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the third day of each month; and in case the mother immediately thereafter shall become sick or unable to attend to the matter, it shall be the duty of the person in charge of such mother to report the birth of such child to the Commissioner of Health within the time above required. In case any such person or persons shall fail to comply with the provisions of this Act, he, she or they shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

MAY 5 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 4 1891
4. *Place of Birth, (Street and Number)*	762 Mulberry St
5. *Full Name of Mother,*	Mary. Bertha. Ernstad
6. *Mother's Maiden Name,*	Mary. Bertha. Moller
7. *Mother's Birthplace,*	Washington. D.C.
8. *Full Name of Father,*	Nacy C. Ernstad.
9. *Father's Occupation,*	Painter & Grainer
10. *Father's Birthplace,*	Montgomery Co. Md
Name of Medical Attendant, or other person who makes this Return.	Lawson Hinks
Address,	231 Appleton St
Remarks,	

1891 0001375

MAY 13 1891

BALTIMORE CITY

Each physician, midwife or other person in attendance upon any birth shall report the same to the office of the commissioner of Health. In case the birth of any child shall occur without the attendance of any person required by this section to report the same, then the person or persons present at the birth, immediately thereafter, shall become liable to report the same, and in case there be no person in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons with whom such child is to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons shall be liable to the penalties prescribed for violations of the provisions of this section, unless such person or persons shall satisfactorily show that he or they have complied with the provisions of this section. Fines and penalties incurred under this section shall be subjected to the use of the Commissioner of Health, and may be recovered as other fines and penalties are recoverable.

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 30396.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEPARTMENT,
MAY 12 1891
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Italian
3. *Date of Birth,* May 4 91
4. *Place of Birth (Street and Number),* 512 Canby St
5. *Full Name of Mother,* Pauline Trombetta
6. *Mother's Maiden Name,* Pauline Trombetta
7. *Mother's Birthplace,* Naples
8. *Full Name of Father,* Salvadore Trombetta
9. *Father's Occupation,* Fruit dealer
10. *Father's Birthplace,* Naples

Name of Medical Attendant, or other person who makes this Return. Ludwig M. Coulbourn

Address, 1013 Hill

Remarks,

1891 0001376

...ore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

A 30397.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, May 5th 1891
4. Place of Birth (Street and Number), 904 Harford Ave
5. Full Name of Mother, Rosa Ryan
6. Mother's Maiden Name, Rosa White
7. Mother's Birthplace, Maryland
8. Full Name of Father, Robert Ryan
9. Father's Occupation, Brakeman N. C. R. R.
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. W. F. Jones M.D.

Address, 703 E Preston St

Remarks, 1891 0001377

...e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

3639.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether mate or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 5 th 1891
4. *Place of Birth, (Street and Number)*	12 14 Hooker street
5. *Full Name of Mother,*	Priscilla Naughty
6. *Mother's Maiden Name,*	Priscilla Batchelder
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry C Naughty
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Louisiana
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Wenright
Address,	1 [illegible] Hooker st
Remarks,	5910001378

SEE MO. 5-7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 5-2-56

RETURN OF A BIRTH. A 30399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie Cohen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. 3 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8th of May 1891

4. Place of Birth, (Street and Number) 1503. W. Baltimore st. City

5. Full Name of Mother, Rebecca Cohen

6. Mother's Maiden Name, Rebecca Levenstone

7. Mother's Birthplace, ~~Germany~~ Rush Poland

8. Full Name of Father, Louis Cohen

9. Father's Occupation, Merchant Tailor

10. Father's Birthplace, ~~Germany~~ Rush Poland

Name of Medical Attendant, or other person who makes this Return. Louis Cohen

Address, 2217 Appleton St

Remarks,

1891 0001379

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the city limits, the parent or parents, or other person in charge of such child, shall report its birth to the Commissioner of Health, if such occur within the period above required, and attendance upon the mother during her confinement or childbirth, or shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, if such occur within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

FEB 13 1891 BALTIMORE MD

494 W. O. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEPARTMENT, MAY 12 1891 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 6 of May
4. Place of Birth, (Street and Number) von hill cottage
5. Full Name of Mother, Louisa Roche
6. Mother's Maiden Name, Louisa Linhard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Roche
9. Father's Occupation, Laborer
10. Father's Birthplace, Carlecunty

Name of Medical Attendant, or other person who makes this Return, Mary L Sharkey

Address, 731 Cumberland St

Remarks, 1891 0001380

Each and every month to be the duty of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or parents refusing or neglecting to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) five.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, the 6. May 1891

4. Place of Birth, (Street and Number) No. 12 W. Pine Street

5. Full Name of Mother, Sophie Friedrike Beyer

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Vogelsdorf Germany

8. Full Name of Father, John Leonhard Beyer

9. Father's Occupation, Bakery

10. Father's Birthplace, Neustadt a/Aisch Germany

Name of Medical Attendant, or other person who makes this Return. Susan Smith

Address, 29 W. Baltimore St

Remarks,

1891000138 1

MAY 13 1891

BOARD OF HEALTH

BALTIMORE

Sec. 2. And be it further ordained, That it shall be the duty of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the person otherwise required to report the birth shall be unable to do so, the duty of the person or persons with whom the mother of such child resides to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as fines and penalties are recoverable.

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Other

3. Date of Birth, May 8 - 9

4. Place of Birth, (Street and Number) 115 E Lemmon St.

5. Full Name of Mother, May Perry

6. Mother's Maiden Name,

7. Mother's Birthplace, Maryland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Charles E Grenz M.D.

Address,

Remarks,

1891000382

HEALTH DEPARTMENT BALTIMORE MD. MAY 15 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Every case of death and every birth to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the requirements of this section shall be guilty of a misdemeanor, and subject to the fine of ten dollars, to be recovered as other fines are recoverable.

RETURN OF A BIRTH A 30403.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6 th.
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* W.
4. *Date of Birth,* May 10/91
5. *Place of Birth, (Street and Number)* 1729 N. Caroline
6. *Mother's Maiden Name,* Eugenia E. Lunan
7. *Mother's Birthplace.* " " Brooks
8. *Full Name of Father,* B. C.
9. *Father's Occupation.* Alvin L. Lunan
10. *Father's Birthplace,* Clerk
    Name of Medical Attendant, or other person who makes this Return. B. C.
    Address, Geo. L. Dillon
    Remarks, 2724 E. Broadway.

1891000 1383

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10th of May 1891
4. Place of Birth, (Street and Number). 1320 Home Wood Ave.
5. Full Name of Mother, Katie Allice
6. Mother's Maiden Name, Katie Adams
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H. Allice
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return. Crescentia Kunkel

Address, 213 North Chapel St. for Justina Kunkel

Remarks, Healthy

9 10001384

third day of each and every month to be office of the Commissioner of Health. In case no birth or stillbirth shall occur within the time above specified, it shall be the duty of the said physician, midwife or other person in attendance upon such birth to the Commissioner of Health, in the manner and within the time above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines are recoverable.

PRINTED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Mulatto

ate of Birth, May 10 - 9' 15- Wednesday

lace of Birth, (Street and Number) Maternity

ull Name of Mother, Julia Dayton

6. ther's Maiden Name,

7. Mother's Birthplace, Maryland

8. Full Name of Father, Unk

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendent, or other person who makes this Return. Martha Ernest

Address,

Remarks,

1891000138 5

BALTIMORE, MD. MAY 19 1891

...and 2, Sec. 2. Be it ordained ... that it shall be the duty of the Board of Health ... In case the birth of any child ... third day of each and every month to the office ... penalty, or should no other person be in ... shall occur without the attendance of a physician ... duty of the person or parents of such ... attendance of the midwife ... within the period above required, and ... child born within the limits of ... with the ... any such person or persons who shall neglect or refuse to comply with the ... Jected to the fine of ten dollars for each offense, to be collected ... recoverable.

4M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, May 10th

4. Place of Birth, (Street and Number) #930 Fulton ave

5. Full Name of Mother, Fannie Elizabeth Lathrum

6. Mother's Maiden Name, Scheibein

7. Mother's Birthplace, Balto City

8. Full Name of Father, Peter Remigius Lathrum

9. Father's Occupation, Carpenter

10. Father's Birthplace, Charles Co Md

Name of Medical Attendant, or other person who makes this Return. Mary E Shakeny

Address, 731 Cumberland St

Remarks, 8910001386

DEPARTMENT, MAY 12 1891 BALTIMORE, MD.

Rule 2. Every physician in attendance upon a case of birth shall, within ten days after the birth, report the same to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, stating the name, sex, color, date and place of birth, and the name, residence and occupation of the parents, and the number of the child of the mother, if living, and if dead, the number of children born dead; and if there be no physician in attendance, the midwife, parent, householder or other person having knowledge of the facts shall report the birth within the same time. Every person who shall neglect or refuse to make such report as required by this rule shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 3017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 12 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Baltimore Md May 10th 1891
4. Place of Birth, (Street and Number)	429 S Paca St
5. Full Name of Mother,	Caroline Wietrzychowski
6. Mother's Maiden Name,	Ludwig
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Friedrich Wietrzychowski
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Kenning
Address,	414 S Paca St
Remarks,	Mother and Child Well

1891000387

said Selectable with the Reverse, duly signed by the person making the return, and shall be delivered to the Registrar of Vital Statistics within the first day of each month the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall become the duty of the parent or other person having charge of such child to report the birth, and any such person fail to comply with the requirements of this section, he shall be subject to the fine of ten dollars for each offense, to be recovered as debts of like amount are recoverable.

BEN. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 11th 1891
4. *Place of Birth (Street and Number),* Cor Madison & Sterling Sts
5. *Full Name of Mother,* Florence Thiele
6. *Mother's Maiden Name,* Florence Smith
7. *Mother's Birthplace,* Georgia
8. *Full Name of Father,* Thomas F. Thiele
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Alabama

Name of Medical Attendant. or other person who makes this Return. Dr. Jones M.D.

Address, 703 E Preston St

Remarks, 1891000138 8

MAY 13 1891

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the board aforesaid, or should no other person be in attendance the duty of the attendance of a physician or midwife shall become the duty of the person or parents of such child, and the Commissioner of Health is hereby authorized to appoint a person to perform the duties of registrar, who shall hereafter fail to make such return shall be subjected to the penalty of ten (10) dollars for each offence, to be recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11 May
4. *Place of Birth, (Street and Number)*	726 S. Ann St.
5. *Full Name of Mother,*	Kate Yeleski
6. *Mother's Maiden Name,*	Wiesel
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	Frank Yeleski
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return,	Mary Krotyska
Address,	800 S. Ann St.
Remarks,	

1891 0001389

MAY 12 1891 BALTIMORE C

WM. J. D. BULANY CO. CITY PRINTERS AND STATIONERS

Said midwife shall be delivered, duly signed by the person next in the order of preference in the preceding section, who shall report the same to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the person or parents of such child to report its birth immediately thereafter in like manner as if a physician had been in attendance. Any person or persons who shall neglect or refuse to report any birth within the time prescribed by this section shall be subject to a penalty of ten dollars for each offense. All penalties incurred as aforesaid may be collected as other fines and forfeits to the use of the city are recovered. All penalties incurred as aforesaid may be collected as other fines and forfeits to the use of the city are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 20 94

4. Place of Birth, (Street and Number) 20 St Paul St

5. Full Name of Mother. Annie Gaver

6. Mother's Maiden Name, Annie Appel

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Richard Gaver

9. Father's Occupation, Clerk

10. Father's Birthplace, Md

Name of Medical Attendent, or other person who makes this Return. Dr. J. Gilmour Pue

Address, 1115 E. Baltimore St

Remarks, 1894 10001390

been committed. (R. S. Art. 43, Sec. 13.) Any physician or practitioner in this city or county who shall neglect or refuse to comply with the provisions of this section shall forfeit and pay the sum of ten dollars for each offense, to be recovered as debts of like amount are recoverable. (Act 1894, Ch. 110, Sec. 13.) Any midwife or other person who shall attend at the birth of any child shall cause the same to be registered, and shall deliver to the parent or parents of such child a certificate of such registration, duly signed by the Commissioner of Health, or by such person as he may appoint for that purpose, and for every neglect or refusal to comply with the provisions of this section such midwife or other person shall forfeit and pay the sum of ten dollars, to be recovered as debts of like amount are recoverable. (Act 1894, Ch. 110, Sec. 13.) Any physician or practitioner in this city or county who shall neglect or refuse to comply with the provisions of this section shall forfeit and pay the sum of ten dollars for each offense, to be recovered as debts of like amount are recoverable.

FROM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 30411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
Date of Birth.	May 9th 1891
Place of Birth. (Street and Number)	Wall st between West and Fulton sts
Full Name of Mother.	Jane Esline
Mother's Maiden Name,	Jane Hall
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Esline
9. Father's Occupation,	Labourer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ann E Smith
Address,	Hamburg st No 102
Remarks.	

1891 00 01391

MAY 14 1891 BALTIMORE, MD. DEPARTMENT

RETURN OF A BIRTH A 30111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	May 8, 1891
4. Place of Birth, (Street and Number)	1138 Warner St
5. Full Name of Mother,	Amelia Butler
6. Mother's Maiden Name,	Amelia Butler
7. Mother's Birthplace,	Charles Co. Md
8. Full Name of Father,	William A. Butler
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Charles Co. Md
Name of Medical Attendant, or other person who makes this Return.	Abilla Brooks
Address,	1132 Warner St.
Remarks,	Doing well.

1891 0001392

MAY 14 1891 HEALTH DEPARTMENT BALTIMORE MD.

This return is not to be received unless signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. To cause the birth of any child to be registered without the attendance of a physician or practitioner of midwifery, the parent or parents of such child to report all births occurring in his or her family, and in default thereof, shall be subjected to the fine of ten dollars for each offence, to be suggested before any justice of the peace, and all fines are recoverable.

WM. J. C. CLEARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 30413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	Colored
Date of Birth,	May 9 1891
Place of Birth, (Street and Number)	4 804 south Eutaw st
Full Name of Mother,	Carrie gross
Mother's Maiden Name,	Carrie Nicholson
Mother's Birthplace,	Queens ann County md
Full Name of Father,	John gross
Father's Occupation,	Heard Laborer
Father's Birthplace,	Calvert County md.
Name of Medical Attendant, or other person who makes this Return.	Milah gross
Address,	229 yarker st.
Remarks,	

1891000 1393

MAY 13 1891

FAIRMOUNT

EUTAW

...said schedule shall be delivered daily, prior to the hour of noon, to the undersigned, a certificate between the first and the 15th of each month, to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, the parent or other person having charge of such child shall report the birth to the undersigned, who shall thereupon visit the house where such birth occurred, and ascertain the particulars required to be registered, and report the same to the office of the Commissioner of Health; and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 1st

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, May 13th 1916
4. Place of Birth, (Street and Number) 1112 Mt Royal Terrace.
5. Full Name of Mother, Laura V Steinkamp,
6. Mother's Maiden Name, Laura V Riddlemoser,
7. Mother's Birthplace, Baltimore City Md.
8. Full Name of Father, William Steinkamp,
9. Father's Occupation, Lens Manufacturer, Md
10. Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return, John L Chrazer M.D.

Address, 662 W Lexington St

Remarks, 1916 10001394

MAY 15 1916 BOARD OF HEALTH BALTIMORE, MD. REGISTRATION DEPARTMENT

Sec. 2. It shall be the duty of every physician or midwife in attendance upon any case of birth occurring after the passage of this ordinance, to report the same to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents of such child shall report its birth to the Commissioner of Health in the manner above required, and in default of so doing shall be subject to the penalties provided in the preceding section. And in case the mother, immediately thereafter, shall become ill, it shall be the duty of the person in charge of her to report the birth of such child to the Commissioner of Health in the manner above required, and for each offense shall be subject to a fine of ten dollars. Sec. 3. And be it ordained that the provisions of this ordinance are recoverable before any such person or persons may be arrested, and for each offense shall be subject to a fine of ten dollars.

RETURN OF A BIRTH. A. 30114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)
2. Sex, (state whether male or ~~female~~)
3. Color or Color, (if ~~not of the~~ white race)
4. Date of Birth, May 2 P
5. Place of Birth, (Street and Number) - 2 - Light St
6. Full Name of Mother, Eva Emma Coats
7. Mother's Maiden Name,
8. Mother's Birthplace, Va.
9. Full Name of Father. Frederick Coats
10. Father's Occupation. Grocer -
11. Father's Birthplace, Balto
12. Name of Medical Attendant, or other person who makes this Return. Dr Emma E Rehn
13. Address, 2 - - Light St.
14. Remarks,

8910001395

MAY 1st 1891

THE REMEDY

GEO. J. O. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A H A 30416

To the Office of Registrar of Vital Statistics, Board ath, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Vierte grantes Kind

1. Sex, (state whether male or female) weiblich
2. Race or Color, (if not of the white race) Weiß
3. Date of Birth, Vier zwanzig Mai May-2-91
4. Place of Birth, (Street and Number) Lauramuerenn N. 1807
5. Full Name of Mother, Mary Janda
6. Mother's Maiden Name, Mary Randlik
7. Mother's Birthplace, Böhmen
8. Full Name of Father, Thomas Randlik
9. Father's Occupation, Tischler
10. Father's Birthplace, Böhmen

Name of Medical Attendant, or other person who makes this Return. Mary Hanzlik

Address, S. Eager N. 2030

Remarks, 1 8 9 1 0 0 0 1 3 9 6

shall swear with the [illegible] ...ake ... or ... attendance upon the mother, immediately thereafter, it shall become the duty of the Physician, Midwife, Nurse or other person in attendance upon the mother, to make a return of the birth within the Period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, John Smith Fenby

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 10 – 1891.
4. Place of Birth, (Street and Number) 1201 N. Eden st.
5. Full Name of Mother, Martha S. Fenby
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, Carroll Co. Md
8. Full Name of Father, Edwin B. Fenby
9. Father's Occupation, Physician
10. Father's Birthplace, Balto. Co. Md

Name of Medical Attendant, or other Person who makes this Return. E. B. Fenby M. D.

Address, 1201 N. Eden st.

Remarks,

1 8 9 1 0 0 0 1 3 9 7

...under whose charge or Superintendence he is to be, in this City, and shall keep a true and correct register of each birth that shall occur in such house, and to it be furnished by the Commissioner of Health. This schedule shall contain a ...the births which have occurred under his or her care during the month, and shall state the name, occupation of its ascertained the full name of any child shall have been given subsequent to the time of such report, the date and place of birth of such child shall be reported as soon as the same shall be ascertained. Every ...parents, the date and place of birth of such child shall be reported as soon as the same shall be ascertained. ...birth of any child shall reside without the attendance of a Physician or Midwife, it shall be the duty of the parent ...be in attendance upon the mother, immediately thereafter to report such birth to the Commissioner of Health. ...report the birth to the Commissioner of Health, as required by this section, such person shall be liable to a ...or imprisonment in the discretion of the Court. Every midwife practising midwifery in the City of Baltimore ...for each offence to be recovered as other fines and forfeitures are by law recoverable.

BALTIMORE, MD.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* Black
4. *Date of Birth,* April 30 "
5. *Place of Birth, (Street and Number)* 1539 N Hoffman St
6. *Full Name of Mother,* Martha Huston
7. *Mother's Maiden Name,* " Spriggs
8. *Mother's Birthplace,* Balto City
9. *Full Name of Father,* Wyatt Huston
10. *Father's Occupation,* Waiter
11. *Father's Birthplace,* Fluvanna Co Va

Name of Medical Attendant, or other person who makes this return John L Huck

Address, #647 Lafayette Ave (West)

Remarks,

8910001

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under either a regular or irregular system or practice, and every person who shall hereafter take charge of any case of child birth and who shall not call in a physician, shall, within ten days after the birth of each child, enter the name on a blank to be furnished by the Commissioner of Health, or his agent, which blank shall contain a list of the questions required to be answered touching the birth of any child, and shall have been conferred, shall be delivered, duly signed by the practitioner, midwife or other person who shall have charge of the case, to the Commissioner of Health, or his agent, within the first and third days of each and every month to the office of the Commissioner of Health, and every midwife, physician or other person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered, with costs and forfeitures, by the Commissioner of Health, or his agent, before any justice of the peace of Baltimore City.

BALTIMORE, MD.

SEC. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-11-56

RETURN OF A BIRTH. A 3042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Elizabeth Garrett

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 16 May
4. Place of Birth, (Street and Number) 400 Pinkney Place
5. Full Name of Mother, Barbara Garrett
6. Mother's Maiden Name, " Rosenberg
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Garrett
9. Father's Occupation, Waiterman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs R. Hiltz

Address, 302 Hollabird

Remarks,

8910001399

said schedule shall be delivered, duly signed by the petitioner in the presence of the Commissioner, to the office of the Commissioner of Health, in the City Hall, on the third day of each and every month to the close of the Commissioner's office on that day, and shall state when and where the birth occurred, and the name, sex, color and residence of the child, and the name, residence and occupation of the parents, and the attendance upon the mother, immediately previous to and at the birth of the child; and if no other person be in attendance upon the mother, immediately previous to and at the birth of the child, it shall be the duty of the mother to report the birth of such child to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the various provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, which may be recovered, together with costs, before any justice of the peace of Baltimore City, in the name of the State of Maryland, for the use of the Board of Health of Baltimore City; and all fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN F A BIRT

To the Office of Registrar of Vital Statistics, Bo 1

BALTIMORE CITY.

Name: Clara Hartwell

1. *Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	three
2. *Sex, (state whether male or female)*	female
3. *Race or Color, (if not of the white race)*	White
4. *Date of Birth,*	May 10, 91
5. *Place of Birth, (Street and Number)*	1013 N. Monument St
6. *Full Name of Mother,*	Mary L. Hartwell
7. *Mother's Maiden Name,*	" Brown
8. *Mother's Birthplace,*	Baltimore
9. *Father's Full Name of Father,*	Edward M. Hartwell
10. *Father's Occupation,*	Physician
Father's Birthplace,	Iowa
Name of Medical Attendant, or other Person who makes this Return.	W. Ford
Address,	1510
Remarks,	

CITY OF BALTIMORE 1901

That any Physician, M... advise at the birth of an... within six days there... born, its or their ... of the parents

8 9 1 0 0 0 1 4 0 0

JOHN B. PIET, PRINTER

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 10 1891
4. Place of Birth, (Street and Number) 1235 Holland St
5. Full Name of Mother, Martha A Walstrom
6. Mother's Maiden Name, " " Horist
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Wm M Walstrom
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. J T Speckmall M D

Address, 14 N Patterson Park Ave

Remarks,

1891000140 1

and selfcrime shall be discovered, and proved by the testimony of a single witness, such witness shall receive one-half of said penalty, and the remaining one-half shall be paid to the Commissioner of Health, to be applied to the use of the Board of Health. And in case the birth of any child shall occur within the limits of a physician's or practitioner's practice, and the person or parents of such child to report its birth as above required, and the mother, immediately thereafter, shall become subject to the penalties of this section. Midwives are required to report births in the same manner, and with the same penalties as physicians. Any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30173.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Twin
1. *Sex, (state whether male or female)*	Male and Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 11, 1891
4. *Place of Birth, (Street and Number)*	1418 Johnson St
5. *Full Name of Mother,*	Clara K. Richardson
6. *Mother's Maiden Name,*	Clara K. Smith
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William E. Richardson
9. *Father's Occupation.*	Shipcarpenter
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. R. Leakey
Address,	213 E. North St
Remarks,	Twin to Female

1891 MAY 15 1891

1891 0001402

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month next after the birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person report such birth as required by this section within the time above required, and attendance upon the mother immediately thereafter, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine or fines for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 30424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 14 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 12 th

4. Place of Birth, (Street and Number) Balto cleaveland st 1340

5. Full Name of Mother, Georgeanna Jolly

6. Mother's Maiden Name, Parsley

7. Mother's Birthplace, City

8. Full Name of Father, William T Jolly

9. Father's Occupation, Labor

10. Father's Birthplace, Parchester co md

Name of Medical Attendant, or other person who makes this Return, Mrs Millat

Address, W 1443 Ward st

Remarks,

1891000 1403

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the father or mother of such child to report its birth within ten days thereafter to the Commissioner of Health, in the manner and form above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered before any other fines and forfeitures are recoverable.

GEO. J. C. KILGANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th

1. Sex, (state whether male or female) Mail
2. Race or Color, (if not of the white race) Colored Race
3. Date of Birth, Mar 12th 1921
4. Place of Birth, (Street and Number) Broadway alley bet Bell &
5. Full Name of Mother, Lucy Carroll
6. Mother's Maiden Name, Anna Lewis
7. Mother's Birthplace, Fredericksburg Va
8. Full Name of Father, Ralph Carroll
9. Father's Occupation, Lumber yard
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. Mary Emma Brooks

Address, [illegible]

Remarks,

1891000404

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 13, 1891

4. Place of Birth, (Street and Number) 2016 Division

5. Full Name of Mother, Rebecca Roberts

6. Mother's Maiden Name, Rebecca Pritchett

7. Mother's Birthplace, Md

8. Full Name of Father, John T. Roberts

9. Father's Occupation, Miner

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. H. B. Noble, MD

Address, 301 Warren av

Remarks,

8910001405

said schedule shall be delivered, duly signed by the practitioner in the form of [illegible] hereinbelow, the first and third day of each and every month to the office of the Commissioner of Health, in [illegible] the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] parents of such child to report its birth [illegible] Commissioner of Health, in the manner and [illegible] above required, and any such person or per[illegible]ho shall hereafter fail to comply with the [illegible]s section shall be subjected to the fine of ten [illegible]llars for each offense, to be recovered as other fines and [illegible] recoverable.

B[illegible]IMORE, MD. MAY [illegible] 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 3047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mather, (state whether 1st, 2d, 3d, &c.) 2c.

1. Sex (state whether male or female), Male
2. Race or Calar (if not af the white race), White
3. Date of Birth, May 14, 1891.
4. Place of Birth (Street and Number), 26 N. Eutaw Ave.
5. Full Name af Mother, Mollie Hoffman
6. Mother's Maiden Name, Mollie Hehl
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Edward C. Hoffman
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. H. D. Wright M.D.

Address, 22 N. Gilmor St.

Remarks,

5910001406

shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case a birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is under the duty of the person or parents of such child to report its birth to the Commissioner of Health, such person shall within the period above required, and in the manner provided by this section, report the birth to the Commissioner of Health, and shall be subjected to the penalty hereinafter fall to be imposed for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

30428.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, May 14th 1891
5. Place of Birth, (Street and Number) 2251 East Baltimore Street
6. Full Name of Mother, Kate Isabella Callear
7. Mother's Maiden Name, " " Brooks
8. Mother's Birthplace, East Liverpool, Ohio
9. Full Name of Father, Noble Callear
10. Father's Occupation, Potter
11. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. James H. McShane

Address, 28. Patterson Park Ave.

Remarks,

1891000 1407

MAY 7 1891 BALTIMORE MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 15 1891 MORNING

1. *No. of Child of Mother.* (*state whether 1st, 2d, 3d, &c.*) 1st & X
2. *Sex.* (*state whether male or female*) Male
3. *Color or Color.* (*if not of the white race*)
4. *Date of Birth.* May 6
5. *Place of Birth.* (*Street and Number*) 875 N Franklin
6. *Full Name of Mother.* Emma Louise Feltman
7. *Mother's Maiden Name.* " " Terry
8. *Mother's Birthplace.* Balto
9. *Full Name of Father.* Wm A Feltman
10. *Father's Occupation.* Carpenter
11. *Father's Birthplace.* Va

Name of Medical Attendant, or other Person who makes this Return J. M. Handley

Address. 1002 E Monument ave

Remarks.

1 8 9 1 0 0 0 1 4 0 8

CITY PRINTER AND STATIONER.

RETURN OF A BIRTH A30430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. Sex, (state whether male or female)	Female,
2. Race or Color, (if not of the white race)	White,
3. Date of Birth,	May 7th 1891,
4. Place of Birth, (Street and Number)	131 Camden st,
5. Full Name of Mother,	Mary Ambrose,
6. Mother's Maiden Name,	" Sagarder,
7. Mother's Birthplace,	Lithuania,
8. Full Name of Father,	Wm Ambrose,
9. Father's Occupation,	Tailor,
10. Father's Birthplace,	Lithuania,
Name of Medical Attendant, or other Person who makes this Return,	Chas B. Fay M.D.
Address,	920 E Fairmount
Remarks,	1891000 1409

certificate between the first and third day of each and every month, a certificate of the birth of any child born within that time, which certificate shall contain the name, residence and occupation of the parents of such child, the date of the birth of such child, the sex and color of such child, and the number of such child, if born in wedlock, and shall also state whether such child was born alive or dead, and if dead, whether it was still-born or died after birth, and if after birth, the age at the time of death; and shall also state the name and residence of the physician, midwife or other person in attendance at the birth, and the cause of the death of such child, if dead. Any physician, midwife or other person who shall neglect or refuse to report to the Commissioner of Health, in the manner and within the time above specified, any birth at which he or she was in attendance, or who shall neglect or refuse to comply with the provisions of this section in any particular, shall be guilty of a misdemeanor, and on conviction thereof shall be fined for each offense not less than five or ten dollars

CITY OF BALTIMORE

For Penalties and Violations

RETURN OF A BIRTH

CARD MADE ORDER 6-2-54

A 30431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Lillian Emma Talbot
1. Sex, (state whether male or female)	Female,
2. Race or Color, (if not of the white race)	White,
3. Date of Birth,	May 2nd 1891,
4. Place of Birth, (Street and Number)	1328 N. Chester St.
5. Full Name of Mother,	Emma Cornelia Talbot,
6. Mother's Maiden Name,	Emma Cornelia Creamer,
7. Mother's Birthplace,	Balto City,
8. Full Name of Father,	William Elmore Talbot,
9. Father's Occupation,	Compositor,
10. Father's Birthplace,	Balto City,
Name of Medical Attendant, or other Person who makes this Return	Chas. B. Lingle, M.D.
Address,	920 S. Broadway
Remarks,	

1891000141 0

CITY OF BALTIMORE

A 30434

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 dr
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 8th 1891
4. Place of Birth, (Street and Number)	No 1030 Leadenhall st
5. Full Name of Mother,	Lolley Kinsley
6. Mother's Maiden Name,	Lolley Scherlock
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Kinsley
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Hornung
Address,	No 1517 Byrd st
Remarks,	8 9 1 0 0 0 1 4 1 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 30433.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 7th 1891
4. Place of Birth, (Street and Number) No 127 E Hamilton St
5. Full Name of Mother, Octavia Lampson
6. Mother's Maiden Name, " Johnson
7. Mother's Birthplace, Virginia
8. Full Name of Father, Charles Lampson
9. Father's Occupation, Brickmaker
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, No 1024 Park ave

Remarks, 1891000141 2

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 10th 1891
4. *Place of Birth, (Street and Number)*	No — Leadenhall St
5. *Full Name of Mother,*	Barbra Kouplman
6. *Mother's Maiden Name,*	Barbra Snyder
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	Charles Kouplman
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimor
Name of Medical Attendant, or other person who makes this Return,	Catherine Hornung
Address,	No 1617 Byrd St
Remarks,	1891000141 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 30435.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 11th 1891
4. *Place of Birth, (Street and Number)*	No 212 Randall St
5. *Full Name of Mother,*	Elizebeth Welch
6. *Mother's Maiden Name,*	Elizebeth Brent
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Pat Welch
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Catherine Hannan
Address,	No 1517 Byrd St
Remarks,	1891000141

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A30436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 12th 1891

4. Place of Birth, (Street and Number) 1 Gilmore St. ate 712

5. Full Name of Mother Katie Wheeler

6. Mother's Maiden Name, Katie Lewis

7. Mother's Birthplace. Baltimore City

8. Full Name of Father. Louis C. Wheeler

9. Father's Occupation. Plumber

10. Father's Birthplace. Virginia

Name of Medical Attendant, or other Person who makes this Return. Wm Thorne

Address, 1310 West Pratt St

Remarks, 1891000415

CITY OF BALTIMORE

...rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 30437.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13th of May 1891
4. Place of Birth, (Street and Number) 2226 East Monument St.
5. Full Name of Mother, Lizzie Wikman
6. Mother's Maiden Name, Lizzie Kohman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Wikman
9. Father's Occupation, Steamfitter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Crescentia Kunkel

Address, 213 North Chapel St per Justina Kunkel

Remarks, Healthy

8910001416

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30428

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within SIX days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born, or living, nativity, and residence of the parents, and the maiden name of the mother. [illegible]

CITY REGISTRAR'S OFFICE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 14, 1871
4. Place of Birth (Street and Number)	No. 1711 Grant St
5. Full Name of Mother	Mary Smith
6. Mother's Maiden Name	Mary Scott
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Peter Smith
9. Father's Occupation	Laborer man
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Jennie Foster
Address	No 605 N. Spring St
Remarks	

8910001417

RETURN OF A BIRTH A 304139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	May 14th 1841
4. Place of Birth, (Street and Number)	316 E. Lumburg St
5. Full Name of Mother,	Carrie Florence Byus
6. Mother's Maiden Name,	Carrie Florence Danaker
7. Mother's Birthplace,	Baltimore m d
8. Full Name of Father,	Robert James Byus
9. Father's Occupation,	Black smith
10. Father's Birthplace,	Baltimore m d
Name of Medical Attendant, or other person who makes this Return,	Ellennora. a. anderson
Address,	1434 Patapsco St
Remarks,	8 9 1 0 0 0 1 4 1 8

...day of each and every month to the office of the Commissioner of Health. Any one who shall neglect to report the birth of any child ... shall forfeit and pay for every such offence a penalty of ... dollars, and in addition thereto, if the child shall die without the attendance of a physician or person ... the mother, immediately thereafter it shall be the duty of the person above required, and ... child to report its birth to the Commissioner of Health, under the penalty of ... dollars; and any such person or persons who shall neglect or refuse to make such report ... jected to the fine of ten dollars for each offence, to be recovered as aforesaid. Fines and forfeitures are recoverable ...

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother. (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether~~ male or ~~female~~)
2. Race or Color, (~~if not of the white race~~)
3. Date of Birth, May 15th 1891
4. Place of Birth, (Street and Number) No 10 ½ Caroline St
5. Full Name of Mother, Minnie Spangenberger
6. Mother's Maiden Name, " Ulrich
7. Mother's Birthplace, Germany
8. Full Name of Father, George Spangenberger
9. Father's Occupation, Teamster, Union Transfer Co
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return — Alfred Herzog M.D.

Address, 1102 E Baltimore

Remarks,

6 9 1 0 0 0 1 4 1 9

CITY OF BALTIMORE

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16 '94
4. Place of Birth, (Street and Number) Thames St. 1610
5. Full Name of Mother, Josephine De Martin
6. Mother's Maiden Name, Vashievak
7. Mother's Birthplace, Poland
8. Full Name of Father, Adam De Martin
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kratzka

Address, 802 Aliceanna St.

Remarks, 8910001420

[illegible] day of each and every month to the office of the Commissioner of Vital Statistics, Board of Health, Baltimore City, a Return of the name, sex, color, date and place of birth, and parentage of any child born within said [illegible] days, and which shall not have been reported at the time of such birth, under penalty of [illegible] dollars for each offense. And the Commissioner of Vital Statistics shall have power to require the attendance upon the mother, immediately thereafter, of a physician, midwife or other person who shall have been present at the birth of any child, to report its birth to the Commissioner of Vital Statistics, Board of Health, Baltimore City, as above required, and any such person or persons who shall refuse or neglect to do so shall be subject to the fine of [illegible] dollars for each offense. And the fines and penalties in this section shall be recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 3, 1891.
4. Place of Birth, (Street and Number) No. 24 Washington st. Homestead.
5. Full Name of Mother, Emma Yeakle.
6. Mother's Maiden Name, Emma Burgan.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Joseph Yeakle.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Maryland.

Name of Medical Attendent, or other person who makes this Return. Dr. A. Elsworth, Jr.

Address, 1241 Harford ave.

Remarks,

8 9 1 0 0 0 1 4 2 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 304653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	May 5th 91
Place of Birth, (Street and Number)	1004 Scott St.
5. Full Name of Mother,	Ella Hickman
6. Mother's Maiden Name,	Schaum
7. Mother's Birthplace,	Balto
8. Full Name of Father.	Chas Hickman
9. Father's Occupation.	Clerk
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Harry Wolfe
Address,	403 Hanover St.
Remarks,	8910001422

CITY OF BALTIMORE 1991

said schedule shall be delivered, duly signed by the practitioner in attendance, or the Coroner, if there be no such practitioner, within ten days after the birth, and (third day of each and every month to the Commissioner of Health, a like schedule of all births which shall occur without the knowledge of such physician or midwife. Immediately thereafter it shall be the duty of the Commissioner of Health to report its birth to the Coroner of the City, who shall proceed to investigate the cause of such death, in the manner provided by law. Any midwife, physician or person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

30444

CERTIFICATE CORRECTED

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT MAY 1891 BALTIMORE CITY

Name: William Anthony Kohlepp

1. *Child of Mother, (state whether 1st, 2d, 3d, &c.)* First.
2. *(state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* May 15th 1891.
5. *Place of Birth, (Street and Number)* 905 Penna. Ave.
6. *Full Name of Mother,* Minnie Agnes Kohlepp
7. *Mother's Maiden Name,* Arthur
8. *Mother's Birthplace,* Baltimore Co. Md.
9. *Father's Occupation,* Henry C. Kohlepp Clerk
10. *Father's Birthplace,* Baltimore Md
11. *Name of Medical Attendant,* or other Person who makes this Return. Chas W. Knight M.D.
12. *Address,* 414 N. Frem
13. *Remarks,*

8 9 1 0 0 0 1 4 2 3

born, as or their physical condition, whether still-born or not ... of the parents, and the maiden name of the mother of such ... children.

D. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

A 30446.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, May the 10th 1891
5. Place of Birth, (Street and Number) 18 South Collington av
6. Full Name of Mother, Fizzie Rodman
7. Mother's Maiden Name, Potzer
8. Mother's Birthplace, Baltimore
9. Full Name of Father, John Rodman
10. Father's Occupation, Labor
    Father's Birthplace, Baltimore
    Name of Medical Attendant, or other person who makes this Return. Amelia G Sommers
    Address, 611 South Patterson Park av
    Remarks, 8910001424

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30 556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 12th of May
4. Place of Birth, (Street and Number) 1302 Ashland Avenue.
5. Full Name of Mother, Carrie Annie Estelle Banks
6. Mother's Maiden Name, Carrie Annie Estelle Johnson.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Joseph Banks.
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Riley

Address, 126 Lemmon Street.

Remarks, 1391000 1425

said scheduleshall be delivered, duly signed by the practitioner or person in attendance upon the birth of any child third day of each and every month to the office of the Commissioner of Health, in default of which the birth of any child shall occur without the attendance of a physician or person required by this section to report the birth, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, May 1st 1877
4. Place of Birth, (Street and Number) 1 No 2 Light St.
5. Full Name of Mother, Regie Brashear
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Henry Brashear
9. Father's Occupation, Butcher
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, No 1603 S. Charles St.

Remarks, [illegible]

8910001425

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 14th 1891
4. Place of Birth (Street and Number)	#1706 Hollins St.
5. Full Name of Mother	Addie K. Muldoon
6. Mother's Maiden Name	" Springer
7. Mother's Birthplace	Maryland
8. Full Name of Father	Jerome D. Muldoon
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto. — Md.
Name of Medical Attendant, or other Person who makes this Return.	J. Ridgely Hammond
Address	#502 N. Carey St.
Remarks	

8 9 1 0 0 0 1 4 2 7

within six days thereafter, stating distinctly the date of the birth, the sex, and color of the child or children born, its or their physical condition, whether still born or alive, the name, age, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 30459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) M.
2. Race or Color, (if not of the white race) W.
3. Date of Birth, May 10 1911
4. Place of Birth, (Street and Number) 1111 Fort & Penn bridges Ave.
5. Full Name of Mother, Lela Stokes Cummings
6. Mother's Maiden Name, Stokes
7. Mother's Birthplace, Norwood, Prince Edward, Va.
8. Full Name of Father, William Cummings
9. Father's Occupation, Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. A. J. Kenny

Address,

Remarks,

8 9 1 0 0 0 1 4 2 8

Third Copy of each and every month to the office of the Commissioner of Health, in the manner and form prescribed by law. Any person who shall attend upon any case of birth or death without the attendance of a physician or practical midwife duly authorized, and shall neglect to report such birth or death, or shall neglect or refuse to report the attendance upon the mother, immediately to the Commissioner of Health, in the manner and form prescribed by law, or shall neglect or refuse to report the name of any child to report its birth, as required by law, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	May 16th 1891.
4. Place of Birth, (Street and Number)	102 N Chester st
5. Full Name of Mother,	Amanda Lewis
6. Mother's Maiden Name,	" Jones
7. Mother's Birthplace,	Dorchester Co. Md
8. Full Name of Father,	Capt Major O Lewis
9. Father's Occupation,	Oyster merchant
10. Father's Birthplace,	Dorchester Co. Md
Name of Medical Attendant, or other person who makes this Return.	D W Cattell M.D
Address,	1308 N Charles st
Remarks,	8910001429

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, A 30451.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH CITY OF BALTIMORE MAY 18 1891

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth* 10 1/2 o'clock A.M. Sunday May 17th 1891
5. *Place of Birth, (Street and Number)* 3011 O'Donnell St
6. *Full Name of Mother* Mary Fuller
7. *Mother's Maiden Name* Fuller
8. *Mother's Birthplace* In Baltimore City
9. *Full Name of Father* Charles Fuller
10. *Father's Occupation* Flagman B&O R.R.
11. *Father's Birthplace* New Jersey

Name of Medical Attendant, or other Person who makes this Return. J. E. Pickard M.D.

Address 1010 S. Chesapeake St

Remarks Natural head presentation Labor 10 hours

I was in attendance 8 P.M. 17th 3 Child doing well

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

A 30454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. 2nd Day 1891
4. Place of Birth, (Street and Number) 116 Harbor Place
5. Full Name of Mother. Lena Katzen
6. Mother's Maiden Name. " Schapiro
7. Mother's Birthplace. Russia
8. Full Name of Father. Hyam Katzen
9. Father's Occupation. Tailor
10. Father's Birthplace. Russia

Name of Medical Attendant, or other person who makes this Return. C. Schram M.D.

Address. 12 Clement 56

Remarks. 8910001431

MAY 1891 HEALTH DEPARTMENT CITY OF BALTIMORE

Child dies or each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the attendance upon the mother, immediately thereafter, to make report and within the time above required, and child to report its birth, as herein required, he shall forfeit and pay for each offense, to the use of the City, any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered before any justice of the peace, as other fines are recoverable.

WM J C SULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	3
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	March 2nd, '91
4. *Place of Birth*, (*Street and Number*)	1020 Cathedral
5. *Full Name of Mother*,	Barbara Bruce
6. *Mother's Maiden Name*,	Norris
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	John Bruce
9. *Father's Occupation*,	Painter
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Mary Smith
Address,	1111 Eden St.
Remarks,	8910001432

BM. J.C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 1891 CITY OF BALTIMORE

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) Of Color
4. Date of Birth, 2nd May 1891
   Place of Birth, (Street and Number) 222 Exeter St
5. Full Name of Mother, Parthina ~~Ida~~ Garner
6. Mother's Maiden Name, " Waters
7. Mother's Birthplace, New York
8. Full Name of Father, Edward Garner
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Silverman

Address, 12 Albemarle St.

Remarks,

1891000433

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month following the occurrence of the birth. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the nurse or person in charge to report such birth to the Commissioner of Health. In the manner and within the time aforesaid. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars, to be recovered as in cases of misdemeanors. Penalties are recoverable

WM J C SULLIVAN CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30155.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) white
4. Date of Birth, 3. Mai
5. Place of Birth, (Street and Number) Canet Av. 1467.
6. Full Name of Mother, Josefa Gravenert.
7. Mother's Maiden Name, " Rocka
8. Mother's Birthplace, Böhmen
9. Father's Occupation, Martin Gravenert
10. Father's Birthplace, Laborer
Name of Medical Attendant, or other person who makes this Return. Lignoranger. K. Hoffmann Midwife
Address, 2 Beason st. 1421 Lowe Point.
Remarks, 8910001434

HEALTH DEPARTMENT BALTIMORE CITY MAY 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30 1136.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 19 1895 CITY OF BALTIMORE

2. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.
3. Sex, (state whether male or female) Male
4. Race or Color, (if not of the white race) White
5. Date of Birth, 3d May 1895
6. Place of Birth, (Street and Number) 60 Hanover St
7. Full Name of Mother, Rosa Frieder
8. Mother's Maiden Name, Rosa Frieder
9. Mother's Birthplace, Russia
10. Full Name of Father, Moses Frieder
11. Father's Occupation, Express driver
12. Father's Birthplace, Russia
13. Name of Medical Attendant, or other person who makes this Return, Dr. Schwarcz
14. Address, 43 Calhoun cor Lee St.
15. Remarks, 8910001435

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the duty of reporting such birth shall devolve upon the father of such child, if present in the city at the time of the birth, and upon the person or persons in attendance upon the mother immediately thereafter; and the said physic required, and child, as required by this section, shall be subject to the penalties imposed by section 8 of this article. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 301157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT CITY OF BALTIMORE MAY 6 1899

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th
2. *(state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 4th May 99
5. *Place of Birth, (Street and Number)* 918 E. Pratt St
6. *Full Name of Mother,* Bina Rosenstein
7. *Mother's Maiden Name,* Bina Rosenstein
8. *Mother's Birthplace,* Russia
9. *Full Name of Father,* Harris Rosenstein
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Ideman

Address, 912 Albemarle St

Remarks, 8910001436

1895 J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Section 4. Be it enacted, That any person required by the preceding section to report the birth of a child, who shall fail to report the same within the time prescribed, or who shall refuse or neglect to answer any of the questions required by the said section, or who shall give false answers thereto, shall be guilty of a misdemeanor, and upon conviction thereof before any court of competent jurisdiction, shall be fined not more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable

Section 5. And be it enacted, That it shall be the duty of every physician or midwife in attendance upon any case of birth occurring after the passage of this act, to report the birth of such child to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the mother of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such female who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

A 30168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 6 Mar.
4. Place of Birth, (Street and Number) Cockrie St. 1129.
5. Full Name of Mother, Kate Clark.
6. Mother's Maiden Name, " Mative.
7. Mother's Birthplace, Ireland.
8. Full Name of Father, Patrik Clark.
9. Father's Occupation, Laboer.
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return. Geo. Jerome Mosher

Address, 2 Beason St. 1421 Locus Point.

Remarks,

1891 0001437

said schedule shall be delivered, duly signed by [illegible] (third) day of each and every month to the office [illegible] shall occur without the attendance of a physician [illegible] under the penalty of [illegible] child to report its birth to the Commissioner [illegible] any such person or persons who shall neglect [illegible] jected to the fine of ten [illegible] dollars for each offence, to be recovered as [illegible] fines and forfeitures are recoverable.

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	6th May 1891
Place of Birth, (Street and Number)	1317 Lombard St
Full Name of Mother,	Dora Saxonay
Mother's Maiden Name,	Salesbersky
Mother's Birthplace,	Russia
Full Name of Father,	Aron Saxonay
Father's Occupation,	Baker
Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return,	E. Schreier M.D.
Address,	912 Allen ave St
Remarks,	8910001438

HEALTH DEPARTMENT MAY 13 1894 CITY OF BALTIMORE

said schedule shall be delivered, duly signed by the medical attendant in the form of a certificate between the first and second days of each and every month to the Registrar of Vital Statistics, or to such other person as the Commissioner of Health may designate for the purpose, or, should no other person be in attendance upon the mother, immediately thereafter to the Registrar of Vital Statistics, or the person authorized to act as such, at the office of the Board of Health, Baltimore City, the particulars required, and a certificate shall be delivered with the schedule as aforesaid, by the person in charge of the house, in which any child is born, of the birth of such child, within three days after the birth. Any person who shall neglect to report the birth of any child as required by this section shall be subject to the fine of ten dollars for each offense, and the penalties for violations of any other sections of this ordinance are recoverable

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, May 7 1891

4. Place of Birth, (Street and Number) 1067 E. Chas. Street

5. Full Name of Mother, Katie Knack

6. Mother's Maiden Name. Katie Rhyan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Knack

9. Father's Occupation, Sugar Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Anna Dr. Price

Address, 623 E. Chas. Street

Remarks, 1891000439

HEALTH DEPARTMENT CITY OF BALTIMORE MAY 12 1891

the 1st day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required by this section to report such birth, then the mother shall herself report the same within ten days thereafter; and in case the mother is unable to report, the duty of the person in charge of the house where the birth occurred, and if such birth occurred elsewhere than in a house, then the duty of the person present at the birth, and if the child be born in a public institution, then the duty of the superintendent or other officer in charge of such institution shall be to report such birth as required by this section. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 30461

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1891 CITY OF BALTIMORE

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First
2. *Sex (state whether male or female)* Male
3. *Race or Color (if not of the white race)* White
4. *Date of Birth* May 8 1891
   Place of Birth (Street and Number) 914 Druid Hill Ave.
5. *Full Name of Mother* Emma V. Hartman
6. *Mother's Maiden Name* White
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Geo. H. Hartman
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Baltimore
    Name of Medical Attendant, or other Person who makes this Return. Wm. B. Rider
    Address 917 Harlem Ave.
    Remarks

8 9 1 0 0 0 1 4 4 0

Instructions: Give the number of this child, whether born alive or dead, whether still born or not, the full name, nativity, and residence of the parents, and the maiden condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 3041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	May 1 1891
4. Place of Birth, (Street and Number)	37 Williamson Street
5. Full Name of Mother,	Lesia Schaffer
6. Mother's Maiden Name,	Laura Rooks
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Schaffer
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Samuel Jr. Otis
Address,	1023 S. Carlton Street
Remarks,	891000144 1

HEALTH DEPARTMENT CITY OF BALTIMORE MAY 21 1891

Sec. 3. And be it further enacted, That every midwife or other person, not being a physician or practitioner of midwifery, who shall attend at the birth of any child, shall, within ten days after the birth occurs, make a return thereof to the Registrar of Vital Statistics, in the office of the Board of Health of Baltimore City, in such form as may be prescribed by the Board of Health, and shall state therein the name, if any, which has been given to the child, the sex and color of the child, the time and place of birth, the name, residence and occupation of the parents of the child, and such other information as may be required by the Board of Health; and every midwife or other person who shall attend at the birth of any child without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child, or some one of them, to report the birth to the Registrar of Vital Statistics, in the office of the Board of Health of Baltimore City, in such form as may be prescribed by the Board of Health; and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GUTTY & DE. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	May 13th 91
Place of Birth, (Street and Number)	1603 W. Mosher St
Full Name of Mother,	Mrs Sadie Watson
Mother's Maiden Name,	Miss Sadie Biggs
Mother's Birthplace,	Balto Co Md
Full Name of Father,	Walter C. Watson
Father's Occupation,	Paper Hanger
Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	B. F. Phillips M.D.
Address,	919 W Fayette St
Remarks,	

HEALTH DEPARTMENT MAY 13 1891 CITY OF BALTIMORE

8 9 1 0 0 0 1 4 4 2

Shall be delivered, duly signed, by the person over in the area of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the mother of such child shall within the time above specified, report the same to the Commissioner of Health in the manner and within the time required, and duly certify the particulars of such birth, to the best of her knowledge and belief. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ORG. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 14th 91
4. *Place of Birth, (Street and Number)*	1541 S. Charles St
5. *Full Name of Mother,*	Mrs Fannie Palmer
6. *Mother's Maiden Name,*	Fannie Shannon
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas E Palmer
9. *Father's Occupation,*	Brick Layer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	B. F. Phillips M.D.
Address,	919 W Fayette St
Remarks,	Very tedious and difficult Labour

1891000443

HEALTH DEPARTMENT MAY 1891 BALTIMORE

said schedule shall be delivered, duly signed by the physician in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, then the duty of the person or parents of such child to report the same as above required, and the penalty for neglect, shall devolve upon the person who shall hereafter be in attendance upon the mother. Any such person or persons who shall hereafter neglect to make such return shall be subjected to the fine of ten dollars for each and every such neglect, which penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30165.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 1 1891 CITY OF BALTIMORE

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

2. Sex or Color, (state whether male or female) Female

3. Date of Birth, White

4. Place of Birth, (Street and Number) March 16th 1891

5. Full Name of Mother, 1012 Appleton Ave

6. Mother's Maiden Name, Sarah Radcliff

7. Mother's Birthplace, Rush

8. Full Name of Father, Washington D C

9. Father's Occupation, William Edward Radcliff

10. Father's Birthplace, Collector

Name of Medical Attendant, or other person who makes this Return. Baltimore

Address, Frank Crouch M.D.

Remarks, 720 Fremont Ave

1 8 9 1 0 0 0 1 4 4 4

Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the householder to cause such birth to be certified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 30066.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 1891 CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, the 14th of may 1891
4. Place of Birth, (Street and Number) 1345 Block Street
5. Full Name of Mother, Mary Shaney
6. Mother's Maiden Name, Mary Nordmond.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank. P. Shaney
9. Father's Occupation, Boiler maker.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Conner

Address. 1606 Gough Street

Remarks.

1 8 9 1 0 0 0 1 4 4 5

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, then the duty of reporting such birth may be in attendance upon the mother, shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of not exceeding ten dollars for each offence. To be recovered as other fines are recoverable.

GUILARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30467.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child
2. Sex, (state whether male or female) [illegible]
3. Race or Color, (if not of the white race) White
4. Date of Birth, 12 March 1891
5. Place of Birth, (Street and Number) 808 [illegible]
6. Full Name of Mother, [illegible]
7. Mother's Maiden Name, [illegible]
8. Mother's Birthplace, [illegible]
9. Full Name of Father, [illegible]
10. Father's Occupation, [illegible]
11. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible]

8.9 1 0 0 0 ! 4 4 6

RECEIVED MAR 13 1891 CITY OF BALTIMORE

...third day of each and every month to the office of the Commissioner of Health, in case the Birth of any child shall occur without the attendance of a physician or practitioner, the person or parents of such child to report its birth as required above required, and any such person who shall hereafter fail to comply with this section shall be subject to the fine of [illegible] dollars for each offense, to be recovered as debts of like amount are recoverable.

WM. J. C. DULANY CO., CITY PRINTERS AND STATIONERS

Cwe

RETURN OF A BIRTH A 30468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elena Mary Forestì

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth. May 15th 1891

4. Place of Birth, (Street and Number) 228 N. Gilmor St

5. Full Name of Mother, Rosa Forestì

6. Mother's Maiden Name, Rosa Cutinis

7. Mother's Birthplace, Italy

8. Full Name of Father, Antonio Forestì

9. Father's Occupation, Fresco painter

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Amanda Taylor Norris, M.D.

Address, 871 Harlem Avenue

Remarks, 1 8 9 1 0 0 0 1 4 4 7

HEALTH DEPARTMENT OF BALTIMORE MAY 15 1891

Third day of each month every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father or mother, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required. Any person neglecting or refusing to make such report as herein required shall be subject to the fine of ten dollars for each offence. Physicians and midwives are required to make returns of births at which they are in attendance, and for each offence against the provisions and requirements of this section shall be subject to the fine of ten dollars. Blank forms for returns and certificates will be furnished by the Registrar of Vital Statistics, and penalties are recoverable

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RETURN OF A BIRTH A 30469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 16th 91
4. Place of Birth, (Street and Number)	107 W. Randall
5. Full Name of Mother,	Sallie Ann Harn
6. Mother's Maiden Name,	Sallie Ann Scott
7. Mother's Birthplace,	Balto
8. Full Name of Father.	Calvin Harn
9. Father's Occupation.	Conductor on B.O.R.R.
10. Father's Birthplace,	Frederick Co Md
Name of Medical Attendant, or other person who makes this Return.	B F Phillips
Address,	719 W Fayette
Remarks,	

1891000144 8

CITY OF BAL

4M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, May 16th 11.
4. Place of Birth (Street and Number), 220 N. Gilmor St.
5. Full Name of Mother, Mattie Smith
6. Mother's Maiden Name, Mattie Boyd
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Wm. J. Smith
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. M. D. Shiplett M.D.

Address, 220 N. Gilmor St.

Remarks,

8 9 1 0 0 0 1 4 4 9

CITY OF BALTIMORE 1911

shall be delivered, duly signed by the physician, midwife or other person in attendance, at the office of the Registrar of Vital Statistics, Board of Health, within ten days after the birth, and every month to the office of the Commissioner of Health, a return of all births occurring during the month preceding, which return shall be signed by the physician, midwife or other person in attendance at the birth, and shall become the property of the City. Any physician, midwife or other person who shall fail to report in the manner and within the time above specified, the birth of any child born in any house or place visited by him professionally, or who shall fail to report the birth of any child to which he may be called after the birth shall occur without having been called to the mother, immediately upon the birth, shall be liable to a penalty of Ten Dollars for each offence; and any physician, midwife or other person who shall neglect or refuse to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

A 30471.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, May 18th 91.
4. Place of Birth, (Street and Number) 1515 West Fayette St.
5. Full Name of Mother, Ada L. Berryman.
6. Mother's Maiden Name, Ada L. Jenkins.
7. Mother's Birthplace, Canada.
8. Full Name of Father, William H. Berryman.
9. Father's Occupation, Dealer in Meats.
10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return. John D. C. Hazzard M.D.

Address, 662 W. Lexington St.

Remarks, 8 9 1 0 0 0 1 4 5 0

said schedule as it is delivered, duly signed by the practicing physician in the case, or if a certificate between the first and third day of each month to the office of the City Registrar, giving the name, sex, color, date and place of birth of any child born within the city during the preceding month; if no other person shall report the birth of any child within the time above required, and without the attendance of a physician or midwife, the parent or parents, or head of the family in which such child was born, shall report the birth within the time above required, and attendance upon the mother, Commissioner of Health, in the manner above required, and this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

30472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7 child
2. *Sex, (state whether male or female)* female
3. *Race or Color, (if not of the white race)* Coolord
4. *Date of Birth,* may 1st 1911
5. *Place of Birth, (Street and Number)* perry st. 205
6. *Full Name of Mother,* Cloracy Diggs
7. *Mother's Maiden Name,* Cloracy Coates
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* George Henry Diggs
10. *Father's Birthplace,* Baltimore
11. *Name of Medical Attendant, or other person who makes this Return,* mary maker
12. *Address,* R. F. Cooke 123 York st
13. *Remarks,* a full mind daughter 4 Child

CITY OF BALTIMORE

BY J. D. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, 7 day of may 1891
4. Place of Birth, (Street and Number) 124 York St 124
5. Full Name of Mother, Mary E. Scott
6. Mother's Maiden Name, Mary E. Rasin
7. Mother's Birthplace, Talbot County Md 1st of February 1865
8. Full Name of Father, Samuel R. Scott
9. Father's Occupation, Sickford —
10. Father's Birthplace, Samuel R. Scott Baltimore 2 December 1866

Name of Medical Attendant, or other person who makes this Return, Mary Meaka

Address, 128 York St

Remarks, R.L. Coode a full born miss 5 months child

R.L. Coode 123 York St

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appeors immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-54)
Hall of Records Commission

RETURN OF A BIRTH. 30472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7 child
2. *Sex, (state whether male or female)* female
3. *Race or Color, (if not of the white race)* Coolord
4. *Date of Birth,* may 1st 1911
5. *Place of Birth, (Street and Number)* perry st 205
6. *Full Name of Mother,* Clorracy Diggs
7. *Mother's Maiden Name,* Clorracy Lester
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* George Henry Diggs
10. *Father's Occupation,* Pater on B&O train
11. *Father's Birthplace,* Baltimore
12. *Name of Medical Attendant, or other person who makes this Return,* mary maker
13. *Address,* T. L. Cooke 123 Jack st
14. *Remarks,* a full ~~weird~~ ~~Dr~~ ~~attro~~ 4 C child

1891000 1451

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colord
3. Date of Birth, 7 day of may 1891
4. Place of Birth, (Street and Number) 124 York St 124
5. Full Name of Mother, Mary C. Scott
6. Mother's Maiden Name, Mary E. Rasin
7. Mother's Birthplace, Talbot County Md of February 1845
8. Full Name of Father, Samuel L. Scott
9. Father's Occupation, Stickford —
10. Father's Birthplace, Samuel L. Scott Baltimore 12 December 1844

Name of Medical Attendant, or other person who makes this Return, Mary Meaka

Address, 128 York St

Remarks, R.L. Cooke a full born nine 5 months child

R.L. Cooke 128 York St 1891 C 001452

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

A 30414

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, ~~&c.~~)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 12, 1891.
4. Place of Birth, (Street and Number) 3 Mt. Royal Terrace
5. Full Name of Mother, Minnie Morries.
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father, Wm. H. Morries.
9. Father's Occupation, Secretary Young Men's Christian Ass'n.
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Howard A. Kelly.

Address, 905 N. Charles st

Remarks,

1891000 1453

third day of each and every month to the office of the Commissioner of Health, in the City of Baltimore, a certificate of the birth of any child which shall occur without the attendance of a midwife or physician, and the mother of such child shall be subject to the penalties of the preceding section, unless she shall have a reasonable excuse for such neglect; and any midwife or physician who shall neglect to make the certificate required by this section shall be subject to the penalties of the preceding section, unless he shall have a reasonable excuse for such neglect. All penalties imposed by this section shall be sued for and recovered by the Commissioner of Health, in the name of the City of Baltimore, before any justice of the peace of the City of Baltimore, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ... dollars for each offense, to be recovered as aforesaid. (All fines are recoverable.

CITY OF BAL

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30476.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

Sex, (state whether ~~male or~~ female)

Race or Color, (if not of the white race)

3. Date of Birth, May 1, 1891.
4. Place of Birth, (Street and Number) 1307 N. Charles St.
5. Full Name of Mother,
6. Mother's Maiden Name, Smith
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation, Tobacconist
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Howard A. Kelly

Address, 90 S. N. Charles St

Remarks,

8 9 1 0 0 0 1 4 5 4

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, 2d May
4. Place of Birth, (Street and Number) 1715 Bond St
5. Full Name of Mother, Grace E. [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, [illegible]
9. Father's Occupation, Fireman
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 602 [illegible] St

Remarks, [illegible]

1891000 1455

Third day of each and every month to the office of the Commissioner of Health, in the manner required, and shall occur without the attendance of a physician, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1891 J. C. SULLIVAN CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 30477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth. [illegible]
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother. [illegible]
6. Mother's Maiden Name. [illegible]
7. Mother's Birthplace. [illegible]
8. Full Name of Father. [illegible]
9. Father's Occupation. [illegible]
10. Father's Birthplace. [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address. [illegible]

Remarks. 1891000145 6

said schedule shall be delivered, duly signed by the [illegible] third day of each and every month to the office of the Commissioner of Health, in the manner [illegible] shall occur within the said [illegible] number of the house or [illegible] child to report its birth [illegible] the Commissioner of Health, in the manner [illegible] any such person or [illegible] who shall hereafter fail to comply with the provisions [illegible] jected to the fine of [illegible] dollars for each offence, to be recovered as other fines [illegible] forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-2-52

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Vernon Louis ~~Houck~~ First

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) First

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (~~white~~ ~~of the~~ white race)
3. Date of Birth, May 4 - 1891
4. Place of Birth, (Street and Number) 1838 McHenry St
5. Full Name of Mother, Thea Louise Pauline ~~Houck~~ (Houck)
6. Mother's Maiden Name, Felger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Martin William Houck
9. Father's Occupation, Harness maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, C. C. McDowell M.D.

Address, 1521 W. Fayette St

Remarks, 8 9 1 0 0 0 1 4 5 7

said schedule shall be delivered, duly signed by the parent or parents, guardian or other person having charge of such child as aforesaid, to the physician or midwife in attendance upon the birth of such child, or to the person who shall certify the birth of such child, or to the Commissioner of Health, within ten days after the birth of such child; and every physician or midwife in attendance upon the birth of any child, or other person who shall certify the birth of such child, shall deliver to the parent or parents, guardian or other person having charge of such child as aforesaid, a blank schedule as above required, and shall demand the signature thereto as above required; and every physician or midwife in attendance upon the birth of any child, or other person who shall certify the birth of such child, who shall fail to comply with the requirements of this section, shall forfeit to the use of the city the sum of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GEO. J. C. BULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 30479.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, 2nd May 1891
5. Place of Birth, (Street and Number) 940 Eden St.
6. Full Name of Mother, Irene Smith
7. Mother's Maiden Name, Irene Foster
8. Mother's Birthplace, Baltimore
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Lee Bourne

Address, 1611 E. Lexington St.

Remarks,

1891000145 8

CITY OF BALTIMORE 1891

said schedule shall be delivered, duly filled up, to the office of the Commissioner of Vital Statistics within thirty days after the birth of any child born within said city, and in the absence of a physician or Practitioner of Medicine, the other person be in attendance upon the mother, immediately thereafter shall make such return, and the father or mother, or the person who shall have charge of such child to report its birth to the Commissioner after fail to comply with the provisions of this section shall be any such person or persons shall forfeit and pay a sum not less than five nor more than twenty dollars for each offense, to be recovered in the name of the State of Maryland, before any justice of the peace, and when collected to be paid into the treasury of the city of Baltimore, subject to the fine of forfeiture recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) Colard
4. Date of Birth, 7 May 1027 Pine St Balt
5. Place of Birth, (Street and Number) 1627 Pine St Bal
6. Full Name of Mother, Cora Williams
7. Mother's Maiden Name, Cora Cater
8. Mother's Birthplace, Essex Co Va
9. Full Name of Father, Charlie Williams
10. Father's Occupation, Laboring
11. Father's Birthplace, Alexandria

Name of Medical Attendant, or other person who makes this Return, Mary Jones M D

Address, Saratoga St 1191

Remarks,

1 8 9 1 0 0 0 1 4 5 9

...ULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

No. 30481.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, 9 May 1911

Place of Birth, (Street and Number) Belair Ave 1512

5. Full Name of Mother, Mary Pittinger Shafer

6. Mother's Maiden Name, Mary Pittinger

7. Mother's Birthplace, Germany

8. Full Name of Father, Leonard Pittinger Shafer

9. Father's Occupation, Beer Bottler

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Magdalene Brun

Address, 1600 McCulloh St

Remarks,

1 8 9 1 0 0 0 1 4 6 0

CITY OF BALTIMORE 1911

GEO. J. C. SULLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 14th 1891
4. Place of Birth, (Street and Number) 617 N. Paca st
5. Full Name of Mother, Ellen A. McAndrew
6. Mother's Maiden Name, " " Shuman
7. Mother's Birthplace, New York
8. Full Name of Father, Bartholomew McAndrew
9. Father's Occupation, Wholesale Liquor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin

Address, 1927 Huntsville av

Remarks,

8 9	0 0 0	4 6	

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 30483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall forthwith be delivered, duly signed by the practitioner, midwife or other person in attendance, to the Registrar of Vital Statistics of the district in which the birth occurred, and in case of the birth of any child of which no such practitioner, midwife or other person be in attendance, the father or mother of such child, or in case of the death or inability of both parents, then the householder of the house in which such birth occurred, shall within ten days after the birth of such child report the birth to the Registrar of Vital Statistics of the district in which such birth occurred. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	May the 15th 97
4. *Place of Birth, (Street and Number)*	Balto. No 435 Alabama Street.
5. *Full Name of Mother,*	Grace H. Satchell.
6. *Mother's Maiden Name,*	Grace Way
7. *Mother's Birthplace,*	Yorktown Virginia
8. *Full Name of Father,*	Edward Satchell.
9. *Father's Occupation,*	Labor.
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	Mrs. Minty Taylor.
Address,	#162 Sarah ann Street.
Remarks,	8910001462

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) 10th.

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color.* (*if not of the white race*) Colored
3. *Date of Birth,* May 16th 1911
4. *Place of Birth,* (*Street and Number*) 613 Cross Alley
5. *Full Name of Mother,* Louisa Dixon
6. *Mother's Maiden Name,* Louisa Baker
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* James Dixon
9. *Father's Occupation,* Mason
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Taylor

Address, No. 762 Druid Hill Ave.

Remarks, 8910001463

BM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 304 PB.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Saturday Aug 16 th 1891
4. Place of Birth, (Street and Number) 153 Gibes court
5. Full Name of Mother, Sadie Colmon
6. Mother's Maiden Name, Sadie Patterson
7. Mother's Birthplace, Virginia
8. Full Name of Father, Samel Colmon
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Corbine Patterson attendant

Address, 117 Chestnut Street

Remarks, Remarkable Well.

1891 0001464

GEO. J. G. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	18 May
4.	*Place of Birth, (Street and Number)*	Alice Anderson St. 1803
5.	*Full Name of Mother,*	Josephine Gayeski Weber
6.	*Mother's Maiden Name*	Gayeski
7.	*Mother's Birthplace,*	Poland
8.	*Full Name of Father,*	Vincent Weber
9.	*Father's Occupation,*	Poland
10.	*Father's Birthplace,*	Labaral
	Name of Medical Attendant, or other person who makes this Return.	Mary Mrozyska
	Address,	806 S. Ann St.
	Remarks,	18910001465

WM J C BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth... 19 May
4. Place of Birth, (Street and Number) 103 Chesapeak St.
5. Full Name of Mother, Julia Morne
6. Mother's Maiden Name, ~~Julia~~ Morne
7. Mother's Birthplace, Poland
8. Full Name of Father, Wiliam Morne
9. Father's Occupation, Laborar
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kotzka

Address, 806 Hen St.

Remarks, 0910001466

and J. D. SULLIVAN CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 30488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

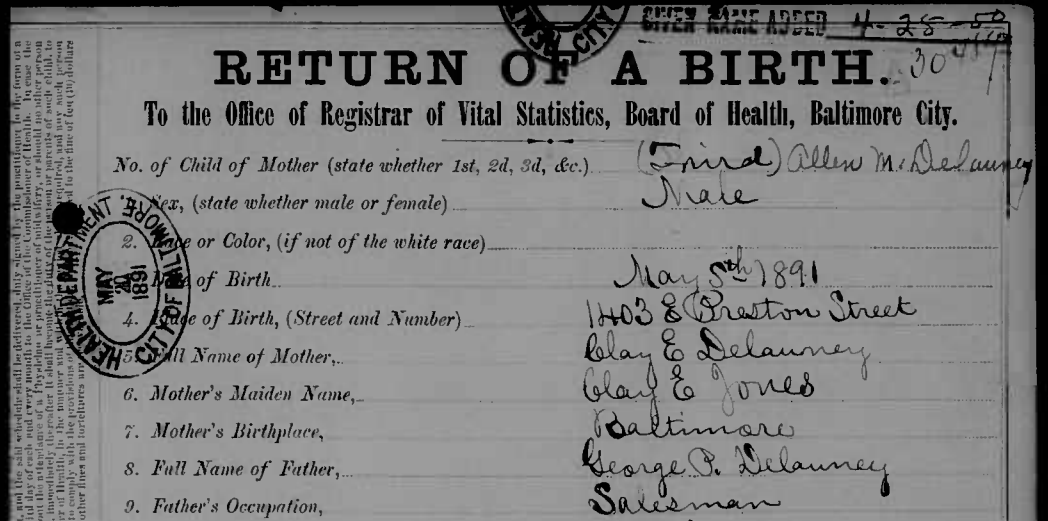
Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8910001467

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CHECK MADE ADDED 4-25-50

30 47

HEALTH DEPARTMENT CITY OF BALTIMORE MAY 20 1891

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	(Third) Allen M. Delauney
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth	May 5th 1891
4. Place of Birth, (Street and Number)	1403 E Preston Street
5. Full Name of Mother,	Clay E Delauney
6. Mother's Maiden Name,	Clay E Jones
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George P. Delauney
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Saml F. Powell MD
Address,	217 Fitzgerald Street
Remarks,	

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the first or third day of each month, at the office of the Registrar of Births, or shall on other person be in attendance upon the mother, immediately the father shall become the duty of the person or parents of such child, to report the birth to the Registrar of Births, in the manner and form above required, and any such person or persons who shall fail to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and penalties are recovered.

1891000 1468

Wm. Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Eighth
   Sex, (state whether male or female) Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 7th 1891
4. *Place of Birth, (Street and Number)* 1406 N Chester St
5. *Full Name of Mother,* Hanna Brown
6. *Mother's Maiden Name,* Hamilton
7. *Mother's Birthplace,* Balto
8. *Full Name of Father.* Edward N Brown
9. *Father's Occupation.* Tailor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. J H Johnson M.D.

Address, 2 Eager St.

Remarks, 8910001469

CITY OF BALTIMORE 1891

said schedule shall be delivered, duly signed by the practitioner in the form of ... the first and ... any child ... has a ... such ... the ... shall ... the ... attendant ... child ... any such person or ... subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. E 30-91.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child
2. Sex, (state whether male or female) Male.
3. Race or Color, (if not of the white race)
4. Date of Birth, May 10 — 1891.
   Place of Birth, (Street and Number) 103 Ostend st
5. Full Name of Mother, Jennie Benton
6. Mother's Maiden Name, Day
7. Mother's Birthplace, America
8. Full Name of Father, William Benton
9. Father's Occupation, Ship carpenter
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. J. Schwasser Midwife

Address, 1032 Hanover st

Remarks,

1 8 9 1 0 0 0 1 4 7 0

CITY OF BALTIMORE 1891

Sec. [illegible] That the certificate of birth, duly signed by the practitioner in the form [illegible] certificate of death, duly signed by the undertaker, shall be delivered, duly signed by the [illegible] said schedule shall be delivered, duly signed by the practitioner in the form [illegible] certificate of death, duly signed by the undertaker, shall be delivered, duly signed by the [illegible] third day of each and every month to the [illegible] or practitioner [illegible] month no other person be [illegible] shall secure such information as [illegible] attendance upon the mother, immediately thereafter it shall be the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section, shall be subject to the fine of ten dollars for each offense. To be recovered as fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
Sex, (state whether male or female)	Male
Race or color, (if not of the white race)	White
Date of Birth,	May 11th 1891
Place of Birth, (Street and Number)	332 Federal St
5. Full Name of Mother,	Jennie Rogland
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Rogland
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Robt B Thomas M D
Address,	1701 Guilford Ave
Remarks,	

8910001471

HEALTH DEPARTMENT
CITY OF BALTIMORE
MAY 20 1891

said schedule, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the father, or in case of his absence, the mother, and in case both parents are dead or unable to act, then the person having charge of such child, or the occupier of the house in which such birth shall occur, shall within ten days after the birth, report the same to the Commissioner of Health, and in default thereof, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 30493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 12. 1891
4. Place of Birth, (Street and Number)	# 758 N. Gilmor St
5. Full Name of Mother,	Elizabeth May Rogers
6. Mother's Maiden Name,	Elizabeth May Hunter
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	William E. Rogers
9. Father's Occupation,	Furniture Remover
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Pappelton St
Remarks,	Name: Edward Andrew Rogers

1891000147 2

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 12 1891
4. Place of Birth, (Street and Number)	605 Pennsylvania ave
5. Full Name of Mother,	Lena Pollitzer
6. Mother's Maiden Name,	" Lendenborn
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Benjamin Pollitzer
9. Father's Occupation,	Store merchant
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	A Friedenwald M D
Address,	30 N Eutaw St
Remarks,	T 8 9 1 0 0 0 1 4 7 3

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 12th 1891
4. Place of Birth, (Street and Number) 506 N Pine st
5. Full Name of Mother, Johanna T Hutchins
6. Mother's Maiden Name, Johanna T Conroy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles L Hutchins
9. Father's Occupation. Notary Public
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppleton St

Remarks,

8 9 1 0 0 0 1 4 7 4

6M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30-96

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 Child
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* May 13 — 1891
5. *Place of Birth, (Street and Number)* 1110 Leadenhall st
6. *Full Name of Mother,* Emma Jeffers
7. *Mother's Maiden Name,* Gundisa
8. *Mother's Birthplace,* America
9. *Full Name of Father,* Joe Jeffers
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return. J. Schnauser Midwife

Address, 1032 Hanover st.

Remarks,

1891000147 5

...shall be delivered, duly signed by the parent or nurse of the child, or by the physician or midwife in attendance upon the birth, to the Commissioner of Health, at the office of the Board of Health, in the City Hall, and no other person is required to make such return. Every such return shall be made within ten days after the birth of any child born in the City of Baltimore, and every month to the office of the Commissioner of Health, by every physician or midwife in attendance upon the birth of a child, during the month next preceding, and every person who shall hereafter practice as a physician or midwife in the City of Baltimore, without the attendance of a duly licensed physician, shall be required to report to the Commissioner of Health, during the first week of each month, the name, residence and number of each child born during the month next preceding, at which he or she was in attendance, and shall comply with the provisions of this section in relation to the return of births. Any person who shall hereafter practice as a physician or midwife in the City of Baltimore, and who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines are recoverable.

...BOARD OF HEALTH BALTIMORE MD

...M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 13 1891.

4. Place of Birth, (Street and Number) 1834 Light st.

5. Full Name of Mother, Dora Wieland.

6. Mother's Maiden Name, Hendel.

7. Mother's Birthplace, America

8. Full Name of Father, Fred Wieland.

9. Father's Occupation, Store-keeper.

10. Father's Birthplace, America.

Name of Medical Attendant, or other person who makes this Return. J. Lohrasser. Midwife.

Address, 1032 Hanover st.

Remarks,

1 8 9 1 0 0 0 1 4 7 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First one

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Light Brown Skin
3. Date of Birth, May 15. 1891
4. Place of Birth, (Street and Number) 903. Parrish alley
5. Full Name of Mother, Alvirta Jane
6. Mother's Maiden Name, Alvirta Dawge
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Francis Jane
9. Father's Occupation, Driver
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Lusia Jane. Midwife

Address, 642. Jasper st

Remarks, 1891000477

said schedule shall be delivered, duly signed by the practitioner a... to the office of the Commissioner of Health, in the manner... third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person above required, and in the absence of such person or persons, then of the parent or parents of such child, to report its birth as above provided; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered, etc. Forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

30499

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, CITY OF BALTIMORE. MAY 20 1891

1. [illegible] Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~4~~ "4"
2. [illegible] (state whether male or female) Male
3. [illegible] or color, (if not of the white race) White
4. Date of Birth. May 15" 1891
4. Place of Birth, (Street and Number) 1708 Lilsle St
5. Full Name of Mother, Maggie Seward
6. Mother's Maiden Name, —
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm A. Seward
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. H. B. Thomas M.D.

Address. 1701 Guilford ave

Remarks.

1891000 1478

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become [illegible] or parents of such child to report its birth [illegible] the Commissioner of Health, in the manner [illegible] above required, and any such person or [illegible] who shall hereafter fail to comply with [illegible] shall be subjected to the fine of [illegible] dollars for each offence, to be recoverable [illegible] are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 10th 91
4. Place of Birth, (Street and Number) Baltimore Md 426 Wilkens
5. Full Name of Mother, Catherine Mahoney
6. Mother's Maiden Name, Catherine Hendley
7. Mother's Birthplace, Maryland
8. Full Name of Father, Richard Mahoney
9. Father's Occupation, Sailor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Dr Scott Lowry

Address, 414 Fulton Ave

Remarks, Mother Lives at 426 Wilkens Ave

1891000479

OF BALTIMORE

...Act to be sent to the Commissioner of Health, Baltimore City, within ten days after the birth of each child ... third day of each and every month of the year, by the physician or practitioner of midwifery in attendance upon ... shall occur without such attendance, then by the owner or agent of the house in which such birth shall occur; ... and in case the mother, immediately thereafter, is not able to make such return, then by the nurse or other ... child to report its birth to the Commissioner of Health, in the manner and within the period ... any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be ... jected to the fine of ten dollars for each offense, to be recovered as other fines are made.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 30500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh Child
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* May 6th 1871
5. *Place of Birth, (Street and Number)* Baltimore Co. 426 Linden Ave
6. *Full Name of Mother,* Catherine Mahoney
7. *Mother's Maiden Name,* Catherine Keating
8. *Mother's Birthplace,* Ireland
9. *Full Name of Father,* Michael Mahoney
10. *Father's Occupation,* Laborer
    Father's Birthplace, Ireland
    Name of Medical Attendant, or other person who makes this Return. Dr. Mary Thompson
    Address, 414 Aisquith St.
    Remarks, Born in Baltimore Co.

1891000480

CITY OF BALTIMORE

BOARD OF HEALTH

1891

Note.—Section 2 of Ordinance No. 1 approved May 3, 1875, requires that a certificate of every child born in the City of Baltimore shall be delivered, by the Physician or Midwife in attendance, or by the parent or nearest relative, to the Commissioner of Health, within ten days after the birth of such child, and every month to the office of the Commissioner of Health, in the manner provided by law. Section 3 of said Ordinance provides that no person shall bury the body of any child or cause the same to be buried, or remove the body of any child from the house where it died, without the certificate of the Commissioner of Health, that the requirements of such section have been complied with, and that the attendance of a Physician or Midwife upon the birth of such child is required, and shall occur without the attendance of a Physician or Midwife, the parent or nearest relative present at the birth shall immediately thereafter make a return of such birth to the Commissioner of Health, in the manner provided by law. Section 4 of said Ordinance provides that any person who shall hereafter fail to comply with the provisions of Section 2 of this Ordinance, shall be subject to a fine of not less than five dollars nor more than twenty dollars for each offence, to be recovered as other fines and penalties are recoverable.

MM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* May 16 1891.
5. *Place of Birth, (Street and Number)* 130 Weber st.
6. *Full Name of Mother,* Anna Fritz
7. *Mother's Maiden Name,* Wagner
8. *Mother's Birthplace,* America
9. *Full Name of Father,* Andrew Fritz
10. *Father's Occupation,* Police officer
11. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return. J. Schwasper Midwife

Address, 1032 Hanover st.

Remarks,

1891000148 1

CITY OF BALTIMORE 1891

said schedule shall be delivered, duly signed by the practitioner in charge of the case, or by the parent or nearest relative present at the birth of any child born in a city institution, to the office of the Commissioner of Health, within thirty-six hours after the birth of such child, and in case of the absence of a physician or nurse from the birth, the parents of such child shall cause the same to be delivered, duly signed by one of the parents of such child, within the time above specified. If a child become a public charge, and shall occur within the limits of the city, the master, mistress or superintendent of the institution into which such child is received shall cause a certificate of such birth to be delivered as aforesaid. Any person who shall hereafter fail to comply with the provisions of this section shall forfeit and pay for each offense, to be recovered as other fines are recoverable, any such person or persons so offending shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT CITY OF BALTIMORE MAR 20 1891

1. *Child of Mother, (state whether 1st, 2d, 3d, &c)* 2. Child
2. *Sex, (state whether male or female)* Boy
3. *Race or Color, (if not of the white race)* White Race
4. *Date of Birth,* Born May 16th 1891
5. *Place of Birth, (Street and Number)* # 104 Stafford Str
6. *Full Name of Mother,* Mrs Katie Mentle
7. *Mother's Maiden Name,* Miss " Krauss
8. *Mother's Birthplace,* Hessen Darmstadt Germ
9. *Full Name of Father,* Mr Henry Mentle
10. *Father's Occupation.* Butcher
11. *Father's Birthplace,* Hessen Germany
12. *Name of Medical Attendent.* or other person who makes this Return. Mrs Heiller
13. *Address,* 2127 West Pratt Str
14. *Remarks,*

1891000148 2

Section 1 and every month to the office of the Commissioner of Health. To case the birth of any child shall occur within the limits of the City of Baltimore after the passage of this ordinance, it shall be the duty of the attendance of a physician or practitioner of midwifery, or of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth as aforesaid. The Commissioner of Health is hereby authorized to require of this section shall be subject to the fine of Ten Dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* Mulatto
4. *Date of Birth,* May 11th 91
5. *Place of Birth, (Street and Number)* 0 0 E. Eager St
6. *Full Name of Mother,* Fannie E Hobert
7. *Mother's Maiden Name,* Stub
8. *Mother's Birthplace,* Balto.
9. *Full Name of Father,* George J Hobert
10. *Father's Occupation,* Provision Dealer
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. J H Goldsmith M.D.

Address, 1301 E. Eager St

Remarks, 8910001483

CITY OF BALTIMORE 1891

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 [illegible] May
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Baltimore
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1891000 1484

OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 Child
2. Sex, (state whether male or female) Girl
3. Race or Color, (if not of the white race) White Race
4. Date of Birth, Born May 17th 1891
5. Place of Birth, (Street and Number) # 15 Cottage Str
6. Full Name of Mother, Mrs Mary Hardy
7. Mother's Maiden Name, Mrs " Dingee
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Mr John Hardy
10. Father's Occupation, Hair Factory
11. Father's Birthplace, Baltimore
12. Name of Medical Attendant, or other person who makes this Return. Mrs Heller
13. Address, 2127 W Pratt St
14. Remarks, 1 0 9 1 0 0 0 1 4 8 5

HEALTH DEPARTMENT CITY OF BALTIMORE MAY 20 1891

Said defendant shall be allowed, and is hereby required, to file this answer in the office of the Clerk of this Court within thirty days after the service of the writ of subpœna upon him, and shall appear in this Court in person or by solicitor on the first day of the next term thereafter, which will commence on the first Monday in October next, and on the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person or parents of such child to report the fact to the Commissioner of Health, in the manner above required, and attendance upon the mother immediately after birth, in the manner above required, and always required, and shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense, to be recovered, with costs of suit, as other penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. B. 30506.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Elisabeth Ethel Keigler

1. *Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	2 Child
2. *Sex, (state whether male or female)*	Boy Female
3. *Race or Color, (if not of the white race)*	White Race
4. *Date of Birth,*	Born May 19th 1891
5. *Place of Birth, (Street and Number)*	~~#~~ 16 W Baltimore St
6. *Full Name of Mother,*	Mrs Mary Keigler
7. *Mother's Maiden Name,*	Mrs ~~Hair~~ Herr
8. *Mother's Birthplace,*	Baltimore
9. *Full Name of Father,*	Mr Wm Keigler
10. *Father's Occupation,*	Butcher
Father's Birthplace,	~~Baltimore~~ Md.
Name of Medical Attendant, or other person who makes this Return.	Hoosier Tannery Mrs Hiller
Address,	2127 W Balt St
Remarks,	1891 0001486

MAY 25 1891 HEALTH DEPARTMENT CITY OF BALTIMORE

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, at the office of the Commissioner of Health, within the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Registrar of Vital Statistics, in the manner and with the particulars required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30507

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

2. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	1st First
3. *Sex (state whether male or female)*	Female
Race or Color (if not of the white race)	White
4. *Date of Birth*	May 19th 1891
4. *Place of Birth (Street and Number)*	731 Asquith st
5. *Full Name of Mother*	Maggie D. Chambers
6. *Mother's Maiden Name*	Maggie D. Wilson
7. *Mother's Birthplace*	Baltimore Maryland
8. *Full Name of Father*	William Bernard Chambers
9. *Father's Occupation*	Lithographer
10. *Father's Birthplace*	Baltimore Maryland
Name of Medical Attendant, or other Person who makes this Return.	E. Michener M. D.
Address	3-26 S. Sharp st
Remarks	

8910001487

HEALTH DEPARTMENT CITY OF BALTIMORE MAY 21 1891

thereafter, stating distinctly the date of birth, sex, and color of each child; if a twin, triplet, or other plural condition, whether still born or not, the full name, nationality, and maiden name of the mother of each child or children.

RETURN OF A BIRTH. A 30608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child
2. Sex, (state whether male or female) Boy
3. Race or Color, (if not of the white race) White Race
4. Date of Birth, Born May 19th 1891
5. Place of Birth, (Street and Number) # 2104 Baltimore Str
6. Full Name of Mother, Mrs Anna Walter
7. Mother's Maiden Name, Wife " Wagner
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Mr Fred Walter
10. Father's Occupation. Car Stables
11. Father's Birthplace, Baltimore
12. Name of Medical Attendant, or other person who makes this Return. Mrs Hille
13. Address, 129 W Pratt St
14. Remarks, 8 9 1 0 0 0 1 4 8 8

CITY OF BALTIMORE 20 1891

SEC. 5. And be it Enacted, That it shall be the duty of the Commissioner of Health to cause the birth of any child first day of each and every month to the Physician or Practitioner or other person in attendance upon the birth, or in default thereof, to the parent or parents of such child, if living in the city, immediately thereafter, if such birth shall occur without the attendance of a Physician or Practitioner or other person, and shall not occur in a public institution within the purview of the next section of this Act; and the Commissioner of Health is hereby authorized to require the production of such evidence as he may deem necessary to satisfy him of the correctness of the statements required to be made in the Return of any such birth; and any person who shall refuse or neglect to comply with the requirements of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines are recoverable.

SEC. 6. And be it Enacted, That it shall be the duty of the Superintendent or other officer in charge of any public institution, within the purview of the next section of this Act, to cause the birth of any child born in such institution to be registered in the manner provided in the preceding section of this Act, and any such person or officer who shall refuse or neglect to comply with the requirements of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines are recoverable.

SM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Dau

RETURN OF A BIRTH A 30509.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Catherine Ametia Townsend

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	May 20 – 91
4. Place of Birth, (Street and Number)	1107 Ashland Ave
5. Full Name of Mother,	Lizzie Townsend
6. Mother's Maiden Name,	Lizzie Harker
7. Mother's Birthplace,	Balt
8. Full Name of Father,	James Townsend
9. Father's Occupation,	Ship Rigger
10. Father's Birthplace,	Balt
Name of Medical Attendant, or other person who makes this Return.	Daniel V Mayer MD
Address,	1200 N Edw St
Remarks,	OK

1 8 9 1 0 0 0 1 4 8 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 30170

e Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mother, (state whether 1st, 2d, 3d, &c.)	Ninth Child
r male or female)	Male two boys
not of the white race)	White
	Eight May
(Street and Number)	Baltimore 112 Collins Alley
of Mother,	Rathel Kelly
Maiden Name,	Rathel McTyre
Birthplace,	Baltimore
of Father,	James Kelly
Occupation,	Labor
Birthplace,	Ireland
Attendant, or other person who makes this Return.	Mrs Ruth A Calhoun No 1206 W. Pratt st

1891 0001490

STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 5th 1891
4. Place of Birth, (Street and Number) 90 S. McHenry St
5. Full Name of Mother, Mary Miller
6. Mother's Maiden Name, Harrington
7. Mother's Birthplace, Balto
8. Full Name of Father, John Lee Miller
9. Father's Occupation. Machinist
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. John Steff
Address, 701 N. Carrollton Ave

Remarks, 8 9 1 0 0 0 1 4 9 1

CITY OF BALTIMORE

STM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Color of Race
3. Date of Birth, 29 May 1891
4. Place of Birth, (Street and Number) 8 Tiane Lalor Court 255
5. Full Name of Mother, mollie Boston
6. Mother's Maiden Name, mollie Jackson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Johnie Boston
9. Father's Occupation, waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 8 9 1 0 0 0 1 4 9 2

CITY OF BALTIMORE

said schedule shall be delivered, duly signed by the person making the return, to the Registrar of the District in which the birth occurred, within ten days after the birth, and a certificate between the first and third day of each and every month thereafter, to the Commissioners of Health, or should no other person be in attendance at the birth, the mother shall make such return and certificate, and shall incur the same penalty for neglect or refusal, as is herein imposed upon any other person required to make the same. Any person or persons who shall practice as a physician or midwife within the City of Baltimore, and who shall neglect to report the birth of any child to the Commissioners of Health, as required by this section, shall be subjected to the fine of ten (10) dollars for each offence. Any person who shall wilfully give a certificate of the birth of any child otherwise than as the same shall have occurred, or who shall wilfully give a certificate of the birth of any child in any case where no birth shall have occurred, or who shall wilfully make any false statement in any certificate required by this section, or who shall neglect or refuse to make any return or certificate required by this section, shall be subjected to the fine of ten (10) dollars for each offence. Penalties and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 3011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 12th
4. Place of Birth, (Street and Number) 316 Hill
5. Full Name of Mother, Mary Ramey
6. Mother's Maiden Name, Mary O'Connell
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Ramey
9. Father's Occupation, Bar tender
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return. Mrs Bridget Burke M.D.

Address, 509 S. Hanover St.

Remarks, + 8 9 1 0 0 0 1 4 9 3

shall reflectale shall be delivered, duly signed by ... Commissioner of ... third day of each and every month to the office ... shall receive such certificate and ... child to report its birth ... who shall thereupon ... any such person or ... Jected to the fine of ten ... certificate between the first and ... In case the birth of any child ... should no other person be in ... the person hereinbefore required, and ... this section shall be subject ... forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 15th 91
4. Place of Birth, (Street and Number) # 711 S Durham St
5. Full Name of Mother, Ella Price
6. Mother's Maiden Name, Kalu
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Price
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Alice Gretzke

Address, # 114 S Bond St

Remarks, 8910001494

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16th 91.
4. Place of Birth, (Street and Number) 1428 Bank st
5. Full Name of Mother, Charlotte Frederick
6. Mother's Maiden Name, Rathgeber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas Frederick
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Gutzke

Address, 1114 S Bond st

Remarks,

1891000 1495

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother.
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendent, or other person who makes this Return.

Address,

Remarks,

8910001496

CITY OF BALTIMORE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colored

Date of Birth, May 21st 1891

Place of Birth, (Street and Number) 629 Fremont Ave

Full Name of Mother, Sophia Gallop

6. Mother's Maiden Name, Sophia Mason

7. Mother's Birthplace, Ft Royal Caroline Co Va

8. Full Name of Father, Isaac Randall Gallop

9. Father's Occupation, Waiter

10. Father's Birthplace, Ft Royal Caroline Co Va

Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. Lane Roberts

Address, 1 E. Lexington St

Remarks,

1 8 9 1 0 0 0 1 4 9 7

CITY OF BALTIMORE RECEIVED MAY 22 1891

Penalties between the first and third day of each and every ... Commissioner of Health. In case the ... delivery, or should no other person ... person or parents of such child to ... be in attendance upon the Commissioner of Health, to the ... report the birth of any child shall occur, within ... immediately thereafter, and ... shall be required to comply with the ... recovered ... as other fines will forfeit ... for each offense to be recovered ...

Murphy & Co., City ...

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Katherine Marie McCarthy 3rd & Agnes L. McCarthy 4th & 5th (Twins)
2. Sex (state whether male or female) Both female
3. Race or Color, (if not of the white race) White - American
4. Date of Birth May 14th 1891
5. Place of Birth, (Street and Number) 509 N. Saratoga St.
6. Full Name of Mother, Rosanna Dennistion McCarthy
7. Mother's Maiden Name, Rosanna Dennistion
8. Mother's Birthplace, Rochester, N.Y.
9. Full Name of Father, Joseph John McCarthy
10. Father's Occupation, Shoemaker
11. Father's Birthplace, London, England.

Name of Medical Attendant, or other Person who makes this Return. Eugene F. Cordell, M.D.

Address, 214 Maryland Avenue.

Remarks, Normal labor - both children born living

Mother Grost 4½ AM & PM 20 8 0 Bm 4 9 8

HEALTH DEPARTMENT MAY 22 1891 BALTIMORE MD.

3-5-5

ascertained the full name of each child (if any) and the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of Midwifery, or should no other person required to report its birth to the Commissioner of Health, in the manner and within the period above mentioned, and any such person or persons who shall hereafter shall fail to comply with the provisions of this section are required, shall be liable to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

John Murphy & Co., Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

30579

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd
2. *Sex, (state whether male or female)*
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* May 5 1891
5. *Place of Birth, (Street and Number)*
6. *Full Name of Mother.*
7. *Mother's Maiden Name,*
8. *Mother's Birthplace.*
9. *Full Name of Father.*
10. *Father's Occupation,*
11. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1891000014 99

HEALTH DEPARTMENT MAY 22 1891 CITY OF BALTIMORE

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 30520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*
2. *Sex, (state whether male or female)*
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,*
5. *Place of Birth, (Street and Number)*
6. *Full Name of Mother.*
7. *Mother's Maiden Name,*
8. *Mother's Birthplace.*
9. *Full Name of Father.*
10. *Father's Occupation.*
11. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1 8 9 1 0 0 0 1 5 0 0

HEALTH DEPARTMENT MAY 22 1891 CITY OF BALTIMORE

parents. The date and place of ... shall be returned to the Office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child to the mother, immediately thereafter it shall be the duty of the person in attendance at such birth to make a return of the particulars required, and as soon as practicable thereafter to deliver the same to the Registrar of Vital Statistics, Board of Health, the penalties for neglect of which are prescribed in Section 1 of Article 12 of the Code. MAY 22 1891 CITY OF BALTIMORE HEALTH DEPARTMENT

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 30521.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
Sex, (state whether male or female)	male
Race or Color, (if not of the white race)	white
Date of Birth,	May 20th 91
Place of Birth, (Street and Number)	2037 S. Charles
5. *Full Name of Mother,*	Mary Garvey Cleeland
6. *Mother's Maiden Name,*	Mary Garvey
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Henry Cornelius Cleeland
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other person who makes this Return.	Wm B. Burch M.D.
Address,	511 Hanover st.
Remarks,	8 9 1 0 0 0 1 5 0 1

CITY OF BALTIMORE 1891

...certificate between the first and ...n cease the birth of any child ...should no other person be in ... shall occur without the attendance ... above required, and ... attendance upon the birth to ... Commissioner of Health ... with the Provisions of ... any such person or persons ... shall hereafter fail to ... section shall be sub- ... jected to the fine of ten (10) dollars for each offense, to be ... tures are recoverable.

...suit schedule shall be delivered, duly signed by the practi... third day of each and every month to the office of the ...

698. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A3077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Nov. 5th 1891

4. *Place of Birth, (Street and Number)* 210 S. Pine St.

5. *Full Name of Mother,* Susie Scott

6. *Mother's Maiden Name,* Susie Scott

7. *Mother's Birthplace,* North Carolina

8. *Full Name of Father,* Edward Scott

9. *Father's Occupation,* Coal Shoveler

10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other Person who makes this Return. Jno. F. Kirk

Address, 210 S. Pine St.

Remarks,

1891 CITY OF BALTIMORE REGISTER'S DEPARTMENT

8 9 1 0 0 0 1 5 0 2

parents, his duty and that of the [illegible] every midwife [illegible] of the Commissioner of Health. In case the certificate between the first and third day of each and every month [illegible] birth of any child shall occur without the attendance of a physician or midwife, [illegible] be in attendance upon the mother, immediately thereafter, [illegible] person or parents of such child to report to the Registrar the facts required to be reported by this section, and any such person or persons who shall [illegible] shall be required, and any such person shall [illegible] to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. A 30573.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 1 1891
4. *Place of Birth, (Street and Number)* Register at 312
5. *Full Name of Mother,* Mary Wingterding
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Wingterding
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendent, or other person who makes this Return, Mary Hopkins

Address, Washington Ave

Remarks,

1891000503

CITY OF BALTIMORE

GEO. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 2 1891
4. Place of Birth, (Street and Number) Castle st 523
5. Full Name of Mother, Mary Klima
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Victor Klima
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendent, or other person who makes this Return. Mary Kinsler

Address, Washington co

Remarks,

B 9 1 0 0 0 1 5 0 4

Received May 16 1891 CITY OF BALTIMORE COMMISSIONERS OF HEALTH

Date and place of birth, and the full name of each and every mother who shall hereafter be within the limits of this City, shall occur within the space of ten days next after the birth of such child, the person or persons present at the birth, or in attendance upon the mother at the time of the birth, and in case the birth of such child shall occur when no person is present or in attendance upon the mother at the time of the birth, and in case the mother shall be unable to report the birth of her child, then the person or persons residing in the house where the birth of such child shall occur, and in case no person shall reside in the house where the birth of such child shall occur, then the person or persons residing nearest to the house where the birth of such child shall occur, shall be required to report the birth of such child to the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall furnish to the Registrar of Vital Statistics, Board of Health, Baltimore City, the full name of the mother of such child, and the date and place of birth of such child, and every person who shall hereafter be required by this section to report the birth of any child, and who shall neglect or refuse to do so, shall be liable to a penalty of not less than five dollars nor more than ten dollars, to be recovered before any justice of the peace of Baltimore City, with costs of suit; and every person who shall hereafter give false information with regard to the birth of any child, or who shall refuse to give information required by this section, shall be liable to the like penalty; and all forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 5 1891
4. Place of Birth, (Street and Number) Burke st 290
5. Full Name of Mother, Marie Haywood
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, John Haywood
9. Father's Occupation. tailor
10. Father's Birthplace, Germany

Name of Medical Attendent, or other person who makes this Return. Mary E. Jones

Address, Washington, D.C.

Remarks,

1891 MAY 25 CITY OF BALTIMORE

1 8 9 1 0 0 0 1 5 0 5

194 J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

Death caused by the use, either as a beverage or otherwise, of alcohol, opium, or any other narcotic, shall be certified as such, and the name of the person who shall have sold or furnished the same to the deceased, if known, shall be stated in the certificate. Any person who shall neglect or refuse to make the return required by this section shall be subject to the fine of ten (10) dollars for each offence. All fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 30526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 6 1891
4. Place of Birth, (Street and Number) East Chapel st 100
5. Full Name of Mother, Sophia Pinehaven
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohmein
8. Full Name of Father, Tom Pinehaven
9. Father's Occupation, Lab
10. Father's Birthplace, Pinehaven

Name of Medical Attendent, or other person who makes this Return, Mary Cupples

Address, Washington Pl

Remarks,

1891000150 6

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be signed by the person making the return. Every physician, midwife or other person who shall assist at the birth of any child shall report to the Registrar of Vital Statistics, within ten days after the birth, the information required by this section to be reported by the parents of such child, if living, and if not living, then by the person in charge of the house in which such birth occurred, or in which the mother of such child usually resides; and any such person or persons who shall refuse or neglect to report as aforesaid shall be subject to the fine of ten (10) dollars for each offense. [illegible] provisions of this section shall be subject to such other fines and forfeitures as are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 70775

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex. (state whether male or female) Male

2. Race or Color. (if not of the white race) White

3. ~~Date~~ Place of Birth. 1266 Chestnut St.

4. ~~Place~~ Date of Birth. (Street and Number) May 8th 1891

5. Full Name of Mother. Elizabeth Gertrude Lynch Hamilton

6. Mother's Maiden Name, " "

7. Mother's Birthplace, City.

8. Full Name of Father. John Lynch.

9. Father's Occupation, Lather.

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Geo. H. Hamilton M.D.

Address. 1142 Vrecham St.

Remarks. 8910001507

CITY OF BALTIMORE

A 101.—CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30578.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* girl
Race or Color, (if not of the white race) white
Date of Birth, May 5 1891
Place of Birth, (Street and Number) Durham st 927
Full Name of Mother, Annie Moore
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Moore
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore
Name of Medical Attendent, or other person who makes this Return. Mary Phelps
Address, Washington ave
Remarks, 1691000150 8

CITY OF BALTIMORE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 12th May
4. *Place of Birth*, (*Street and Number*) Johnson st 1205 N
5. *Full Name of Mother*, Carrie Penn
6. *Mother's Maiden Name*, Carrie Slaine
7. *Mother's Birthplace*, Charles st. Balto
8. *Full Name of Father*, Willard F. Penn
9. *Father's Occupation*, Railroad Man
10. *Father's Birthplace*, Balto

Name of Medicat Attendant, or other person who makes this Return.

Address,

Remarks,

1891000150 9

...J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30530.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c*) 2

1. *Sex*, (*state whether male or female*) Boy
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, May 12 1891
4. *Place of Birth*, (*Street and Number*) Muider st 125 ½
5. *Full Name of Mother*, Anni Suihs
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*, Garmen
8. *Full Name of Father*, Joseph Suihs
9. *Father's Occupation*, talor
10. *Father's Birthplace*, Garmen

Name of Medical Attendent, or other person who makes this Return. Mary Hoptin

Address, Wartingtion 20 S

Remarks,

Health Department, City of Baltimore, May 22 1891

8910001510

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sentle
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 22nd 1891
4. Place of Birth (Street and Number),	414 S. Broadway
5. Full Name of Mother,	Rosella Buck
6. Mother's Maiden Name,	Rosella Robinson
7. Mother's Birthplace,	Balto. Md
8. Full Name of Father,	Chas. H. Buck
9. Father's Occupation,	Butter Dealer
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return.	W. Hagthill M.D.
Address,	404 S. Broadway
Remarks,	

6 9 1 0 0 0 1 5 1 1

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 30337

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) four

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 22

4. Place of Birth, (Street and Number) 233 Arch st

5. Full Name of Mother. Virgetta Davis

6. Mother's Maiden Name. Virgetta Douglas

7. Mother's Birthplace. Randallstown Baltimore

8. Full Name of Father, Thomas Davis

9. Father's Occupation, Farmer

10. Father's Birthplace. Virginia

Name of Medical Attendant, or other Person who makes this Return Harriet Hammon

Address, 227 Arch st

Remarks,

8 9 1 0 0 0 1 5 1 2

HEALTH DEPARTMENT OF BALTIMORE CITY MAY 23 1891

CITY PRINTERS AND STATIONERS

of the parents, and the maiden name of the mother, and such other particulars as may be required by the Board of Health, relative to the birth of each child, including the full name, nativity, and residence of children."

RETURN OF A BIRTH A 30533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color Race
3. Date of Birth, April 22 1891
4. Place of Birth, (Street and Number) Baltimore Central Ave 411
5. Full Name of Mother, Phebe E Lowry
6. Mother's Maiden Name, Phebe E Smith Riley
7. Mother's Birthplace, West Va Baltimore Co Md
8. Full Name of Father, James A Lowry
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Murray

Address, 1412 Jefferson St

Remarks.

6 9 1 0 0 0 1 5 1 3

said refusable shall be delivered. Only signed ... on of a certificate between the first and ... third day of each and every month. ... shall cause upon the ... child to report its birth ... any such person or ... jected to the time of ... dollars for each ...

... J. C. GULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) colored
3. Date of Birth, 4 may
4. Place of Birth, (Street and Number) 814 Stockton st
5. Full Name of Mother, Margaret Ludwig Small
6. Mother's Maiden Name, Margaret L Wilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Small
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dora Harris

Address, 818 Stockton St

Remarks,

1891000151 4

and reliable shall be delivered, duly signed by the proper [illegible] a certificate shall be sent to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the third day of each and every month, in the case of the birth of any child born during the month next preceding. In case the birth of any child shall occur without the attendance of a physician or [illegible] the certificate required above to be made and delivered by the physician in attendance upon the birth, or, immediately, to the Board of Health, in the case of the birth of any child occurring without the attendance of a physician or [illegible] the certificate required above to be made and delivered by the person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered [illegible] offences are recoverable

C. SULAKY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30,133.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 5th 1891
4. Place of Birth, (Street and Number) Carroll Balto city
5. Full Name of Mother, Mary Regan
6. Mother's Maiden Name, Mary Mullins
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Regan
9. Father's Occupation, Hair worker
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Elizabeth Wicks

Address, Carroll P. Balto City

Remarks, 1 8 9 1 0 0 0 1 5 1 5

said certificate shall be delivered, duly signed by the pr... a certificate between the first and ... day of each and every month to the office of ... In case the birth of any child ... shall occur without the attendance of a physician ... person who shall hereafter fail ... who shall hereafter fail ... jected to the fine of ten ... dollars for each offense, ... recoverable.

CITY OF BALTIMORE REGISTRAR'S DEPARTMENT 1891

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 4-18-36

RETURN OF A BIRTH

A 30536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Albert Louis Foster Second (2nd)
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 1st 1891
4. Place of Birth (Street and Number),	324 Cannon st
5. Full Name of Mother,	Lillie Foster
6. Mother's Maiden Name,	Lillie Stemmer
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Albert Foster
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	M. A. Taylor
Address,	524 Cannon st
Remarks,	Baltimore Md

CITY OF BALTIMORE MAR 28 1891 RECEIVED

8 9 1 0 0 0 1 5 1 6

shall be delivered, duly signed by the practitioner in the case, or by the parent or other person who makes the first and third day of each and every month to the officer of the Board of Health whose duty it is to receive the same, a return of every birth which may occur in his or her practice or within his or her knowledge during the preceding month; in attendance upon the mother, immediately after the birth of any child, to report the particulars required by this ordinance to be returned of such child, and of the birth of such child, to the Commissioner of the district in which such birth occurs, within the time prescribed by this ordinance for the return of such birth, by the person who shall hereafter fail to report the particulars required by this ordinance to be returned of any child born, or who shall hereafter fail to report the birth of any child as required by this ordinance, shall be liable to a penalty of ten dollars for each offence, to be recovered as other penal and forfeitures are recovered.

...tion Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 30537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 17 1891
4. Place of Birth, (Street and Number) Baltimore Co. near 17
5. Full Name of Mother, Mrs. Annie
6. Mother's Maiden Name, Bergner
7. Mother's Birthplace, Germany Md.
8. Full Name of Father, Jno. C. Hardock
9. Father's Occupation, at Works
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Elizabeth Wade

Address, Govans P.O. Baltimore Co.

Remarks, 8 9 1 0 0 0 1 5 1 7

CITY OF BALTIMORE HEALTH DEPARTMENT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30538.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 7 Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	The 18 of May 1891
4. Place of Birth, (Street and Number)	No 3 Gilmor Street Extended
5. Full Name of Mother,	Lizzie Schaefer
6. Mother's Maiden Name,	Lizzie Herbert
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Schaefer
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Geo Ch Larsen
Address,	No 1059 Hanford Cor
Remarks,	Balto City

8 9 1 0 0 0 1, 5 1 8

CITY OF BALTIMORE

MSS. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30339.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9. th

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, May 18. 1892.

Place of Birth, (Street and Number) 1521. Nicholson St

Full Name of Mother, Ernestine Hurwitz nee

6. Mother's Maiden Name, Ernestine Schaefer

7. Mother's Birthplace, Germany

8. Full Name of Father, Hirsch Hurwitz

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs E. Tee

Address, No 619 Cube St

Remarks, 8 9 | 0 0 0 | 5 1 9

CITY OF BALTIMORE 1881

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 30540

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Four

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 13th 1891
4. Place of Birth, (Street and Number) 21 S. Fulton Ave
5. Full Name of Mother, Amanda E. Duffy
6. Mother's Maiden Name, Amanda E. Sellers
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Patk. J. Duffy
9. Father's Occupation, Saw & Planing Mill
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Pappleton St

Remarks,

1891000 1520

CITY OF BALTIMORE

BOARD OF HEALTH

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 18th 191
4. *Place of Birth, (Street and Number)*	935 Boyd st
5. *Full Name of Mother,*	Elizabeth Jane Buckley
6. *Mother's Maiden Name,*	Elizabeth Jane Boland
7. *Mother's Birthplace,*	Baltimore City, Md
8. *Full Name of Father,*	David Bernard Buckley
9. *Father's Occupation,*	Policeman
10. *Father's Birthplace,*	Albany City, N.Y
Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
Address,	23 [illegible] appleton St
Remarks,	

8910001521

SEAL OF BALTIMORE

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 th
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* May 19. 1891
5. *Place of Birth, (Street and Number)* Hubert St 1241
6. *Full Name of Mother,* Mary A Preston
7. *Mother's Maiden Name,* Mary A Malissa
8. *Mother's Birthplace,* Balt
9. *Full Name of Father,* Mitchell Preston
10. *Father's Occupation,* Labor
11. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this return, Mrs E Hee

Address, 1619 Eden

Remarks, 1 6 9 1 0 0 0 1 5 2 2

Every physician or midwife in attendance upon any birth, and the father, mother, householder, or other person having knowledge of the facts, shall, within ten days after such birth, send to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a return of such birth, containing the information required by this blank, so far as the same can be ascertained. Such return shall be made in writing, upon blanks furnished by the Board of Health, and shall be signed by the person making the same. Any person who shall neglect or refuse to make such return, as required by this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other penalties are recoverable by law.

CITY OF BALTIMORE HEALTH DEPARTMENT MAY 25 1891

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 9-28-55 A. 30 P. J.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Ittner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Baltimore Md May 20 1891

Place of Birth, (Street and Number) Baltimore Md 1827 Dover St

Full Name of Mother, Eleanor Ittner

6. Mother's Maiden Name, Elizabeth Keller

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Henry Ittner

9. Father's Occupation, Carter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr Thos Kennedy

Address, 417 Stricker St Baltimore Md

Remarks, Mother resides at same address

1891 0001523

CITY REGISTRAR'S DEPARTMENT BALTIMORE 1891

and schedule shall be delivered, duly filled, by the person other than the undertaker who has charge of the interment, to the Registrar of the district in which the interment is made, within ten days after the interment. And such schedule shall be delivered, duly filled, by the undertaker who has charge of the interment, to the Registrar of the district in which the interment is made, within ten days after the interment. And such schedule shall be delivered, duly filled, by the undertaker who has charge of the interment, to the Registrar of the district in which the interment is made, within ten days after the interment. And such schedule shall be delivered, duly filled, by the undertaker who has charge of the interment, to the Registrar of the district in which the interment is made, within ten days after the interment.

ORS. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
	Sex, (state whether male or female)	Male.
	Race or Color, (if not of the white race)	White.
	Date of Birth,	May 20th 1891
	Place of Birth, (Street and Number)	1353 Andre St.
5.	*Full Name of Mother,*	Ida C. Riggs
6.	*Mother's Maiden Name,*	Ida C. Watkins
7.	*Mother's Birthplace,*	Cedar Grove. Md.
8.	*Full Name of Father,*	Bradley J. Riggs.
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Cedar Grove. Md.
	Name of Medical Attendant, or other person who makes this Return,	Wm E Tull
	Address,	No 1614 Cuba St
	Remarks,	1891 0001524

HEALTH DEPARTMENT MAY 25 1891 CITY OF BALTIMORE

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, the said schedule shall be delivered by the father or mother of such child to the Commissioner of Health, in the manner and within the time above specified. Any person or persons who shall hereafter fail to report such birth to the Commissioner of Health, in the manner and within the time above specified, shall be subject to the fine of ten (10) dollars for each offence, to be recovered before any justice of the peace.

BY J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN

To the Office of Registrar of Vital Statistics,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 21st 1891
4. Place of Birth, (Street and Number) 197 N. Bond St
5. Full Name of Mother, Mrs. Henry Cohen
6. Mother's Maiden Name, Sarah Gorft
7. Mother's Birthplace, Russia
8. Full Name of Father, Henry Cohen
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D.

Address, 914 N. Charles St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30576

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
Sex (state whether male or female)	female
Race or Color (if not of the white race)	Colored
Date of Birth	22 nd of May
Place of Birth (Street and Number)	1214 High alley
Full Name of Mother	Rachel Chestys
Mother's Maiden Name	Rachel Fuller
Mother's Birthplace	Baltimore City
Full Name of Father	Andrew Chestys
Father's Occupation	Laborer
Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Catharine De Courcy
Address	213 North Spring St
Remarks	Healthy

89 1000 1526

CITY OF BALTIMORE REGISTRAR'S DEPARTMENT MAY 25 1891

...children born, its or their physical ... the parents, and the maiden ... thereafter, stating distinctly the date of birth, sex, ... condition, whether still born or not, the full n... name of the mother of such child or children.

RETURN OF A BIRTH. A 30324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23rd of May 1891.
4. Place of Birth, (Street and Number) 2078 Orleans Street
5. Full Name of Mother, Christie Mandelkorn
6. Mother's Maiden Name, Christie Schmitt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Mandelkorn
9. Father's Occupation, Painter
10. Father's Birthplace, Italian

Name of Medical Attendent, or other person who makes this Return. Aexintia Funkel

Address, 213 North Chapel St. per Justina Funkel

Remarks, Healthy.

8910001527

said schedule shall be delivered, duly signed by the [illegible] a certificate between the first and third day of each and every month to the [illegible] Health. In case the birth of any child shall occur without the limits of the city, or should no certificate of such birth be received by the Commissioner of Health within the time above required, and attendance upon its birth is [illegible] any such person or persons who shall have failed as aforesaid, shall be subject to the fine of ten (10) dollars for each offence. All fines and penalties hereby imposed for violations of this section shall be recoverable with costs before any justice of the peace of the city of Baltimore.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Child of Mother, (state whether 1st, 2d, 3d, &c)* 8th Child
2. *Sex, (state whether male or female)* Boy
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 23rd of May 1891
5. *Place of Birth, (Street and Number)* 211 North Chapel St.
6. *Full Name of Mother,* Eva Deime
7. *Mother's Maiden Name,* Eva Schmitt
8. *Mother's Birthplace,* Germany
9. *Full Name of Father,* Matheas Deime
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Germany

Name of Medical Attendent, or other person who makes this Return. Lucinthia Kunkel

Address, 213 North Chapel St. for Justina Kunkel

Remarks, Healthy

8910001528

RECEIVED REGISTRAR'S OFFICE MAY 25 1891 CITY OF BALTIMORE

been conferred thereon, give the full name and occupation of its parents. [illegible] and the said certificate shall be delivered duly signed by the practitioner in the [illegible] between the first and third day of each and every month to the office of the Commissioner of Health, in the manner required, and any such person or persons who shall hereafter fail to comply with the provisions of [illegible] shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child. John Marshall Page 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, May 12th 1891

4. Place of Birth, (Street and Number) 909 N. Carrollton ave

5. Full Name of Mother, Bertha Page

6. Mother's Maiden Name, Heuschen

7. Mother's Birthplace, Balto

8. Full Name of Father, John M. Page

9. Father's Occupation, Commission Merchant

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. John Neff

Address, 701 N. Carrollton ave

Remarks, 8910001529

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 30510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 M

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth. May 13 - 1891
4. Place of Birth, (Street and Number) 1043 Baldwin
5. Full Name of Mother. Minnie Bowers.
6. Mother's Maiden Name. Downs.
7. Mother's Birthplace. Balto Co.
8. Full Name of Father. George Bowers
9. Father's Occupation, Butcher.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr Lynch Wm M.D.

Address, 642 W. Barre St.

Remarks.

1891000530

CITY OF BALTIMORE

© TULLAHY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 23 1891 CITY OF BALTIMORE

1. Sex, (child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Color, (if not of the white race) Male
3. Date of Birth, White
4. Place of Birth, (Street and Number) May 13 - 1891
5. Full Name of Mother, 1014 W. Lombard St.
6. Mother's Maiden Name, Nettie V. Neary
7. Mother's Birthplace, Keefer
8. Full Name of Father, Frederick Md
9. Father's Occupation, Edward E. Neary
10. Father's Birthplace, Machinist
Name of Medical Attendant, or other person who makes this Return. Baltimore
Address, John A. Ff. M.D.
Remarks, 701 N. Carrollton Ave

8910001531

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Female
2. Race or Color. (if not of the white race)	White
3. Date of Birth,	May 15th 91
4. Place of Birth, (Street and Number)	1524 Harlem Ave
5. Full Name of Mother,	Lulie Cassidy
6. Mother's Maiden Name,	Burke
7. Mother's Birthplace.	Balto
8. Full Name of Father,	George Cassidy
9. Father's Occupation.	Saloon Keeper
10. Father's Birthplace.	Balto
Name of Medical Attendant, or other person who makes this Return.	Thomas Okie M.D
Address,	600 N. Howard St
Remarks,	

1891000532

shall schedule shall be delivered, duly signed by the practicing [illegible] between the first and third day of each and every month to the office of the Commissioner of Health, [illegible] the birth of any child shall occur without the attendance of a physician or practicing midwife, it shall be the duty of the father, or mother, or in case of the death or absence from the city of both father and mother, then the person who shall have charge of such child, to report its birth to the Commissioner of Health, in the manner above directed, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
Date of Birth,	May 14th 1891
Place of Birth, (Street and Number)	1509 N Battery
Full Name of Mother,	Naomi L. Murphy
6. *Mother's Maiden Name,*	Naomi L. Hoffman
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Samuel Murphy
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	B. F. Phillips M.D.
Address,	914 W. Fayette
Remarks,	

1891000533

CITY OF BALTIMORE 1891

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 19th 1891
4. *Place of Birth, (Street and Number)*	15 Hamburg St
5. *Full Name of Mother,*	Mrs. George Anna Nagle
6. *Mother's Maiden Name,*	George Anna Easley
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Charles Nagle
9. *Father's Occupation,*	Policeman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	B F Milliken M D
Address,	719 W Fayette St
Remarks,	

1891000153 4

said schedule shall be delivered, duly ver... third day of each and every month to t... shall occur without the attendance of a ... attendance upon the mother. Immediately ... child born within the City of Baltimore ... any such person who shall be... Jected to the fine of ... Dollars, for each ... offence.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d
1. *Sex.* (state whether male or female)	Female
2. *Race or Color,* (if not of the white race)	
3. *Date of Birth.*	May 19. 91
4. *Place of Birth.* (Street and Number)	1149 Jefferson St.
5. *Full Name of Mother.*	Mrs. Sophie Herman Baumberger
6. *Mother's Maiden Name.*	Miss Sophie Herman
7. *Mother's Birthplace.*	Balt. Md
8. *Full Name of Father.*	Jacob Baumberger
9. *Father's Occupation.*	Merchant
10. *Father's Birthplace.*	Balt. Md
Name of Medical Attendant. or other Person who makes this Return	G. G. Rust M. D.
Address.	2000 E. Balt. St
Remarks.	Saturday Delivery

1891 0001538

CITY OF BALTIMORE

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth. Wednesday may th 20
4. Place of Birth, (Street and Number) 913 Race 2 Baltimore Md
5. Full Name of Mother.
6. Mother's Maiden Name, annie J Crump
7. Mother's Birthplace, amelia County Virginia
8. Full Name of Father, James Henry Green
9. Father's Occupation. Sailing
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return Mrs Taylor ~~M.D.~~

Address, No 762 Sarah ann st Balto Md

Remarks, 8910001536

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	—
3. *Date of Birth.*	May 20 91
4. *Place of Birth, (Street and Number)*	211 E. Lan 21.
5. *Full Name of Mother.*	Mrs. Annie Othilia Ortenstein Brown
6. *Mother's Maiden Name.*	Wife " " Ortenstein.
7. *Mother's Birthplace.*	Balt Md
8. *Full Name of Father.*	William Henry Albert Brown
9. *Father's Occupation.*	Cigar Manufac.
10. *Father's Birthplace.*	Balt. Md.
Name of Medical Attendant. (or other Person who makes this Return)	G. G. Rule M. D
Address.	1000 E. Balt. St.
Remarks.	Called in Confinement

Case 4-1900 1537

...CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30,538.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	Male.
2.	*Race or Color, (if not of the white race)*	White Race.
3.	*Date of Birth,*	May 21st 1891
4.	*Place of Birth, (Street and Number)*	1208 E. Hanover St.
5.	*Full Name of Mother,*	Kate Cubail
6.	*Mother's Maiden Name,*	" Mahaly
7.	*Mother's Birthplace,*	Frederick Co. Md.
8.	*Full Name of Father,*	Charles Cubail
9.	*Father's Occupation,*	Tobo
10.	*Father's Birthplace,*	Frederick Co. Md.
	Name of Medical Attendant, or other person who makes this Return,	R. Lee Owens
	Address,	1603 South Charles St
	Remarks,	Owens Frederick

T 8 9 1 0 0 0 1 5 3 8

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Orea

RETURN OF A BIRTH. A 30539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 22d '91

4. Place of Birth, (Street and Number) 1050 Pennsylvania Ave

5. Full Name of Mother, Alice Buchen

6. Mother's Maiden Name, " Saltzbacher

7. Mother's Birthplace, Balto

8. Full Name of Father, A. J. Buchen

9. Father's Occupation, Travelling Salesman

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Thomas Opie M.D.

Address, 600 N Howard St

Remarks Full name of child - Jacob Leon Buchen

8 9 1 0 0 0 1 5 3 9

said schedule shall be delivered, duly signed by the [illegible] third day of each and every month to the office of the [illegible] shall occur without the attendance of a physician or [illegible] attendance upon the mother, immediately thereafter [illegible] child to report its birth to the Commissioner of Health [illegible] any such person or persons who shall hereafter fail to [illegible] jected to the fine of ten dollars for each offense, to be [illegible] case the birth of any child [illegible] and no other person be in [illegible] person or parents of such [illegible] above required, and [illegible] this section shall be subject [illegible] forfeitures are recoverable.

CITY OF BALTIMORE MAY 24 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. P 30560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex. (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colar
3. *Date of Birth,* May 22
4. *Place of Birth. (Street and Number)* No 808 Aisquith St
5. *Full Name of Mother.* Sonny Wright
6. *Mother's Maiden Name.*
7. *Mother's Birthplace.* Fredrick
8. *Full Name of Father.* George Samuel Wright
9. *Father's Occupation.* Brick maker
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address. Bridget Hurst

Remarks,

1 8 9 1 0 0 0 1 5 4 0

and schedule shall be delivered, duly signed by the priest ... between the first and third day of each and every month to the office of the Commissioner ... the birth of any child shall occur without the attendance of a physician or priest ... and no other person is in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the same ... and in case any such person or parents shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines. Forfeitures are recoverable.

BW J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, A 30561

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

CITY OF BALTIMORE MAY 29 1891

condition, whether still born or not, the
name of the mother of such child or chi

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth 22nd May

Place of Birth, (Street and Number) 1538 Light st

Full Name of Mother Ida May Daniels

Mother's Maiden Name Ida May Dorsey

7. Mother's Birthplace Virginia

8. Full Name of Father Jacob Ambrose Daniels

9. Father's Occupation Paper Hanger

10. Father's Birthplace Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. Mrs Barry

Address

Remarks

8910001541

RETURN OF A BIRTH 30362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	May 22/91
4. Place of Birth (Street and Number),	29 Lilian st.
5. Full Name of Mother,	Margaret Lilian
6. Mother's Maiden Name,	E Norris
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wm Lilian
9. Father's Occupation,	Ship Carpenter
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	R.W. Mansfield M.D.
Address,	127 S Broadway
Remarks,	8916001542

CITY OF BALTIMORE

...ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, ~~(state whether male or~~ female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 22 1891
4. Place of Birth, (Street and Number) 220 11th St.
5. Full Name of Mother, Elizabeth Scott Bell
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John W Scott
9. Father's Occupation, Car builder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. R G Rankin M D

Address, 1511 Jefferson ave. Balto. md.

Remarks, 1891000543

PRINTED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 12/10/56

RETURN OF A BIRTH

A 30364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emily Rosalia Lips

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (State whether male or female) Female

Race or color, (if not of the white race) W.

Date of Birth, May 23. 1891.

Place of Birth, (Street and Number) 1063 N. Fulton Ave

Full Name of Mother. Kate A. Fips,

6. Mother's Maiden Name, Doyle,

7. Mother's Birthplace, Balto. City,

8. Full Name of Father, Geo. H. F. Lips,

9. Father's Occupation, Clerk,

10. Father's Birthplace, Germany,

Name of Medical Attendant, or other person who makes this Return. E. E. Myers M.D.

Address, 1007 W. Fayette

Remarks,

1 8 9 1 0 0 0 1 5 4 4

HEALTH DEPARTMENT MAY 25 1891 CITY OF BALTIMORE

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the person in charge of such child shall report its birth to the Commissioner of Health, in writing, within the period above required, and any such person or midwife who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ... dollars for each offence, to be recovered.

MILLARY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
2. Sex, (state whether male or female)
3. Race or Color, (if not of the white race)
4. Date of Birth, May 23rd 1891
5. Place of Birth, (Street and Number) Hall's Spring Harford Road
6. Full Name of Mother. Lena Burhorst
7. Mother's Maiden Name.
8. Mother's Birthplace, Germany
9. Full Name of Father, Bernard Burhorst
10. Father's Occupation, Laider
11. Father's Birthplace, Germany
12. Name of Medical Attendant, or other Person who makes this Return E. Gallrath Darley M.D
13. Address, Govanda Md.
14. Remarks,

1891 00 1545

of the parents, and the maiden name of the mother

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 =
Sex, (state whether male or female)	Male.
Race or Color, (if not of the white race)	White
Date of Birth,	May 23 - 1891
Place of Birth, (Street and Number)	809 Ramsay st
5. Full Name of Mother,	Annie Darby
6. Mother's Maiden Name,	Shaughnessey
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Peter Darby
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	John Scott M.D.
Address,	701 N. Caroline ave
Remarks,	18910001546

CITY OF BALTIMORE REGISTRAR OF VITAL STATISTICS 26 MAY 1891

...third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner, then the same shall be reported by the father, mother or other person or parents of such child residing in the house where such birth occurs, within the time and in the manner above required, and attendance upon the mother, Commissioner of Health, in such form as he may prescribe. And any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

30387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	17th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	May 23/91
4. *Place of Birth, (Street and Number)*	119 East St.
5. *Full Name of Mother,*	Martha Harden
6. *Mother's Maiden Name,*	Martha Johns
7. *Mother's Birthplace,*	Talbot Co.
8. *Full Name of Father,*	Cyrus Harden
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Talbot County
Name of Medical Attendant, or other Person who makes this Return.	J. P. Saunders M.D. 819 E. Chase St
Address,	
Remarks,	1891000 1547

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 30528.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 24 1891
4. Place of Birth, (Street and Number) 743 W. Mulberry St.
5. Full Name of Mother, Catherine Ramsey
6. Mother's Maiden Name, Barlow
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles L. Ramsey
9. Father's Occupation, Carpenter & Bureau
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. John McH. M.D.

Address, 701 Hollins Ave.

Remarks, 1891000154 8

GEO. W. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

CITIZEN NAME ADDED 1-12-55

RETURN OF A BIRTH. A 30569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Isidor Irvin Berman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 13th 1891
4. Place of Birth, (Street and Number) Montgomery St 107
5. Full Name of Mother, Minnie Berman
6. Mother's Maiden Name, Wolf
7. Mother's Birthplace, Russia at Pologne
8. Full Name of Father, Benjamin Berman
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Antonio Fischnea

Address, 647 Main St.

Remarks, 1891000i549

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 15th 1891
4. Place of Birth, (Street and Number) 1500 Bowley St
5. Full Name of Mother, Louisa Kastner
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Ernest A. Kastner
9. Father's Occupation, Store Merchant
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. H. H. Bratton M. D.

Address, # 413. Avery Ave. Waverly

Remarks, 1 8 9 1 0 0 0 1 5 5 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 3057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 15 1891
4. Place of Birth, (Street and Number) # 614 Elbow lane
5. Full Name of Mother, Irena Russell
6. Mother's Maiden Name, Irena Russell
7. Mother's Birthplace, Balto., City
8. Full Name of Father, George Hill
9. Father's Occupation,
10. Father's Birthplace, Balto, City

Name of Medical Attendant, or other person who makes this Return. Orilla Brooks

Address, 1132 Warner St.

Remarks, Doing well

8 9 1 0 0 0 1 5 5 1

will schedule shall be delivered, duly signed by the person ... of it certificate between the first and ... child, or in case the ... child, or in case the ... child occur without the attendance of a physician or ... person, he in attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Health ... such person shall forfeit for each offense ... fined to the fine of fifty dollars for each offense ... dollars. All penalties and forfeitures are recoverible.

CITY OF BALTIMORE REGISTERED 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 300720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

In case the birth of any child shall occur without the attendance of a physician, midwife or other person, then the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any person who shall neglect or refuse to make such report as herein required, shall be subject to the fine of ten dollars for each offense. Penalties are recoverable before any justice of the peace.

CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22nd May
4. Place of Birth, (Street and Number) #340 Old York Rd
5. Full Name of Mother, Louise Stam
6. Mother's Maiden Name, " Reed
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Frank Stam
9. Father's Occupation, Painter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, #405 Lemmon Ave. Balto. Md

Remarks,

1891000552

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

1. *No. of Child of Mother,* (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)
2. *Sex,* (*state whether male or female*)
3. *Race or Color,* (*if not of the white race*)
4. *Date of Birth.*
5. *Place of Birth.* (*Street and Number*)
6. *Full Name of Mother,*
7. *Mother's Maiden Name.*
8. *Mother's Birthplace.*
9. *Full Name of Father.*
10. *Father's Occupation.*
11. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

1 8 9 1 0 0 0 1 5 5 3

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) first Child Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 23rd
4. Place of Birth, (Street and Number) 1441 Ward Street
5. Full Name of Mother, Henrietta Pinder
6. Mother's Maiden Name, Pinder
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Nicholl
9. Father's Occupation, Driver in Dry Goods store
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Lawrence Mills

Address, 1443 Ward Street

Remarks, Very well Considering

1891000155 4

said schedule shall be delivered, duly signed by the person making the return, to the Registrar of the District in which the birth occurred, between the first and third day of each and every month to the office of the Commissioner of Health, or to such other person as the Commissioner of Health may designate; and the birth of any child shall occur without the attendance of a physician or midwife, then the person or parents of such child is required to report its birth to the Commissioner of Health, or to such other person as the Commissioner of Health may designate, within ten days after the occurrence of such birth; and any such person or parents who shall hereafter fail to make such report as herein required, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

B 20515.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colored

Date of Birth, May 24th 1891

Place of Birth, (Street and Number) Baltimore 516 Hb. Alley

Full Name of Mother, Hattie Davis

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Davis

9. Father's Occupation, Works in the brick yard

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Jane Dyett

Address, 804 Stirling Street

Remarks,

1891000155 5

and cohesive shall be severed, and a notice by the [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or [illegible] fery, or should no other person be in attendance upon the mother, immediately thereafter [illegible] the person in charge of the premises where such child was born, or the parent, if living elsewhere, shall within ten days after the birth of such child make the return required by this section, and for each neglect or refusal to make such return, the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense. [illegible] forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 30576.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, Francis ~~Henry~~ Cleveland Lee

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth. ~~Feb~~ May 26th - 91
4. Place of Birth, (Street and Number) 282 Cedar Baltimore
5. Full Name of Mother. Julia A Lee
6. Mother's Maiden Name, Julia A McDonald
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, Richard Lee
9. Father's Occupation, Rail-road Fireman
10. Father's Birthplace, York Co Pa

Name of Medical Attendant, or other person who makes this Return. Elizabeth Gunnemann

Address, Hampden

Remarks,

1891000155 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, the householder or other person having knowledge of the facts shall report the birth as required, and immediately thereafter cause the child to be registered. Any person who shall neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense. Penalties and forfeitures are recoverable, accordi[illegible]

CITY OF BALTIMORE HEALTH DEPARTMENT

C. SULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-14-55

RETURN OF A BIRTH. A 30577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alfred Murrell Shagoque

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11th '91
4. Place of Birth, (Street and Number) 726 Mc. Henry St.
5. Full Name of Mother, Margaret R. Shagoque
6. Mother's Maiden Name, Hunnicutt
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Alfred M. Shagoque
9. Father's Occupation, Dentist
10. Father's Birthplace, Illinois

Name of Medical Attendant, or other person who makes this Return. H. W. Hebner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor

8 9 1 0 0 1 5 5 7

HEALTH DEPARTMENT CITY OF BALTIMORE MAY 28 1891 RECEIVED

and midwife shall file each card, duly signed by the practitioner in the form of a certificate hereof, before the first third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall be the duty of the householder, or owner or agent of the house in which the birth occurs, to cause a card to be sent to the Commissioner of Health, containing the information above required, and within ten days after the birth of such child to report to him the particulars required in the certificate hereof. Any physician, midwife or person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, which fine may be recovered, with costs, in any action of debt in the name of the Mayor and City Council of Baltimore, for the use of the Board of Health; and it shall be the duty of the City Solicitor to prosecute for the same when requested by the Board. This section shall be published as often as the Board of Health may direct.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

GIVEN NAME ADDED 11-9-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Maud Beatrice Webner

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
2. Sex of Child, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, May 15th 91
5. Place of Birth, (Street and Number) 723 W. Lombard St.
6. Full Name of Mother, Florence H Webner
7. Mother's Maiden Name, Jenkins
8. Mother's Birthplace, Balto. Co. Md.
9. Full Name of Father, Henry H. Webner
10. Father's Occupation, Physician
11. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. H H Webner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor.

1891000 1558

HEALTH DEPARTMENT BALTIMORE CITY MAY 23 1891

said schedule shall be delivered, duly signed by the medical attendant, or in his absence by the nurse, midwife or other person present at the birth, to the Registrar of Vital Statistics, at the office of the Commissioner of Health, within the third day of each and every month. In case the birth of a child occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the father or mother of such child shall report its birth to the Registrar of Vital Statistics, at the office of the Commissioner of Health, within the time above required, and any such person or persons who shall hereafter fail to so report the birth of a child, as above required, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

490. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) F
2. Race or Color, (if not of the white race) Blk
3. Date of Birth, May 15. 11
4. Place of Birth, (Street and Number) 606 Chestnut all
5. Full Name of Mother, Lilly Ward
6. Mother's Maiden Name, " Hall
7. Mother's Birthplace, Balto:
8. Full Name of Father, J. E. Ward
9. Father's Occupation, Porter
10. Father's Birthplace, Balto:

Name of Medical Attendant, or other person who makes this Return, J. M. Handley

Address, 1002 E Monument Ave

Remarks,

1891000559

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

E 30580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16th 1891
4. Place of Birth, (Street and Number) 914 Stirling
5. Full Name of Mother, Mary Zentgraf
6. Mother's Maiden Name, " Weider
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Hilarius Zentgraf
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. E. B. Tenby, M. D.

Address, 1201 N. Eden st

Remarks,

1891000 1560

HENRY J. FINDLAY CITY REGISTRAR MAY 28 1891 BALTIMORE

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health in other person having charge of such child, to report its birth to the Commissioner of Health, in the manner and within the time aforesaid, such physician or person or persons as shall have failed to comply with the provisions of this section shall be subjected also to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 20th '91

4. Place of Birth, (Street and Number) 943 Hollins st.

5. Full Name of Mother, Anna Mary Emich

Mother's Maiden Name, Fulton

7. Mother's Birthplace, York Co. Pa

8. Full Name of Father, Charles A. Emich

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. H. W. Webner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor, Premature Birth at about 7½ Months,

8910001561

HEALTH DEPARTMENT BALTIMORE MAY 28 1891

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A30852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May. 20. 1891
4. Place of Birth, (Street and Number) Franklin Falls
5. Full Name of Mother, Ellen Young
6. Mother's Maiden Name, Ellen Boston
7. Mother's Birthplace, Anne Rundel Co. Md
8. Full Name of Father, Henry Young
9. Father's Occupation, Laborer
10. Father's Birthplace, West River A.A.Co. Md

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Ann Mason

Address. 537. Walnut Aley

Remarks,

1891000156 2

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30583.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
	Date of Birth,	25 of May
	Place of Birth, (Street and Number)	404 Scott St
	Full Name of Mother,	Lannie Ball
	Mother's Maiden Name,	Lannie Magee
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Berry Ball
9.	*Father's Occupation,*	Mariner
10.	*Father's Birthplace,*	Maryland
	Name of Medical Attendant, or other person who makes this Return,	
	Address,	
	Remarks,	8910001563

shall schedule shall be delivered, duly signed by the ... and a certificate between the first and third day of each and every month to the office of the ... In case the birth of any child shall occur without the presence of the ... or should no other person be in attendance, the mother ... of the ... immediately thereafter ... required, and ... the mother ... Commissioner of ... Section shall be sub-... with the provisions ... as other ... and forfeitures are recoverable ... the ... shall hereof ... for each offence ... Subject to the fine of ten ... dollars for each offence.

CITY OF BALTIMORE

BM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, January 6
4. Place of Birth, (Street and Number) 115 N. Longfellow St.
5. Full Name of Mother, Annie Loomis
6. Mother's Maiden Name,
7. Mother's Birthplace, Virginia
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendent, or other person who makes this Return. Charles Greene

Address, 115 N. Longfellow St.

Remarks,

1891000156 4

BALTIMORE CITY

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

£ 30588.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
Race or Color, (if not of the white race)	White
3. *Date of Birth*	May 21st
Place of Birth, (Street and Number)	337 Parkin St
5. *Full Name of Mother*	Lillie Jackson
Mother's Maiden Name	"
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Charles Taylor
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other person who makes this Return	Mrs Mary "Howard"
Address	412 Scott St
Remarks	1891000156 5

HEALTH DEPARTMENT CITY OF BALTIMORE MAY 28 1891

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur with the attendance of a physician or practitioner of midwifery, or should no other person, as aforesaid, attend the mother immediately thereafter, it shall be the duty of the person in charge of the house in which such child is born to report its birth as above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence. [illegible] and penalties are recoverable

ISAAC J. C. BULLARY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 30586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 1 5 6 6

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color. (if not of the white race) White
3. Date of Birth, ~~887~~ May 24th '91
4. Place of Birth, (Street and Number) 887 Hollins St.
5. Full Name of Mother, Louisa L. Taylor
6. Mother's Maiden Name, Tissier
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Eugene W. Taylor
9. Father's Occupation. Commoker
10. Father's Birthplace, Prince George's Co. Md.

Name of Medical Attendant, or other person who makes this Return. H. W. Webner, M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor

1891 0001567

HEALTH DEPARTMENT BALTIMORE CITY NOV 12 1891 RECEIVED

Every such midwife, every such person to whom the duty of reporting the birth of any child is assigned by the provisions of this section, who shall neglect or refuse to report such birth within the time and in the manner and with the information required by this section, shall forfeit and pay for each such offense, to be recovered as other fines are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. *No. of Child of Mother,* (*state whether* 1*st*, 2*d*, 3*d*, &c.)
2. *Sex,* (*state whether male or female*)
3. *Race or Color,* (*if not of the white race*)
4. *Date of Birth,*
   Place of Birth, (*Street and Number*)
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
   Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1891000156 8

CITY OF BALTIMORE

of the parents, and the maiden name of the moth

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 5th 1894

4. Place of Birth, (Street and Number) 525 Dolphin St

5. Full Name of Mother, Mary Lizzie Grace.

6. Mother's Maiden Name, Mary Lizzie Akl.

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Louis Augustas Grace

9. Father's Occupation. Cigar Packer Foreman

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendent, or other person who makes this Return Mrs G. Maennel M.D.

Address, 923 Penna ave

Remarks,

1891000156 9

RECEIVED BALTIMORE CITY MAY 18

said schedule shall be delivered, duly signed, as aforesaid, to the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health. In case no other person is in attendance upon the mother, immediately hereafter it shall be the duty of the person or parents of such child to report its birth as aforesaid, to the Commissioner of Health, and in default of such report by such person or parents, who shall each offend in each of the cases aforesaid, shall be subjected to the fine of ten dollars for each offence. Provided, however, that in cases where the mother or child is unable to report the birth, and there is no other person in attendance, the physician or midwife who shall be present at the birth shall report the same within the time required, and in default of such report shall be subjected to the fine of ten dollars for each offence. Provided, however, that in cases where the mother or child is unable to report the birth, and there is no other person in attendance, the physician or midwife who shall be present at the birth shall report the same within the time required, and in default of such report shall be subjected to the fine of ten dollars for each offence. Provided, however, that in cases where the mother or child is unable to report the birth, and there is no other person in attendance, the physician or midwife who shall be present at the birth shall report the same within the time required, and in default of such report shall be subjected to the fine of ten dollars for each offence.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 1 0 0 0 1 5 7 0

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 30697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 12

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, March 12 91
4. Place of Birth, (Street and Number) 70 Read St
5. Full Name of Mother, Fannie Gaarland
6. Mother's Maiden Name, Fannie Carroll
7. Mother's Birthplace, Balto Co.
8. Full Name of Father, Wm Gaarland
9. Father's Occupation,
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1891 0001571

REGISTRAR'S OFFICE CITY OF BALTIMORE 1891

and schedule shall be returned, duly signed by the [illegible] shall duly of each and every month, to the said Registrar, at his office, [illegible] attendance of a physician or midwife, immediately thereafter, the [illegible] child to report its birth, immediately thereafter, to the said Registrar. [illegible] any such person or persons shall refuse or neglect to comply with the [illegible] jected to the fine of ten dollars for each and every such refusal or neglect.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 3039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 19 41
4. *Place of Birth, (Street and Number)* 13 Rose Alley
5. *Full Name of Mother,* Lizzie L. Brown
6. *Mother's Maiden Name,* Lizzie Pike
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Brown
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr. Hall

Address, Maryland Ave

Remarks, 1 89 1 0 0 0 1 5 7 2

CITY OF BALTIMORE

1916 J. C. BULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.

Race or Color, (if not of the white race) W

Date of Birth. May 19. 1891

Place of Birth, (Street and Number) 2025 Hanover St.

Full Name of Mother. Mrs. Ella Loretta Clarkson Carter

Mother's Maiden Name. Wife " " Clarkson

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father. Capt. Nicholas Cowdrey Carter

9. Father's Occupation. Master Coast Sailor

10. Father's Birthplace. Germany

Name of Medical Attendant, or other Person who makes this Return. C. C. Cook M.D.

Address. 800 E. Balt. St.

Remarks. No 99 00 15734

...ING, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colored

Date of Birth, May 25th 11

Place of Birth, (Street and Number) 21 Little Broadway

Full Name of Mother, May Elizabeth Bradford

6. Mother's Maiden Name, Mrs Body

7. Mother's Birthplace, Md. Co Md

8. Full Name of Father, John C. Bradford

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. C. L. Madoury

Address, 26 South Register St

Remarks,

1 8 9 1 0 0 0 1 5 7 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 22th 1891

4. Place of Birth, (Street and Number) Baltimore 32 Park St

5. Full Name of Mother, Susie V. Fields

6. Mother's Maiden Name, Susie V. Shugars

7. Mother's Birthplace, Baltimore County

8. Full Name of Father. John P Fields

9. Father's Occupation. Laborer

10. Father's Birthplace, Baltimore County

Name of Medical Attendent, or other person who makes this Return. Mrs M Warnick Midwife

Address, 712 Penna Ave

Remarks, 1891000157 5

said schedule shall be delivered, within ten days after the birth of any child, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth, as required above required, and shall thereupon be subject to the penalties prescribed in this section for refusing to make such return. Physicians and midwives are required to make returns of births for each child delivered by them, within ten days after the birth of such child, and shall be subject to the penalties prescribed in this section for refusing to make such return.

CITY OF BALTIMORE REGISTRAR'S DEPARTMENT NOV 28 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30596.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Brown Skin

Date of Birth, 24th of May 91

Place of Birth, (Street and Number) 652 Chesnut alg

Full Name of Mother, Ealen Jane Johnson

Mother's Maiden Name, Ealen J Smith

7. Mother's Birthptace, City

8. Full Name of Father, William Smith

9. Father's Occupation, Waiter

10. Father's Birthptace, City

Name of Medical Attendant, or other person who makes this Return. Lydia Somerville

Address, 16 Clinton ave

Remarks,

8 9 1 0 0 0 1 5 7 6

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, Apr 30 1891

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. *No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) 12
2. *Sex* (state whether male or female) female
3. *Race or Color,* (if not of the white race) White
4. *Date of Birth* Mar 25 1891
5. *Place of Birth.* (Street and Number) East cross street No 44
6. *Full Name of Mother* Margret ann Williamson
7. *Mother's Maiden Name* Margret ann Farmer
8. *Mother's Birthplace* Wales ann somerset co
9. *Full Name of Father* William Williamson
10. *Father's Occupation* Mariner
11. *Father's Birthplace* Belfast Ireland

Name of Medical Attendant, or other Person who makes this Return. Doctor Theodor Cook

Address

Remarks

8 9 1 0 0 0 1 5 7 7

MEDICAL DEPARTMENT BALTIMORE MAY 1891

...ing, during the year ending the 30th day of June, and the ...ers ... ordered by law, us of the parents, and the maiden condition, whether still born or not, the full name, ... name of the mother of such child or children.

RETURN OF A BIRTH A. 30598.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 28th 91
4. Place of Birth, (Street and Number) 635 W Lexington Street
5. Full Name of Mother, Ellen E. Reynolds
6. Mother's Maiden Name, Ellen E. Magruder
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm J. Reynolds
9. Father's Occupation, Painter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. C. K. Mundo M.D.

Address, 917 Argyle ave.

Remarks,

6910001578

CITY OF BALTIMORE

...a certificate be given the first and ...death. In case the birth or death of any child ...should occur when no physician or midwife is in attendance, or should no other person or parent of such ...child be present, it shall be the duty of the person or parents of such child to report its birth or death to the Commissioner of Health, who shall herein be required, and ...dollars for each offence. Any person who shall neglect or refuse to perform the duties and obligations required by this section shall be subjected to the fine of ... dollars, which action may be recovered.

...schedule shall be delivered, duly signed by the ... third day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, and ...shall occur when no physician or midwife is in attendance upon the mother at the time of the birth, the ...child to report its birth to the Commissioner of Health, who shall herein be required, and ...dollars for each offence. Any person who shall neglect or refuse to perform the duties and obligations required by this section shall be subjected to the fine of ... dollars, which action may be recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30,399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	1st May 1891
4. *Place of Birth, (Street and Number)*	451 Pinkney place
5. *Full Name of Mother,*	Ella Cole
6. *Mother's Maiden Name,*	" Baker
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Joshua Cole
9. *Father's Occupation,*	Express Driver
10. *Father's Birthplace,*	Balto co
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Gorsuch
Address,	
Remarks,	

8 9 1 0 0 0 1 5 7 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 31600

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec. 31
4. Place of Birth, (Street and Number)	1 Frederick Road no Number
5. Full Name of Mother	Ema Merkel
6. Mother's Maiden Name,	Ema Kleiss
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Ebenezer Merkel
9. Father's Occupation,	Housepainter
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Freudenthe Women Midwife
Address,	2116 West Pratt St
Remarks,	

1 8 9 1 0 0 0 1 5 8 0

of the parents, and the maiden name of the mother before marriage, if any, and residence of the parents, if children."

CITY PRINTING AND STATIONERY

RETURN OF A BIRTH.

30601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) white
4. Date of Birth, May 1st
5. Place of Birth, (Street and Number) 906 Warner St
6. Full Name of Mother, Mary Schroeder
7. Mother's Maiden Name, " Reynolds
8. Mother's Birthplace, Germany
9. Full Name of Father, Benj Schroeder
10. Father's Occupation, boiler maker
11. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. J. C. Burch M.D.

Address, 571 Hanover St

Remarks, 8910001581

HEALTH DEPT. CITY OF BALTIMORE JUN 2 1891

said schedule shall be delivered, duly filled, by the Physician, Midwife or other person in attendance upon the mother, to the Registrar of Vital Statistics, at the office of the Commissioner of Health. In case the birth occurs in the absence of such attendance of a physician or practitioner of midwifery, or in case no other person lies in attendance upon the mother, immediately thereafter it shall become the duty of the householder or owner of the premises where the birth occurs, to report its birth to the Registrar of Vital Statistics, at the office of the Commissioner of Health, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered, together with costs, by warrant before any justice of the peace.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 7-11-56

RETURN OF A BIRTH. A30607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hermina Catherine Weigel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 2 - 1891
4. Place of Birth, (Street and Number) 1718 Hanover Street
5. Full Name of Mother, Eleanore Weigel
6. Mother's Maiden Name, Eleanore Hess
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Herman Weigel
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Catherine A. Geraghty

Address, 800 Leadenhall Street

Remarks,

1891 CITY OF BALTIMORE DEC 31

1 8 9 1 0 0 0 1 5 8 2

said schedule shall be entered, by the person making the return, in the office of the Registrar of Vital Statistics. Before the birth of any child shall occur, it shall be the duty of the father, mother, nurse, or other person in attendance upon the mother, immediately thereafter, to report the birth of such child to the Registrar of Vital Statistics. Any person who shall neglect or refuse to make such report, as required by this section, shall be subjected to a fine of not less than five dollars nor more than fifty dollars for each offense. Any such person of the class required to report the birth of any child who shall neglect to report such birth within the time above required, shall forfeit and pay the sum of one dollar for each day he shall neglect to make such return after the time above required, which penalty may be recovered, with costs, before any justice of the peace of the city, upon the complaint of the Registrar of Vital Statistics, or any other person who may prosecute therefor.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 1-21-57

RETURN OF A BIRTH.

A 30603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eda Rebecka Myers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth. May 3rd 1891

Place of Birth, (Street and Number) 1008. Hanover st

Full Name of Mother, Eda. Rebecka Myers

6. Mother's Maiden Name, Eda Rebecka Myers

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Charles Robert Myers

9. Father's Occupation, Brush Maker

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Kathryn M. Myers Dr

Address, 809 Leadenhall Street

Remarks, 8910001583

HEALTH DEPARTMENT RECEIVED MAY 1 1891 CITY OF BALTIMORE

said schedule shall be delivered daily, signed by the practitioner in charge or the Board of Health of the district in which such birth occurs, at the office of the Commissioner of Health. In case the attendance of a physician or professional nurse was not had upon the mother immediately thereafter, such other person having knowledge of the birth as can be found shall report the same within the time and in the manner above required, and shall be subject to the penalties provided by law for neglect to report births. In case of twins, triplets, &c., a separate certificate must be returned for each child. Any person who shall wilfully neglect or refuse to comply with the requirements of this section shall be subject to a fine of not less than five dollars nor more than twenty dollars for each offense, to be recovered as other fines are recoverable.

6M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* [illegible]
4. *Date of Birth,* May 3rd 1891
5. *Place of Birth, (Street and Number)* Frankfort St. No 1166
6. *Full Name of Mother,* Mrs Lucia Fonts
7. *Mother's Maiden Name,* Lucia Crick
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* George W. Fonts Jr
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr Burger

Address, 711 Grove St.

Remarks,

1 8 9 1 0 0 0 1 5 8 4

CITY OF BALTIMORE RECEIVED JUN 1891 REGISTRAR'S OFFICE

Third Page of each and every month to the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or midwife, the same must be reported within ten days after the birth by the father or mother, or in case of the death or absence from the city of both father and mother, then by the householder or owner of the house in which the birth occurred, or by the nurse in attendance upon the mother, immediately thereafter. Any person who shall neglect or refuse to report the birth of a child as required by this section shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense. Penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 30605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 3 — 1894
4. Place of Birth, (Street and Number) 1920 Ulrich Alley
5. Full Name of Mother, Johanna Twiner
6. Mother's Maiden Name, Quirk
7. Mother's Birthplace, England
8. Full Name of Father, Charles Twiner
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Flavin

Address, 1927 E. Fort Ave.

Remarks, 1 6 9 1 0 0 0 1 5 8 5

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

30 Oct 06.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1.	*Sex, (state whether male or female)*	Female
	Race or Color, (if not of the white race)	
	Date of Birth,	May 3 - 91
	Place of Birth, (Street and Number)	116 N Patterson Park Ave
5.	*Full Name of Mother,*	Ella V. Warner
6.	*Mother's Maiden Name,*	" Kirwin
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Frank B. Warner
9.	*Father's Occupation,*	Miller
10.	*Father's Birthplace,*	Md
	Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Accutt
	Address,	912 Mc Donogh
	Remarks,	1891 0001586

HEALTH DEPT. CITY OF BALTIMORE JAN 1891 REGISTRAR

Shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the father of such child to report the birth to the Commissioners of Health, and any father who shall hereafter neglect to make such report for ten days after the birth of his child, shall be subject to the fine of ten dollars for each offence. (The person or persons or parents of such child who are required to report the birth of any child under the provisions of this section shall be entitled to receive from the Commissioners of Health the sum of twenty-five cents for each birth reported within the time specified, and not otherwise.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	30th May
4. *Place of Birth, (Street and Number)*	2119 Etting St
5. *Full Name of Mother,*	Fanna Ansley
6. *Mother's Maiden Name,*	Fanna Whitt
Mother's Birthplace,	Calvert County
8. *Full Name of Father,*	Jno. K. Ansley
9. *Father's Occupation.*	Butcher
10. *Father's Birthplace,*	Do
Name of Medical Attendant, or other person who makes this Return.	Dr. C. Lee
Address,	2206 Etting St
Remarks,	

8910001587

MAY 1 1891 HEALTH DEPARTMENT BALTIMORE

Every midwife or other person in attendance at the birth of any child shall, within ten days after the birth of such child, or if no other person be in attendance upon the mother, immediately thereafter, report to the office of the Commissioner of Health, the name and residence of the person or parents of such child, the number of the house, and the street, avenue, lane or alley in which such birth occurs, and such other particulars as the Commissioner of Health may require, and within the period above required shall be submitted to the inspection of the Commissioner of Health, or his duly authorized agent, the certificate of birth, if any, previously given by a physician or midwife in attendance upon the mother, and the Commissioner of Health shall thereupon issue a certificate of birth, which shall be prima facie evidence in all courts of the facts therein stated. Any midwife or other person who shall neglect or refuse to report the birth of any child as herein required, or who shall refuse to submit the certificate of birth, if any, previously given by a physician or midwife, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offence, and all fines and penalties imposed by this section shall be subject to the fine of the Commissioner of Health, or his duly authorized agent, and may be recovered in the name of the Mayor and City Council of Baltimore.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-28-52

A 30608

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Rose Serena Hissey 9th.

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, May 4 " 1891
4. Place of Birth, (Street and Number) N 720 W. West St.
5. Full Name of Mother, Mary Hissey
6. Mother's Maiden Name, Simmers
7. Mother's Birthplace, Howard Co. Md.
8. Full Name of Father, William T. Hissey,
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt. City.

Name of Medical Attendant, or other person who makes this Return. Dr. Robert Edwards M.D.

Address, N 720 Columbia Ave.

Remarks, † 6 9 1 0 0 0 1 5 8 8

...shall be the duty of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate of the birth of any child born within the city limits during the preceding month, and in case no other person be present at the birth of such child, it shall be the duty of the person or parents of such child to report its birth as above required, and any such person or parents who shall neglect or refuse to make such report shall be subjected to the fine or forfeiture of not less than ... dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A30609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White Race
4. Date of Birth, May 1st 1894 Baltimore City
5. Place of Birth, (Street and Number) 114 N. Bond St.
6. Full Name of Mother, Lena [illegible]
7. Mother's Maiden Name, Lena E. Ellis
8. Mother's Birthplace, Baltimore Md.
9. Full Name of Father, [illegible]
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Bangle

Address, 711 Lemmon St.

Remarks, 8910001589

BOARD OF HEALTH CITY OF BALTIMORE JUN 4 1894

In case the birth of any child is not reported within the time prescribed by this section, the Commissioner of Health, or President of the Board of Health, may require the attendance of a physician or midwife, or any other person who shall occupy upon the investigation of the facts of the birth, and may administer oaths to witnesses in relation thereto. Any physician or midwife who shall neglect or refuse to report the birth of any child as required by this section, or who shall refuse to appear and testify when required by the Commissioner of Health, or President of the Board of Health, shall be guilty of a misdemeanor, and on conviction thereof shall be subject to the fine of ten dollars for each offense; and all penalties and forfeitures under this section are recoverable.

888 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30610.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race)
4. Date of Birth, May 4th 1891
5. Place of Birth, (Street and Number) 1709 N. Calhoun St.
6. Full Name of Mother, Kate C. Schaefer
7. Mother's Maiden Name, Kate C. Neal
8. Mother's Birthplace, Va.
9. Full Name of Father, John C. Schaefer
10. Father's Occupation, Butcher
11. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. J. Mellis M.D.

Address, 727 N. Arlington Ave.

Remarks, 1891000590

HEALTH DEPARTMENT CITY OF BALTIMORE JUN 1891 REGISTERED

said sched ule such certificate of birth. To give the birth of any child ... shall cause ... every month to the office of the Commissioner of Health. ... child dies ... without the attendance of a physician or practical midwife, the parent ... shall cause ... attendance upon the mother immediately ... child to report its birth ... any such person ... Jected to the fine of ... dollars for each offense, to be recovered ... penalties are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 3061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 birth
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, May 5th
5. Place of Birth, (Street and Number) Ridgley 1111
6. Full Name of Mother, Agusta Schwartz
7. Mother's Maiden Name, Agusta Wachsmuth
8. Mother's Birthplace, Baltimore
9. Full Name of Father, August Schwartz
10. Father's Occupation, Shoemaker
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Miss Bange

Address, 711 Lexington St.

Remarks,

8 9 1 0 0 0 1 5 9 1

CITY OF BALTIMORE

BM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 5th day of May
5. Place of Birth, (Street and Number) 1125 Hamburg St.
6. Full Name of Mother, Josephine Mulligan
7. Mother's Maiden Name, Twinkyer
8. Mother's Birthplace, Balto
9. Full Name of Father, Joseph E Mulligan
10. Father's Occupation, Clerk
    Father's Birthplace, Balto
    Name of Medical Attendant, or other person who makes this Return. Mrs Bange
    Address, 711 Cross St
    Remarks, 8910001592

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

CHILD'S NAME ISSUED 4-5-60 A 3561.5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ida Catherine Rathbone 4th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 5 1891

4. Place of Birth, (Street and Number) 1310 N Fulton St.

5. Full Name of Mother, Ida Rathbone

6. Mother's Maiden Name, Ida Basil

7. Mother's Birthplace, Md.

8. Full Name of Father, Wm Rathbone

9. Father's Occupation, Laborer

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. J. H. Robinson M.D.

Address, 36 E. Preston St.

Remarks, 1891 0001593

HEALTH DEPARTMENT BALTIMORE CITY

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of the city, or in case no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the period above set forth, and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

PRINTED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	May 5 - 91
4.	*Place of Birth, (Street and Number)*	2308 Jefferson
5.	*Full Name of Mother,*	Isabella Joyner
6.	*Mother's Maiden Name,*	" Essell
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Frederick A. Joyner
9.	*Father's Occupation,*	Sailmaker
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	Mrs. Mary A. Sewell
	Address,	912 Mc Donogh
	Remarks,	

1891 JUN 1891 CITY OF BALTIMORE

1 8 9 1 0 0 0 1 5 9 4

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

3065.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, 7 May. 1891

Place of Birth, (Street and Number) 1217 Burgundy by

Full Name of Mother, Barbara Adam

6. Mother's Maiden Name, Bell

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Strubbel

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Bangl

Address, 711 Orme St

Remarks,

8 9 1 0 0 0 1 5 9 5

HEALTH DEPARTMENT CITY OF BALTIMORE JUN 1 1891

said schedule shall be delivered, duly signed, to the person in charge of the house in the event of a death, before the next child shall occur without the delivery of such schedule, immediately thereafter, to the Commissioner of Health. In case the birth of any child third day of each and every month of the year, to the Commissioner of Health. In case the birth of any child shall occur without the delivery of such schedule, immediately thereafter, to the Commissioner of Health, as above required, and any such person or persons who shall neglect or refuse to make such report, as above required, and this section shall be subjected to the fine of ten dollars for each offense. Penalties for other violations of this section are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 30616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 7th
4. Place of Birth, (Street and Number) N. 867 Ramsey St,
5. Full Name of Mother, Catharine Mayrell
6. Mother's Maiden Name, Waller,
7. Mother's Birthplace, Balto. City,
8. Full Name of Father, John Mayrell,
9. Father's Occupation, Horse-shoer
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return. [signature]

Address, N 721 Columbia Ave.

Remarks,

8910001596

...said schedule shall be delivered, duly signed ... In the case of ... a certificate between the first and third day of each and every month to the ... the Commissioner ... shall occur without the attendance of a ... attendance ... child to ... its birth ... Commissioner ... any such person or ... jected to the fine of ten (10) dollars for each offe... and forfeitures are recoverable.

...OF BALTIMORE

...J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 3607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 5, 1891

4. Place of Birth, (Street and Number) 737 Bank st.

5. Full Name of Mother, Kate Hagen

6. Mother's Maiden Name, Kate Phillips

7. Mother's Birthplace, Balto.

8. Full Name of Father, William Hagen

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mary E. Lucas M.D.

Address, 738 E. Fayette

Remarks,

8 9 1 0 0 0 1 5 9 7

Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the office of the Commissioner of Health. In case the birth person be in attendance upon the birth of a child, or if there be no physician or midwife in attendance, the owner or occupier of the house where the birth occurs, or in the absence of such owner or occupier, the parent or parents of such child, if living in the house where the birth occurs, shall become the duty of the Commissioner of Health, in the manner and under the penalties provided above respecting the duty of physicians and midwives. This section will be subject to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

And every midwife or other person who shall attend upon the birth of any child and shall neglect or refuse to make the return required by this section, or shall not comply with the provisions thereof, shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

3618.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child
4. Sex, (State whether male or female)
5. Race or color, (if not of the white race) White
6. Date of Birth,
7. Place of Birth, (Street and Number)
8. Full Name of Mother,
9. Mother's Maiden Name,
10. Mother's Birthplace,
11. Full Name of Father,
12. Father's Occupation,
13. Father's Birthplace,
14. Name of Medical Attendant, or other person who makes this Return. Dr. Mac Bride
15. Address, 1170 Montrose St
16. Remarks,

1891 CITY OF BALTIMORE

18910001598

been conferred; its sex, color, the all names and occupations of parents, the time between the first and last days of child-birth, and the time between the birth of any child and the next previous birth, if any, and whether the child was born alive or dead. The Schedule shall be delivered, duly signed by the practitioner in attendance upon the mother during child-birth, or by the nurse in attendance upon the mother if there shall be no practitioner in attendance, or by the father of the child, or by the householder, or by the owner or agent of the premises where the birth shall occur without the assistance of either of the persons aforesaid, to the Registrar of the district within which the birth occurred, within ten days after the birth, and before the burial of the child. Any person who shall refuse or neglect to report the birth as herein required, or who shall report any false information relative thereto, or who shall neglect or refuse to furnish information required by the Registrar, shall be subjected to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

J. S. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30619.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) female

Race or Color, (if not of the white race)

3. Date of Birth, May 9th

4. Place of Birth, (Street and Number) 1108 Ridgley

5. Full Name of Mother, Lucia Bradley

6. Mother's Maiden Name, Lucia Mannidy

7. Mother's Birthplace, St Louis

8. Full Name of Father, William F. Bradley

9. Father's Occupation, Police Officer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Wm Burge

Address, 711 Cross St

Remarks,

1891 0001599

CITY OF BALTIMORE 1891

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 9 1891.
4. Place of Birth, (Street and Number) 2304 E Fred St
5. Full Name of Mother, Mary Lucas
6. Mother's Maiden Name, Mary Forsyth
7. Mother's Birthplace, Balto
8. Full Name of Father, Peter Lucas
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mary L Lucas

Address, 716 Eutaw St

Remarks,

1891000160 0

sary extreme small be delivered, duly signed by the attendant or the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person in attendance upon the mother, immediately thereafter (if shall become the duty of the person or other person be in any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE CITY JUN 2 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) female

Race or Color, (if not of the white race) White

Date of Birth, 19 May 1891

Place of Birth, (Street and Number) 16 Linn 1032 Hanover

Full Name of Mother, Margaret A Chambers

Mother's Maiden Name, Clark

Mother's Birthplace, Baltimore

Full Name of Father, Thos F Chambers

Father's Occupation, Tinner

Father's Birthplace, Penn Penna County

Name of Medical Attendant, or other person who makes this Return. Geo Wingfield

Address, 800 Saddenhall Street

Remarks, 8910001601

said schedule shall be delivered, duly signed by the practitioner in charge, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a practitioner in charge, the person or parents of such child to report its birth to the Commissioner of Health, in writing, on a schedule to be furnished by the Board of Health. Any such person or parents who shall neglect or refuse to report such birth as herein required, shall be subjected to the fine of ten dollars for each offense, and other penalties are recoverable.

6M J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3064

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 18 71
4. Place of Birth, (Street and Number) 203 Eugene St.
5. Full Name of Mother, Mary E Reinhardt
6. Mother's Maiden Name, Mary E Kadle
7. Mother's Birthplace, Balto
8. Full Name of Father, Conrad F Reinhardt
9. Father's Occupation, Plumber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Henry C. Smith

Address, 203 Eugene St

Remarks,

1 8 9 1 0 0 0 1 6 0 2

shall neglect to make such Return, shall, for each offence, forfeit and pay a sum not exceeding Ten Dollars, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report the particulars of such birth within ten days thereafter, in the manner and under the penalty of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31673.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 11th 1871
4. Place of Birth, (Street and Number) 8 N Chesapeake St.
5. Full Name of Mother, Lilly A Nelson
6. Mother's Maiden Name, Lilly Roberts
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Nelson Andrews
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm F Lazenby M.D.

Address, 1 E Lexington St

Remarks,

1 8 9 1 0 0 0 1 6 0 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...shall receive a slip for every child born, by the physician in charge, or the person acting as such, when the ... shall be delivered to the office of the Commissioner of Health. In case the birth of any child ... attendance of a physician or midwife, it shall become the duty of the person required, and ... shall occur within the first month to the office of the Commissioner of Health, or should no other return of such ... third day of each month, a certificate of the birth of such child to report its birth as above required, and ... the Commissioner of Health, in the manner and within the time above required, and ... any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ... dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED, 6-29-55

RETURN OF A BIRTH A 3062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Lenora Fuller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th,

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 10th 1891
4. Place of Birth, (Street and Number) 1731 N. Gay St. City
5. Full Name of Mother, Josephine Fuller
6. Mother's Maiden Name, Burgan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joshua Fuller
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wilhelmine Schmidt

Address, No. 1859 N. Gay St. City

Remarks, none

891 0001604

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2.

1. *Sex*, (*State whether male or female*) Male
2. *Race or color*, (*if not of the white race*) White
3. *Date of Birth*, 10 May
4. *Place of Birth*, (*Street and Number*) [illegible]
5. *Full Name of Mother*. [illegible]
6. *Mother's Maiden Name*. [illegible]
7. *Mother's Birthplace*. [illegible]
8. *Full Name of Father*, [illegible]
9. *Father's Occupation*, [illegible]
10. *Father's Birthplace*, [illegible]

Name of Medical Attendant, or other person who makes this Return. Mar Mary Bander

Address, 1170 Manticoke St

Remarks,

1891000 1605

CITY OF BALTIMORE

J. C. BLATY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

20626.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 2nd May
4. Place of Birth, (Street and Number) 12 N. Eutaw St
5. Full Name of Mother, Barbara Bauser
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, John Bauser
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible] High St.

Remarks,

8910001606

WM. J. O. DULANY CO. CITY PRINTERS AND STATIONERS

...ness to be converted into sex, color (if not white), and ...ompanied by the ... of its birth; the date and place of birth; and the ...said selectmen shall be delivered, duly signed ... a certificate between the first and ...third day of each and every month to the office ... Certificate ... the first and ...attendance at such birth, or, in case there ... midwife, nurse, or ... the birth of any child ...occur without the attendance of a physician, midwife, nurse, or ... the birth of any child ...child to report its birth ... the Commissioners of the ... the duty of such ...any such person or persons who shall hereafter fail ... with the provisions of this section, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

A 30627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	May 11th 1891
4. *Place of Birth, (Street and Number)*	105 E. West St.
5. *Full Name of Mother,*	Minnie D. Whittle
6. *Mother's Maiden Name,*	" " Kimmel.
7. *Mother's Birthplace,*	Ballto. City. Md.
8. *Full Name of Father,*	John B. A. Whittle.
9. *Father's Occupation,*	Foreman.
10. *Father's Birthplace,*	Ballto. City.
Name of Medical Attendant, or other person who makes this Return.	R. J. H. Tall. M.D.
Address,	5-24 Sharp St.
Remarks,	8910001607

...ceive the birth of any child ...could no other person be in ...the person or parents of such ...period above referred to, ...a second offense will be sub- ...forfeit ...ures are recoverable.

...ORE ...

...ed ...ce of ...ician ...ther ...ther ...ll be ...ll ...to ...ty ...ject...

...M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	May 11th 1891
4. *Place of Birth, (Street and Number)*	239 Pearl St,
5. *Full Name of Mother,*	Henrietta G. Jones,
6. *Mother's Maiden Name,*	" " Phillips,
7. *Mother's Birthplace,*	Balto city.
8. *Full Name of Father,*	Levin T. Jones,
9. *Father's Occupation,*	Sewing Machine agent.
10. *Father's Birthplace,*	Balto. city.
Name of Medical Attendant, or other person who makes this Return.	R. J. N. Tall. M.D.
Address,	524 Sharp St,
Remarks,	

1891000001608

HEALTH DEPARTMENT JUN 15 1891 BALTIMORE MD.

In case the birth of any child shall occur with no physician or midwife in attendance, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the office of the Commissioner of Health. The Commissioner hereafter shall provide blank schedules and within a period above specified shall be authorized to receive such returns. Any person or persons neglecting or refusing to make such return shall be subject to the fine of ten dollars for each offence. All fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) 116 Coleman Court
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks,

6910001609

...shall reliable shall be delivered to ... the ... third day of each ... shall receive ... child is report ... any such ... jected to ...

...BY OF BALTIMORE...

...RECEIVED...

...ORN. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

30 137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) male

Race or Color, (if not of the white race) White

Date of Birth, May 12th 1891

Place of Birth, (Street and Number) 1528 N. Gay St.

5. Full Name of Mother. Anna Gseller

6. Mother's Maiden Name, Schraudner

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Gseller

9. Father's Occupation, Brewer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wilhelmine Schmidt

Address, No. 1859 N. Gay St. City

Remarks, none

1891000161 0

said schedule shall be delivered, duly signed by the resident physician, midwife, or other person in attendance, within the first and third day of each and every month to the office of the City Registrar; and a like schedule of any child shall occur without the attendance of a physician or midwife, the father, mother, householder, or person in charge of such attendance upon the death, immediately thereafter, of such child, shall report the same to the City Registrar, in the manner and with the information required in case of births; and any such person or persons who shall hereafter fail to report births or deaths as required by this section shall be subjected to the fine of ten dollars for each offense, to be recovered as debts of like amount are recoverable.

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 30631.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	3 c
1. Sex, (state whether male or female)	male
2. Race or Color. (if not of the white race)	white
3. Date of Birth,	12 th of May
4. Place of Birth, (Street and Number)	2033 Frederick Road
5. Full Name of Mother,	Sonia Thiel
6. Mother's Maiden Name,	Sonia Bonnet
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Georg Thiel
9. Father's Occupation,	Blacksmith
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Frederick Henrich Wiedrich
Address,	216 West Pratt St.
Remarks,	

8 9 1 0 0 0 1 6 1 1

HEALTH DEPARTMENT JUN 1 1889 BALTIMORE CITY

of the parents, and the maiden name of the mother of each child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 30632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 13, 1891
4. Place of Birth, (Street and Number) 2316 Hudson St.
5. Full Name of Mother, Mary Dobson
6. Mother's Maiden Name, Mary Simmons
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Dobson
9. Father's Occupation, Boat-builder
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mary L. Simmons

Address, 726 Luzerne St.

Remarks,

8 9 1 0 0 0 1 6 1 2

said schedule shall be delivered, duly filled out, at the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth as aforesaid, within the period above required, and any such person or parents who shall fail to comply with the provisions of this section shall be subjected to the fine of forfeitures are recoverable. ...dollars for each offense, to be recovered as other fines

6M J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth.	14th May 1891
4. Place of Birth, (Street and Number)	1406 Patterson Ave
5. Full Name of Mother.	Elizabeth Gerwig
6. Mother's Maiden Name.	Elizabeth Yingling
7. Mother's Birthplace.	Carrol Co Md.
8. Full Name of Father.	Charles Gerwig
9. Father's Occupation.	Carpenter
10. Father's Birthplace.	Kent Co Md.
Name of Medical Attendant, or other Person who makes this Return	Margaret Bacon M. D.
Address.	322 N. Charles St.
Remarks.	

8 9 1 0 0 0 1 6 1 3

...ING CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother*, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2nd
2. *Sex*, (*state whether male or female*) Female
3. *Race or Color*, (*if not of the white race*)
4. *Date of Birth*, May 16th 1891
5. *Place of Birth*, (*Street and Number*) 920 Hulen Ave
6. *Full Name of Mother*, Lucy N. Brown
7. *Mother's Maiden Name*, Lucy N. Benge
8. *Mother's Birthplace*, Md
9. *Full Name of Father*, Earl N. Brown
10. *Father's Occupation*, Clerk
11. *Father's Birthplace*, Md.

Name of Medical Attendant, or other person who makes this Return. J. H. Miller, M.D.

Address, 222 N. Monument St.

Remarks,

8910001614

CITY OF BALTIMORE 1891

said schedule shall be delivered, duly signed by the practitioner, or person who shall have charge of the case, to the Registrar of the District in which the birth occurred, within the first ten days of the first month after the birth, and a like schedule for each child born thereafter within the same family, within the first ten days of each third month thereafter; and for every neglect to deliver such schedule as aforesaid, and for every omission to report any birth which shall occur without the attendance of a physician or midwife, it shall be the duty of the parent or parents of such child, or in case of their absence from the city, or inability from sickness or other cause, the duty of the person in charge of the house where the birth occurred, to report the same within ten days after the occurrence thereof, in the manner and form required by the Commissioner of Health, in the case of births attended by physicians or midwives; and any such person or persons who shall hereafter fail to comply with this section shall be subject to a penalty of not less than one dollar nor more than five dollars for each offense, to be recovered as other penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

30633.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sixth
2. *Sex, (state whether male or female)* Femal
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* May 15 — 1891
5. *Place of Birth, (Street and Number)* 1511 north Calhoun st
6. *Full Name of Mother,* Mary Eva Miller
7. *Mother's Maiden Name,* " " Ewars
8. *Mother's Birthplace,* Baltimor
9. *Full Name of Father,* Joseph R Miller
10. *Father's Occupation,* Street Car Driver
11. *Father's Birthplace,* York County Pennsylvania

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 1 0 0 0 1 6 1 5

CITY OF BALTIMORE 1891

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the passage of this ordinance it shall be the duty of the physician, midwife or other person in attendance upon any birth occurring within the limits of Baltimore City, to make a return of such birth to the office of the Commissioners of Health, within ten days after the occurrence of such birth, which return shall be made upon a blank schedule to be furnished by the Commissioners of Health, and shall contain the following information, viz: the number of the child of the mother, whether first, second, third, or other birth; the sex of the child; whether white, black or of other color; the day, month and year of birth; the place of birth; and the name, residence, occupation and birthplace of each parent of such child; and it shall be the duty of the physician or midwife in attendance upon the mother, immediately thereafter, to write the name of the child in the return required, and if there be no physician or midwife in attendance, then it shall be the duty of the parent or parents, guardian or other person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten or more dollars for each offense, to be recovered as other fines are recoverable.

MD. J. C. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 30636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three (3)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 15th 1891
4. *Place of Birth, (Street and Number)* 122 [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* Brickmaker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Catherine A Murphy

Address, 100 Scarlett Hall Street

Remarks,

8910001616

and schedule shall be delivered, duly signed by the [illegible] a certificate between the first and third day of each and every month to the [illegible] shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the [illegible] child first came to live, immediately thereupon to report the birth of such child to the Registrar of Vital Statistics, and any such person or [illegible] who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colo
3. *Date of Birth,* 15th May
4. *Place of Birth, (Street and Number)* 1013 N. Front St.
5. *Full Name of Mother,* Estelle Peter
6. *Mother's Maiden Name,* E. Lawson
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Henry C. Peter
9. *Father's Occupation,* Longshoreman
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Dr. J. H. Wilkerson

Address, 1 E. Pratt St.

Remarks, 891000161 7

and schedule shall be delivered, duly signed, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth, and the Registrar shall thereupon issue a certificate setting forth the facts required to be reported, and the Undertaker shall be entitled to receive from the person or parents of such child, in the absence of the Undertaker, the sum of fifty cents for issuing such certificate. Any physician, midwife or other person in attendance upon the mother immediately after the birth of a child, who shall become the duty of any parent or parents of such child to report the birth to the Commissioner of Health, and who shall neglect or refuse to report the same as herein required, shall be subject to a fine of not less than five dollars nor more than twenty dollars for each offence. Other penalties and forfeitures are recoverable by law.

BALTIMORE CITY BOARD OF HEALTH

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col
3. *Date of Birth,*	Mar 15 '91
4. *Place of Birth, (Street and Number)*	22 L Vincent al
5. *Full Name of Mother.*	Jane Norman
6. *Mother's Maiden Name,*	Jane Smith
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Wm Norman
9. *Father's Occupation.*	Lab
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Jane Norman
Address,	
Remarks,	

8 9 1 0 0 0 1 6 1 8

such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth of such child, the duty of reporting such birth shall devolve immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section. And any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	15th May
4. *Place of Birth, (Street and Number)*	813 Willow-st
5. *Full Name of Mother,*	Ann Loge
6. *Mother's Maiden Name,*	Kelly
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	James Loge
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Gormley
Address,	
Remarks,	

8910001619

WM. J. D. QULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), white
3. Date of Birth, May 16 1891
4. Place of Birth (Street and Number), 1615 E. Eager st
5. Full Name of Mother, Ellen Miller
6. Mother's Maiden Name, " Litz
7. Mother's Birthplace, City
8. Full Name of Father, Henry Miller
9. Father's Occupation, Cutter
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, P. G. Dausch M.D.

Address, 1729 E. Balto. st.

Remarks, 1891000 1620

...ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th May
4. Place of Birth, (Street and Number) 422 E. High St
5. Full Name of Mother, Annie Nylan
6. Mother's Maiden Name, Lewis
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William J. Nylan
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Julia Neibert

Address, E. 506 E. High St

Remarks, Premature gestation 7 months

8 9 1 0 0 0 1 6 2 1

said schedule shall be delivered. Only signed ... strictly ... in the ... certificate between the first and ... the date of each and every month in the office ... Commissioner, or should no other person be in ... shall occur without the attendance of a ... person or parents of such ... attendance upon the ... Commissioner of ... child to report the ... and within ... child within ... who shall hereafter fail to ... as other fines ... forfeitures are recoverable ... subject to the fine of ten ... dollars for each offense, to be recovered as other fines ... forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3062.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st May 16th 1891
4. Place of Birth, (Street and Number) 510 Otterbein St near St Peter
5. Full Name of Mother, Stella Emma Wille
6. Mother's Maiden Name, Stella Emma Smith
7. Mother's Birthplace, Born in Washington D. C.
8. Full Name of Father, John William Wille
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Wm Ns

Address, 711 Orem St

Remarks,

8 9 1 0 0 0 1 6 2 2

CITY OF BALTIMORE 1891

ON J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3 Ward 6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, May 16th 1891.
4. Place of Birth, (Street and Number) 1417 Patapsco Ave.
5. Full Name of Mother, Ellen Thomas Jenkins.
6. Mother's Maiden Name, " " Bradley,
7. Mother's Birthplace, Ingeonica, Co. Md.
8. Full Name of Father, Wm Walter Jenkins.
9. Father's Occupation, Stockstr.
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return. R. J. D. Tall. M.D.

Address, 524 Sharp St.

Remarks,

8 9 1 0 0 0 1 6 2 3

HEALTH DEPARTMENT JUN 13 1891 BALTIMORE

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate (between the first and the fourth days of each month) to the Registrar of the County where the birth occurs. If the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form hereinbefore required, and said schedule shall be delivered, duly signed by the person making such report, to the Registrar as aforesaid; and any person who shall neglect or refuse to make such report, or to deliver such schedule, shall be subject to the fine of ten dollars for each offense, to be recovered as other forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 6-4-24

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mollye Wisenauer

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child.
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
	Date of Birth,	May 17 — 1891.
	Place of Birth, (Street and Number)	1218 Patapsco st
	Full Name of Mother,	Katie ~~Wisenauer~~ Wisenauer
6.	*Mother's Maiden Name,*	Meier
7.	*Mother's Birthplace,*	America
8.	*Full Name of Father,*	John ~~Wisenauer~~ Wisenauer
9.	*Father's Occupation,*	Butcher
10.	*Father's Birthplace,*	America
	Name of Medical Attendant, or other person who makes this Return,	J. Lohwasser. Midwife.
	Address,	1032 Hanover st
	Remarks,	6 9 1 0 0 0 1 6 2 4

CITY OF BALTIMORE

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 17 — 1891
4. Place of Birth, (Street and Number) 414 E Lombert St.
5. Full Name of Mother, Maggie Eliot
6. Mother's Maiden Name, Hall
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Cooper Eliot
9. Father's Occupation, Fireman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E Pratt St.

Remarks, 891000625

CITY OF BALTIMORE JUN 1891 REGISTRAR'S OFFICE

WM J C DULANY CO CITY PRINTERS AND STATIONERS

Certificate issued 2-6-51

RETURN OF A BIRTH. A 30644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Vernon S.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
Race or Color, (if not of the white race)	White
Date of Birth,	May 17th
Place of Birth, (Street and Number)	1017 Hanover St
5. *Full Name of Mother,*	Maggie Wooten
6. *Mother's Maiden Name,*	" White
7. *Mother's Birthplace,*	Wicomico County
8. *Full Name of Father,*	Vernon S. Wooten
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Wicomico County
Name of Medical Attendant, or other person who makes this Return.	L. C. Bunch M.D.
Address,	571 Hanover St
Remarks,	

8910001626

CITY OF BALTIMORE

said schedule shall be delivered duly signed by the pr... third day of each and every month after the first day of ... shall occur without the attendance of a physician or ... attendance, the mother, immediately thereafter ... child to report to the Commissioner of Health ... any such person or ... jected to the fine of ... dollars for each offense, to ... this section may be ... prefixtures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
2. Sex, (state whether male or female)	female
3. Race or Color, (if not of the white race)	white
4. Date of Birth,	May 17th 1885.
5. Place of Birth, (Street and Number)	Charles st
6. Full Name of Mother,	Amelia A Johnson
7. Mother's Maiden Name,	" Williamson
8. Mother's Birthplace,	City
9. Full Name of Father.	Geo. W. Johnson
10. Father's Occupation,	Coppersmith & Coco
Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	L. G. Bunch MD
Address,	5 W Hamburg st
Remarks,	1891000627

and orfeiture shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the parents or either of them, or in the absence of both parents, of the householder or other person in charge of the premises where such birth occurs, to report the same to the Commissioner of Health, and such report shall be made within ten days after the occurrence of such birth. Any person who shall neglect or refuse to comply with the requirements of this section shall be subject to a fine of ten dollars for each offense, to be recovered in the name of the Mayor and City Council of Baltimore, in any court having competent jurisdiction.

BALTIMORE CITY OBITS JUN 2 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

8910001628

Murphy & Co., City Printers and Stationers.

A 30607

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex, (State whether male or female)	male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	17 of May
4. Place of Birth, (Street and Number)	1170 Nanticoke St
5. Full Name of Mother,	Annie Stierhop
6. Mother's Maiden Name,	Annie Dittmar
7. Mother's Birthplace,	Baltimore MD
8. Full Name of Father,	John C Stierhop
9. Father's Occupation,	molder
10. Father's Birthplace,	Baltimore County MD
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Bander
Address,	1170 Nanticoke St
Remarks,	6910001629

CITY OF BALTIMORE

...third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, the birth of any child ... or in case of the absence or inability of the father, the mother, or in case of the absence or inability of both father and mother, or where no other person has ... shall occur without the attendance of a physician or midwife, the father or mother of such child, or in case of the absence or inability of both father and mother, the householder in whose house such birth shall occur, shall hereafter, if such birth become the duty of the father or mother, or householder required, and attendance upon the mother must be supplied by the father or mother, or householder, as the case may be, and ... child or children born in such house, and in case there be no householder, then the person having charge of the house, shall be subject to a penalty ... any such person or persons shall hereafter fail to make the return required by this section shall be subjected to the fine of ten (10) dollars for each offense, to be recoverable ... other fines and penalties are recoverable

G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	3
Sex. (state whether male or female)	Male
Race or Color. (if not of the white race)	
Date of Birth	May 13 — 1891
Place of Birth. (Street and Number)	1410 Bank St.
5. Full Name of Mother,	Maggie E. Holdorfer
6. Mother's Maiden Name,	Ramsauer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John H. Holdorfer
9. Father's Occupation,	Hunter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Steine
Address,	427 E Hall St.
Remarks,	1891000630

STATE OF MARYLAND 1891 CITY OF BALTIMORE

...third day of each and every month to the office of the Commissioner of Health, a certificate between the first and ... shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the ... to cause the birth of any child ... attendance upon the mother immediately thereafter, it shall be the duty of such person to report ... period above required, and child, to report the birth as above required, and every person who shall refuse or neglect to comply with ... This section shall be subject to the fine of ... dollars for each offense, to be recovered as debts of like amount are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

30654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (~~state whether~~ male or ~~female~~)
2. Race or color, (~~if not~~ of the white race)
3. Date of Birth, 5.19.91.
4. Place of Birth, (Street and Number) 226 Hanover st
5. Full Name of Mother, Johanna Zelvis
6. Mother's Maiden Name, Thomas
7. Mother's Birthplace, New York City
8. Full Name of Father, Nicholaemus Zelvis
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Wm Vaslmar

Address, 772 W Lexington st

Remarks. Natural Labor

1 8 9 1 0 0 0 1 6 3 1

third days of each and every month to the office of the Registrar of Vital Statistics, Board of Health, [illegible] to the birth of any child [illegible] without the attendance of a physician or [illegible] person or parents of such [illegible] attendance upon the mother, immediately [illegible] child to report its birth [illegible] any such person who shall hereafter fail to [illegible] jected to the fine of [illegible] dollars for each offence, to be [illegible] forfeiture are recoverable.

[illegible] DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

30665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race)
4. Date of Birth, May 19 — 1891
   Place of Birth, (Street and Number) 1809 E Lanvale St.
5. Full Name of Mother, Ella M. Schuette
6. Mother's Maiden Name, Hill
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry D. Schuette
9. Father's Occupation, Agent
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Steine

Address, 1427 E Fait St.

Remarks, 891000632

CITY OF BALTIMORE 1891

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 31616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) 4th Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth, May 26 1891

4. Place of Birth, (Street and Number) 1529 Light Street

5. Full Name of Mother, Elizabeth Dade

6. Mother's Maiden Name, Saunders

7. Mother's Birthplace, Exeter England

8. Full Name of Father, James Dade

9. Father's Occupation, Brakeman B.&O.R.R.

10. Father's Birthplace, Exeter England

Name of Medical Attendant, or other person who makes this Return, Kathryn A. Reynolds

Address, 100 Leadenhall Street

Remarks,

8910001633

third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the limits of a public institution, the father, mother or other person legally liable to report its birth, immediately upon the occurrence of such birth, shall become subject to a penalty of not less than five nor more than fifty dollars, and in addition thereto shall forfeit and pay the sum of ten dollars for each and every month that he shall neglect to report such birth after the same shall become due and payable as herein provided. In case the father, mother or other person legally liable to report the birth of any child shall neglect or refuse to make such report within the time specified in this section, he shall be subject to the fine of ten dollars for each offense, and other fines and penalties for other lines of neglect are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 5-1-56

RETURN OF A BIRTH.

A 30607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie Agnes Mead

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, May 21st 91
5. Place of Birth, (Street and Number) 105 E. Pepplelan St
6. Full Name of Mother, Ella N. Mead
7. Mother's Maiden Name, Ella N. Mickelson
8. Mother's Birthplace, Baltimore Md
9. Full Name of Father, Edward P. Mead
10. Father's Occupation, Printer
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Henry C. Dill, M.D.

Address, 1203 West Fayette St

Remarks,

1891000163 4

BALTIMORE CITY BOARD OF HEALTH RECEIVED JAN 25 1892

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the limits of the city, and the parents or either of them shall reside within the limits of the city, it shall become the duty of such parents, or parents of such child, immediately thereafter to report the birth to the Commissioner of Health, in the manner above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of [illegible] dollars, for each offense, to be recovered as other fines are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 30 1921
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 21 mar
4. Place of Birth, (Street and Number) 58 mulberry al
5. Full Name of Mother, martha Colbert
6. Mother's Maiden Name, martha Boldon
7. Mother's Birthplace, prince georges co
8. Full Name of Father, Richard Colbert
9. Father's Occupation, Labor
10. Father's Birthplace, annapolis md

Name of Medical Attendant, or other person who makes this Return. mrs Cassie Jones

Address, 101 E mulberry st

Remarks, 1891000635

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, such as is hereinbefore required, make the return, then it shall become the duty of the father or mother of such child to report its birth to the Commissioner of Health, and the return required above shall be given upon the information of such parent. Every person who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

3659

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the ... color of the child or children born, its or their physical condition, whether ... the ... name, nativity, and residence of the parents, and ... name of the ... of such child or children.

CITY OF BALTIMORE 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	21 Nov 1891
4. *Place of Birth (Street and Number)*	421 Lewis St
5. *Full Name of Mother*	Ellen Johnson
6. *Mother's Maiden Name*	Ellen Hays
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	William Johnson
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Emma Baxter
Address	No 605 Spring St
Remarks	

1891000 1636

RETURN OF A BIRTH.

30 Oct 81

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color. (if not of the white race)
3. Date of Birth, May 21st 1881
4. Place of Birth, (Street and Number) 316 E. Fremont St.
5. Full Name of Mother, Maggie L. Lohmann
6. Mother's Maiden Name, Maggie L. Frei
7. Mother's Birthplace, Germany
8. Full Name of Father, Adam Lohmann
9. Father's Occupation, Farmer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. J. Miller, M.D.

Address, 222 W. Monument St.

Remarks,

8 9 1 0 0 0 1 6 3 7

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate of birth of any child who may be born within the limits of said city, and which certificate shall be signed by the attendant upon the mother, immediately thereafter, if such attendant be a person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to make such report, as in this section shall be subjected to the fine of fifty dollars for each offense, to be recovered as other fines are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 30661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (State whether male or female)* Male
3. *Race or color, (if not of the white race)* White
4. *Date of Birth,* May 21st 1911
5. *Place of Birth, (Street and Number)* 821 Jefferson
6. *Full Name of Mother,* Ina Switzer
7. *Mother's Maiden Name,* Ina Trout
8. *Mother's Birthplace,* Balto. Md.
9. *Full Name of Father,* Edward Lee Switzer
10. *Father's Occupation,* Butcher
11. *Father's Birthplace,* Balto Md
12. *Name of Medical Attendant,* or other person who makes this Return. H. Boyd
13. *Address,* 677 Columbia Ave
14. *Remarks,* 1891000163 8

HEALTH DEPARTMENT CITY OF BALTIMORE 1911

In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the parent or parents of such child to report its birth to the office of the Commissioner of Health, and in default of such report within ten days after the birth, the person or parents of such child shall be liable to a penalty of ten dollars for each offence, to be recovered as debts of like amount are recoverable. In case no other person be in attendance upon the mother, immediately after the birth of any child, it shall be the duty of the person in charge of such mother, or if there be no person in charge, then the mother herself, to report the birth of such child, as above required, within ten days after the birth, and in default of such report shall be liable to a penalty of ten dollars for each offence, to be recovered as debts of like amount are recoverable.

J. D. EHLERT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 30667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 2. 1891 CITY OF BALTIMORE

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race)
4. Date of Birth, May 22 1891
5. Place of Birth, (Street and Number) 420 S. Central Av.
6. Full Name of Mother, Winefort Murry
7. Mother's Maiden Name, Lash
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Michel Murry
10. Father's Occupation, Laborer
11. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Harry Stein

Address, 1427 E. Pratt St.

Remarks.

1891000639

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth as required above. The Commissioner of Health, in the name of the Board of Health, shall hereafter fail to comply with the provisions of this section, he shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable

31,663.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 22 1891
4. Place of Birth, (Street and Number) 744 E Lombard St.
5. Full Name of Mother, Maria ~~Shafer~~ Rammel
6. Mother's Maiden Name, Shafer
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Rammel
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this return, Mary Stein

Address, 1427 E Fleet St.

Remarks, 891000164 0

CITY OF BALTIMORE 1891

Third day of each and every month to the office of ... shall occur without the attendance of a physic... attendance upon the child, the Commissioner ... shall forward to the Health Department ... any such person or persons who shall hereafter ... jected to the fine of ten dollars, for each offence ... the record as above required.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

A. 30660

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 3rd

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, May 2 1891
4. *Place of Birth*, (*Street and Number*) 814 Wolfe St
5. *Full Name of Mother*, Annie Lovell
6. *Mother's Maiden Name*, Annie Lauseshine
7. *Mother's Birthplace*, Balto
8. *Full Name of Father*, Christopher Lovell
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Balto

Name of Medical Attendant, or other person who makes this Return. Mary J. Turner

Address, 726 [illegible] St

Remarks,

6910001641

said [illegible] shall be delivered, duly signed by the [illegible] on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	
Date of Birth,	May 22nd
Place of Birth, (Street and Number)	602 N. Eden St.
5. Full Name of Mother,	Emma Kelz
6. Mother's Maiden Name,	Emma Joyner
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	G. E. Kelz
9. Father's Occupation,	Piano Maker
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	Mrs Bangel
Address,	711 Eden St
Remarks,	8910001642

CITY OF BALTIMORE 1891

In case the child or any child of the above mentioned mother shall die within the first day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a return of the birth of such child, stating the day of the month and year when born, the sex, color, name, residence and number of the house in which the mother resides, the name of the father, and the name and residence of the attendant upon the mother, (unless the birth shall occur without the attendance of a physician, or midwife, or other person, in which case the person or parent required to report the birth shall make such return,) and if any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, the said fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the person who is in attendance upon the mother, immediately thereafter if shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars or each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) White.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, May 22 1891
4. Place of Birth, (Street and Number) 2521 Clinton Ave
5. Full Name of Mother, Annie Arthurs
6. Mother's Maiden Name, Annie Carr
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Arthurs
9. Father's Occupation. Pattern maker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary A Evans

Address, 726 Eutaw st

Remarks,

8 9 1 0 0 0 1 6 4 3

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30667.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 23rd May
5. Place of Birth, (Street and Number) Decatur Street
6. Full Name of Mother, Margaret Clarke
7. Mother's Maiden Name, Margaret (?) —
8. Mother's Birthplace, Ireland
9. Full Name of Father, William Clarke
10. Father's Occupation, Laborer
11. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return. Ann O'Connor.

Address, 1112 Hubbard Street

Remarks, 8910001644

CITY OF BALTIMORE HEALTH DEPARTMENT 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 30668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 23d May 1891
4. Place of Birth, (Street and Number) Graham st 416.
5. Full Name of Mother, Mary Goldman
6. Mother's Maiden Name, Mary Chwatka
7. Mother's Birthplace, Germany
8. Full Name of Father, Julius Goldman
9. Father's Occupation, Leaf Dresser
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Murphy

Address, 830 Lexington Hall Alley

Remarks,

8910001645

CITY OF BALTIMORE 1891

third day of each and every month to the office of the Registrar of Vital Statistics, at the City Building, corner of Holliday and Fayette streets, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person required to report such child to report its birth to the Commissioner of Health, as aforesaid, within the period above required, and any person or persons who shall hereafter offend against the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 7-17-56

RETURN OF A BIRTH A 30

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louisa Cherry

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 23rd, 1891
4. Place of Birth, (Street and Number), 401. Aisquith
5. Full Name of Mother, Alice M. Cherry
6. Mother's Maiden Name, " " Freeman
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Wm. H. Cherry
9. Father's Occupation, Pharmacist
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Russell

Address, 800. N. Broadway

Remarks,

8910001646

HEALTH DEPARTMENT

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above required, and such person or persons shall be subjected to the fine of ten dollars for each offense, to be recovered in other fines and penalties are recoverable.

...No. 2. And be it further ordained, That it shall be the duty of the Commissioner of Health, ... section, shall be sub-

...

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

30670.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 23, 1891

4. Place of Birth, (Street and Number) # 833 Henrietta St

5. Full Name of Mother, Mattie Matthews

6. Mother's Maiden Name,

7. Mother's Birthplace, Ackamack, Co. Md

8. Full Name of Father, Jeremiah Matthews

9. Father's Occupation, Waiter

10. Father's Birthplace, Calvert Co. Md.

Name of Medical Attendant, or other person who makes this Return. Abilla Brooks

Address, # 1133 Warner St.

Remarks, Doing well

1 8 9 1 0 0 0 1 6 4 7

CITY OF BALTIMORE

...shall be delivered, duly signed by ... of a certificate between the first and ... every month to the office ... death, or in case the birth of any child ... and the death of such child ... without the attendance of a physician or midwife, then ... of the parent or parents of such ... attendance upon the mother immediately ... within the ... required, and ... child to report the birth ... above required, and ... to comply with the ... shall hereafter ... to the ... penalty not ... dollars for each ... neglect ... offenses are recoverable ...

GEO. J. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 3067.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1.	*Sex, (state whether male or female)*	Female
	Race or Color, (if not of the white race)	
	Date of Birth,	May 23-91
	Place of Birth, (Street and Number)	1627 N Bond
	Full Name of Mother,	Katie A. Pinning
6.	*Mother's Maiden Name,*	" Kelly
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	George F. Pinning
9.	*Father's Occupation,*	Contractor
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allard
	Address,	912 Mc Donogh
	Remarks,	

1891 CITY OF BALTIMORE HEALTH DEPT.

1 8 9 1 0 0 0 1 6 4 8

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

306/17

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 29 1891
4. Place of Birth, (Street and Number) 27 Park St.
5. Full Name of Mother, Jennie Eckhardt
6. Mother's Maiden Name, Jennie Kuper
7. Mother's Birthplace, Balto.
8. Full Name of Father, Solomon Eckhardt
9. Father's Occupation. Tobacco
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mary E Deane

Address, 706 Eutaw St.

Remarks,

8 9 1 0 0 0 1 6 4 9

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report the birth as above required within ten days thereafter, and in like manner any such person or parents who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, 24th May

4. Place of Birth, (Street and Number) 1205 Hanover St.

5. Full Name of Mother, Ino Annie Victoria Schneider

6. Mother's Maiden Name, Miss Annie Victoria Hennighausen

7. Mother's Birthplace, Baltimore City.

8. Full Name of Father, Herman C. Schneider

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return. Catherine Mongole

Address, 800 Leadenhall St

Remarks,

1891 CITY OF BALTIMORE. BOARD OF HEALTH. REGISTRAR'S OFFICE.

1891 0001650

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month of the occurrence of the case of birth coming to his knowledge in the course of his practice. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person make the return required above required, and after notice from the Registrar, shall neglect for the space of ten days to comply with the requirements of this section shall be subjected to the fine of ten dollars for each offence. Fees: Returns of births, fifty cents each; returns of deaths, twenty-five cents each. No fees or pay shall be received by any such person or persons for any other returns or certificates than those above mentioned. Returns other than those above mentioned are receivable.

PRINTED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-4-56

RETURN OF A BIRTH 30676

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Given Name - Elsie

HEALTH DEPARTMENT JUN 1 1891 CITY OF BALTIMORE

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex. (state whether male or female)	female
2. Race or Color. (if not of the white race)	White
3. Date of Birth.	1891 – 24th of May
4. Place of Birth, (Street and Number)	1945 West Pratt
Full Name of Mother	Emma Schaade
6. Mother's Maiden Name.	Emma Bleul
7. Mother's Birthplace.	Germany
8. Full Name of Father.	William Schaade
9. Father's Occupation,	Tailor
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Friedrich Karl Wilhelm
Address,	2116 West Pratt St.
Remarks.	

8910001651

CITY PRINTERS AND STATIONERS

"Under the direction of the Board of Health, it shall be the duty of the Registrar of Vital Statistics to record the full name, nativity, and residence of the parents, and the maiden name of the mother, of all children."

RETURN OF A BIRTH. A 30676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Male Child
2. Race or Color, (if not of the white race) White Child
3. Date of Birth, May 22 - 89
4. Place of Birth, (Street and Number) 740 South Broadway
5. Full Name of Mother, Augusta Lemberg
6. Mother's Maiden Name, Augusta Regger
7. Mother's Birthplace, Germany
8. Full Name of Father, William Lemberg
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Thomas

Address, 402 S. Bricker St. Baltimore Md

Remarks, Mother and Child doing well

891000652

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-9-66

RETURN OF A BIRTH.

3016.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Grace Elenora Steinert

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1.	*Sex, (state whether male or female)*	Female
	Race or Color, (if not of the white race)	
	Date of Birth,	May 24 - 91
	Place of Birth, (Street and Number)	924 N Gay
	Full Name of Mother,	Blanche Steinert
6.	*Mother's Maiden Name,*	" ~~Rose~~ Rose
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Frank Steinert
9.	*Father's Occupation,*	Cigar maker
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allen
	Address,	912 Mc Donogh
	Remarks,	1891000 1653

CITY OF BALTIMORE JUN 1 1891 REGISTERED

Wm J. C. Dulany Co City Printers and Stationers

RETURN OF A BIRTH. A 30614.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Col
3. ~~*Date of*~~ *Birth,*	340 Harmony Land
4. ~~*Place of*~~ *Birth, (Street and Number)*	May 24/911
5. *Full Name of Mother,*	Liggie Warren
6. *Mother's Maiden Name,*	Liggie Goodman
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Jno Warren
9. *Father's Occupation,*	Lab.
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Jane Woodland
Address,	
Remarks,	8910001654

said schedule shall be delivered, duly signed by the practitioner at the time of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without a medical attendant, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 30678.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, May 24 1891
5. Place of Birth, (Street and Number) 93 S Greenmount Ave
6. Full Name of Mother, Catharine Wooden
7. Mother's Maiden Name, Catharine Kenny
8. Mother's Birthplace, Baltimore City
9. Full Name of Father, Thomas C. Wooden
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, J. Robertson M.D.

Address, 726 E. Pratt St.

Remarks, 891000655

HEALTH DEPARTMENT JUN 1891 CITY HALL

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the limits of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, as herein required, within the period above required, and any such person or persons who shall fail to perform the duties required of them by this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other penalties are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3d

1. Sex. (state whether male or female) Male
2. Race or Color. (if not of the white race) Black
3. Date of Birth. May 25. 1891
4. Place of Birth. (Street and Number) 1430 Ramsay Alley
5. Full Name of Mother. Cornelia Bias
6. Mother's Maiden Name. Cornelia Ross
7. Mother's Birthplace. Calvert County Md.
8. Full Name of Father. Richard Bias
9. Father's Occupation. Laborer
10. Father's Birthplace. Baltimore County Md

Name of Medical Attendant. or other Person who makes this Return L. L. Shaw

Address. 14

Remarks.

8910001656

...ING CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30680.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 t
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 25 th
4. Place of Birth, (Street and Number)	429 Conway St
5. Full Name of Mother,	Lottie Seifert
6. Mother's Maiden Name,	Lottie Seifert
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Seifert
9. Father's Occupation,	Cigar Maker
10. Father's Birthplace,	Baltmore
Name of Medical Attendant, or other person who makes this Return.	Hellyonda Slifer
Address,	641 Fontaine St
Remarks,	1 8 9 1 0 0 0 1 6 5 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

30681.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st (1st)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 25 in 189
4. Place of Birth, (Street and Number) 1146 N. Gross St
5. Full Name of Mother, Elizabeth Nauman
6. Mother's Maiden Name, Elizabeth Mesz
7. Mother's Birthplace, Baltimore
8. Full Name of Father. Conrad Nauman
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Murdoch

Address, 808 E or Leadenhall & ~~Hamburg~~

Remarks, 1 8 9 1 0 0 0 1 6 5 8

And notice is hereby given that in case the birth of any child ... to the Commissioner aforesaid, or should no other person be in attendance upon the mother, immediately after the birth of such child, the person ... shall be subject to the fine of ten dollars for each offense. And ... any such person or persons ... fines are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 2-27-57

RETURN OF A BIRTH A. 30652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Lee Wade Hampton ~~Humphrey~~ Humphrey 2d
Sex, (state whether male or female)	male
Race or Color, (if not of the white race)	white
Date of Birth,	May 28th 1891
Place of Birth, (Street and Number)	1737 Clive St
5. Full Name of Mother,	Mattie L. Humphrey
6. Mother's Maiden Name,	" Taylor
7. Mother's Birthplace,	Ky
8. Full Name of Father,	Levi Humphrey
9. Father's Occupation,	Caiman
10. Father's Birthplace,	Washington D.C
Name of Medical Attendant, or other person who makes this Return.	L. Burch M.D
Address,	511 Hanover St
Remarks,	1891000659

CITY OF BALTIMORE 1891

said schedule shall be delivered, duly sworn to, as the case may be, by the person making the same, within the third day of each and every month, to the office of the Registrar of Vital Statistics, Board of Health, at the City Hall; and in case the birth of any child shall occur within the limits of a city or county in which there is a physician or midwife, and no other person shall be in attendance upon the mother, immediately thereafter, the physician or midwife in attendance shall report the birth of such child to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall neglect or refuse to make such report, as herein required, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

306 83.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 26 — 1891.

4. Place of Birth, (Street and Number) 933 S. Charles st.

5. Name of Mother, Maria Diehl

6. Mother's Maiden Name, Laban.

7. Mother's Birthplace, America.

8. Full Name of Father, William Diehl.

9. Father's Occupation, Harness maker.

10. Father's Birthplace, America.

Name of Medical Attendant, or other person who makes this Return, J. Schwasser Midwife

Address, 1032 Hanover st.

Remarks, 1 8 9 1 0 0 0 1 6 6 0

CITY OF BALTIMORE

1892 J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 3040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether male ~~or female~~), white

2. Race or Color (if not of the white race),

3. Date of Birth, May 26th 1891

4. Place of Birth (Street and Number), 1150 Cleveland st

5. Full Name of Mother, Elisabeth Erbe

6. Mother's Maiden Name, Elisabeth Herget

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Erbe

9. Father's Occupation, Engineer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. R. W. Bellvue

Address, 1031 Cathedral st

Remarks,

0 9 1 0 0 0 1 6 6 1

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the parents of such child fail to report its birth to the Health Department within the time and in the manner above required, it shall become the duty of the person in attendance upon the mother, immediately thereafter if shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or parents who shall hereafter neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 30680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother.* (state whether 1st, 2d, 3d, &c.) 7 child
2. *Sex,* (state whether male or female) Male
3. *Race or Color,* (if not of the white race) Colored
4. *Date of Birth,* May 26 1891
5. *Place of Birth,* (Street and Number) 209 Henrietta st
6. *Full Name of Mother,* amelia E. Davis
7. *Mother's Maiden Name,* amelia E. Maddox
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* William E. Davis
10. *Father's Occupation,* Waiter
11. *Father's Birthplace,* Baltimore
12. *Name of Medical Attendant,* or other person who makes this Return. Millie Grace
13. *Address,* 229 york st
14. *Remarks,*

8 9 1 0 0 0 1 6 6 2

CITY OF BALTIMORE

ORL. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

30686.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race ~~or Color, (if not of~~ the white race)
3. Date of Birth, May 26th 1891
4. Place of Birth, (Street and Number) No 405 N. Front
5. Full Name of Mother, Maggie E Leon
6. Mother's Maiden Name, " " Mahon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jacob Leon
9. Father's Occupation, Tobacconist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. Ridgway Andrè M.D.

Address, 1122 E Baltst

Remarks,

8910001663

said relentie shall be delivered, duly signed by the practitioner in the form of a [illegible] between the first and third day of each and every month to the office of the Board of Health, stating the name, sex and race of each child whose birth he has attended during the month next preceding, and the street and number where the birth of any child attended as aforesaid occurred; and no other person shall be required to report the birth of any child whose birth is reported by a physician or practitioner as aforesaid; and no other person be in any such case liable to the penalty hereinafter mentioned. And in case there is no physician or practitioner in attendance at the birth of any child, it shall be the duty of the parents of such child to report its birth to the Registrar of Vital Statistics, in the manner and within the time prescribed in this section, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten dollars for each offense, to be recovered, with costs, in any of the courts of this State having criminal jurisdiction; and all fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

B 3057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	May 26 — 1871
4.	*Place of Birth, (Street and Number)*	330 E Fath St.
5.	*Full Name of Mother,*	Hanna Lock
6.	*Mother's Maiden Name,*	Schwartzwald
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Fredrik Lock
9.	*Father's Occupation,*	Sailor
10.	*Father's Birthplace,*	Brooklyn N.Y.
	Name of Medical Attendant, or other person who makes this return,	Mary Hind
	Address,	1427 E Fath St
	Remarks,	

3910001664

SEAL

916 J. C. SULLIVAN CO CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-2-55

A 30688

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Frank Cochran

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Twins Male & Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 26 1891
4. Place of Birth, (Street and Number) 309 S High St.
5. Full Name of Mother, Annie Cochran
6. Mother's Maiden Name, Mathews
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles F. Cochran
9. Father's Occupation, Ice Driver
10. Father's Birthplace, Talbot County Md

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E Pratt St.

Remarks, 8910001665

CITY OF BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	May 27 91
4. Place of Birth, (Street and Number)	2300 E. Fayette St.
5. Full Name of Mother,	Mrs. Elizabeth Jane Bain Stanley
6. Mother's Maiden Name,	Miss " " Bain
7. Mother's Birthplace,	Balt. Md.
8. Full Name of Father,	William Henry Stanley
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return	C. G. Rusk M. D.
Address,	2000 E. Balt. St.
Remarks,	Natural Delivery

6910001665

...ENS, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 30640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 te

Sex, (state whether male or female) Mädchen

Race or Color, (if not of the white race) Weiße

3. Date of Birth, 22 ten Mai 1891

4. Place of Birth, (Street and Number) Wilkins St No 128

5. Full Name of Mother, Mary Redelmann

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jacob Redelmann

9. Father's Occupation, Wool Mann

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Caroline Street East Eby No 424

Remarks,

8910001667

CITY OF BALTIMORE 1891

third day of each and every month to the office of the Commissioner of Health, a certificate of any birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the father, mother, or other person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

655. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A. 31691.

HEALTH DEPARTMENT MAY 30 1891 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col
3. Date of Birth, May 27/91
4. Place of Birth, (Street and Number) 507 Bruce St.
5. Full Name of Mother, Annie Heath
6. Mother's Maiden Name, Annie Heath
7. Mother's Birthplace, Balto
8. Full Name of Father, Jno Johnson
9. Father's Occupation, Sail
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

18910001668

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 30697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 6

1. Sex, (state whether male or female) Mulatto
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, 27 th May 1891
4. Place of Birth, (Street and Number) Bora St No 1550
5. Full Name of Mother, Mary Grill
6. Mother's Maiden Name, Shillinger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jamie Grill
9. Father's Occupation, Roof Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Hardiane Shirey Fort Eby No 434

Remarks,

8910001669

...relief of the Overseers, &c. Names of the Parents, &c. Every Physician, Midwife or other person who shall neglect or refuse to report the birth of any child as required by this section, shall forfeit and pay for each offence the sum of ten dollars, to be recovered before any justice of the peace of the city, on the complaint of any person who shall sue for the same, one-half to the use of the informer and the other half to the use of the city. Every Physician, Midwife or other person who shall attend the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, shall report the birth of such child to the office of the Commissioners of Health within ten days after the birth of such child, and every such person who shall neglect or refuse to report the birth of any child as required by this section, shall forfeit and pay for each offence the sum of ten dollars, to be recovered before any justice of the peace of the city, on the complaint of any person who shall sue for the same, one-half to the use of the informer and the other half to the use of the city. Every Physician, Midwife or other person who shall attend the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, shall report the birth of such child to the office of the Commissioners of Health within ten days after the birth of such child, and every month to the office of the Commissioners of Health, a return of the name, sex and color of each child born during the month preceding, and the date of birth, the name and residence of the parents, and the number of the house in which each child was born, and the name of the street on which such house is situated, and in default thereof, or in case any such return shall be found to be incorrect, such person or persons shall forfeit and pay for each offence the sum of ten dollars, to be recovered before any justice of the peace of the city, on the complaint of any person who shall sue for the same, one-half to the use of the informer and the other half to the use of the city. Every Physician, Midwife or other person who shall attend the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, shall report the birth of such child to the office of the Commissioners of Health within ten days after the birth of such child, and every month to the office of the Commissioners of Health, a return of the name, sex and color of each child born during the month preceding, and the date of birth, the name and residence of the parents, and the number of the house in which each child was born, and the name of the street on which such house is situated, and in default thereof, or in case any such return shall be found to be incorrect, such person or persons shall forfeit and pay for each offence the sum of ten dollars, to be recovered before any justice of the peace of the city, on the complaint of any person who shall sue for the same, one-half to the use of the informer and the other half to the use of the city.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

30695.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 27th May 1891
4. Place of Birth, (Street and Number) 1027 Light st
5. Full Name of Mother, Clara Burns
6. Mother's Maiden Name, " Grempfler
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm J. Burns
9. Father's Occupation, Button dealer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. H W Wetzlar Jr

Address, 403 E Lanvale st

Remarks, 8910001670

Every physician or midwife in attendance upon any case of birth shall report the birth of any child to the Registrar of Vital Statistics, Board of Health, within ten days after the birth, and every month to the office of the Registrar of Vital Statistics, Board of Health, a list of the names of all persons from whom he or she could not obtain the information required by this section, with the reason why such information could not be obtained; and every person in charge of any institution, public or private, shall report to the Registrar of Vital Statistics, Board of Health, within ten days after the birth of any child born in such institution, the information required by this section, and every third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, a list of the names of all persons from whom he could not obtain the information required by this section, with the reason why such information could not be obtained; and no other person shall cause the birth of any child to be registered without the attendance of a physician or midwife, or the person or parents of such child to report the same as above required. Any person or persons violating any of the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 30694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, May 27. 1891.

Place of Birth, (Street and Number) 3820 Cross Street

Full Name of Mother, Maggie Wiedekind

6. Mother's Maiden Name, Maggie Muller

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Wiedekind

9. Father's Occupation, Glass Blower.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 7 W Lemon

Remarks,

8 9 1 0 0 0 1 6 7 1

CITY OF BALTIMORE 1891

Sec. ... of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or professional nurse, the owner, agent or other person having charge of the premises where the birth occurs, or the person or parents of such child to report its birth as above required, and in addition thereto the name and residence of the physician or professional nurse in attendance upon the mother immediately thereafter, if any such there be. Any person who shall hereafter fail to comply with the requirements of this section shall be guilty and upon conviction thereof shall be fined not less than ... dollars for each offense, to be recovered as other fines are recoverable. Section 12 of said Act provides that the Commissioner of Health shall cause to be posted in each police station house a copy of this section, and any police officer neglecting to perform the duties required of him by this section shall be liable to a penalty of ... dollars for each offense, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	May 27 1911
4. *Place of Birth, (Street and Number)*	2316 Bladen St
5. *Full Name of Mother,*	Kate Foster
6. *Mother's Maiden Name,*	Kate Harvey
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Edward Foster
9. *Father's Occupation,*	Shipping clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Thos J Turner M D
Address,	701 Eutaw St
Remarks,	

8 9 1 0 0 0 1 6 7 2

ENT. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Every midwife and every other person to whom the birth of any child shall occur, shall within ten days thereafter report the same to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the office of the Commissioner of Health, and in case either the mother, immediately thereafter shall make report and within the period above required, and in such manner as the Commissioner of Health may direct, such person or parents of such child to report its birth shall refuse or neglect to comply with the provisions of this section, he, she or they shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 30696.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3-d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 27th
4. Place of Birth, (Street and Number)	522 McCollough St
5. Full Name of Mother,	Carrie Bunch
6. Mother's Maiden Name,	" Gardener
7. Mother's Birthplace,	Charles County
8. Full Name of Father,	Jos. W. Bunch
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Charles County
Name of Medical Attendant, or other person who makes this Return.	J. C. Bunch M.D
Address,	571 Hanover St
Remarks,	

8910001673

said schedule shall be delivered, any person having charge of such child, or in attendance upon the mother, who shall neglect or refuse to report the birth of any child within ten days after the birth, or who shall knowingly report false information relative to the birth of any child, shall forfeit and pay for each offense a sum not exceeding fifty dollars. In case the birth of any child shall occur without the attendance of a physician or midwife, the father, or in his absence the mother, shall report the birth of such child to the Registrar of Vital Statistics, and any such person or midwife who shall neglect or refuse to report the birth of any child, as required above required, and any such person or midwife who shall knowingly report false information relative to the birth of any child, shall be subjected to the fine of ten dollars for each offense. No certificates will be issued unless the fees as required by this section shall be subjected to the fine of ten dollars for each offense. No certificates will be issued unless the fees as required by this section shall be subjected to the fine of ten dollars for each offense. No certificates will be issued unless the fees as required by this section shall be subjected to the fine of ten dollars for each offense. No certificates will be issued unless fees are recoverable.

BALTIMORE MD

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 28 9
4. Place of Birth, (Street and Number) 115 W. Lombard St.
5. Full Name of Mother, Katie Heil.
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace, Charles Grove Md.

Name of Medical Attendent, or other person who makes this Return,

Address,

Remarks, 1891000167 4

HEALTH DEPARTMENT CITY OF BALTIMORE JUN 1891 RECEIVED

said schedule shall be delivered, duly signed, to the Registrar of Vital Statistics, in whose district the birth of any child shall occur, within ten days of each and every month; and in default of the delivery of such schedule as aforesaid, by the physician or midwife in attendance, or if there shall be no such physician or midwife in attendance, then by the person or parents of such child, the Commissioner of Health shall cause the same to be delivered, within a period not exceeding twenty days from the date of the birth of such child, and shall recover from such person or parents, for each and every such default, the sum of ten dollars for each and every offence; and no other person shall be subject to the fine of ten dollars for each offence unless he shall have received the fee for registering the birth, in which case he shall be subject to the same penalties as the person or parents of such child. Certificates are receiverable.

BEM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

A 30698

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 30 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Chancey Lee one 1

1. Sex, (state whether male or female) fee male child Born 28 may 91
2. Race or Color, (if not of the white race) Colored age 39
3. Date of Birth, Barth 28 Six o clock in morning
4. Place of Birth, (Street and Number) ohio dr no 1047
5. Full Name of Mother, Nancy Lee East Coundy Virgnia
6. Mother's Maiden Name,
7. Mother's Birthplace, Virginy
8. Full Name of Father, Charles Stanley age
9. Father's Occupation, Tomlick
10. Father's Birthplace, Daschester county

Name of Medical Attendant, or other person who makes this Return, Mary S. Gurney South

Address, ad 1035 hanaid St city

Remarks, 8910001675

Section 3. And be it further enacted, That it shall be the duty of the Registrar of Vital Statistics, or such other officer as may be designated by the Board of Health, to cause the blanks provided for the registration of births to be filled out in accordance with the facts stated by the informant, and to require the informant to sign his or her name to the record. Any person who shall knowingly give false information to the Registrar of Vital Statistics, or such other officer as may be designated by the Board of Health, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than ten dollars nor more than fifty dollars.

Section 4. And be it further enacted, That it shall be the duty of the Registrar of Vital Statistics, or such other officer as may be designated by the Board of Health, to report to the Board of Health, at the regular meeting of each month, the number of births registered during the preceding month, and to make such other reports as may be required by the Board of Health; and it shall be the duty of the Board of Health to cause to be published, from time to time, such abstracts of the births registered as may be deemed necessary for the information of the public.

Section 5. And be it further enacted, That it shall be the duty of the Board of Health to cause to be published, from time to time, such rules and regulations as may be necessary for the registration of births, and the Board of Health shall have power to enforce such rules and regulations by imposing penalties for the violation thereof not exceeding fifty dollars for each offense.

Section 6. And be it further enacted, That it shall be the duty of the Board of Health to cause to be published, from time to time, such rules and regulations as may be necessary for the registration of births, and the Board of Health shall have power to enforce such rules and regulations by imposing penalties for the violation thereof not exceeding fifty dollars for each offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 30644.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 28 - 1891
4. Place of Birth, (Street and Number) 1006 Granby St.
5. Full Name of Mother, Matilda Clayton
6. Mother's Maiden Name, Dorsey
7. Mother's Birthplace, Philadelphia Pa
8. Full Name of Father, G. W. Clayton
9. Father's Occupation, Laborer
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks, 6910001676

...third day of each and every month to the office of th[e] [illegible] ...ificate between the first and ... shall occur without the attendance of a physician [illegible] case the birth of any child ... attendance upon the mother, immediately thereafter [illegible] should no other person be in ... child to report its birth to the Commissioner of Health [illegible] the person or parents of such ... any such person or p[illegible] who shall hereafter fail to c[illegible] period above required, and ... jected to the fine of ten dollars for each offense, to be recovered [illegible] this section shall be sub- ... [illegible] other fines or forfeitures are recoverable

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

30100.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 28 — 1900
4. Place of Birth, (Street and Number) 1519 E Lombard St.
5. Full Name of Mother, Sara Walker
6. Mother's Maiden Name, Butler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Walker
9. Father's Occupation, Coach-Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1827 E Oath St.

Remarks, T 8 9 1 0 0 0 1 6 7 7

CITY OF BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. E 307 01.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 28 1891
4. Place of Birth, (Street and Number) 1528 Eastern Ave.
5. Full Name of Mother, Mary Caroline O'Connor
6. Mother's Maiden Name, Cruce's
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Jos. O'Connor
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1421 E Fratt St.

Remarks, 1891 000 1678

CITY OF BALTIMORE 1891

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 30705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nineteenth 2413 East H. May 28 1891
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Maggie Stein
6. Mother's Maiden Name, Lehaty
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George L. Stein
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 2427 E Fath H.

Remarks, 891000679

CITY OF BALTIMORE JUN 1891 REGISTERED

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 30763.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	[illegible]
3. Date of Birth	29 May 1891
4. Place of Birth (Street and Number)	528 S. Fremont St
5. Full Name of Mother	Emma Lemmon
6. Mother's Maiden Name	[illegible]
7. Mother's Birthplace	Westminster Co. Md
8. Full Name of Father	[illegible]
9. Father's Occupation	Gardener
10. Father's Birthplace	St. Michaels Talbot
Name of Medical Attendant, or other Person who makes this Return.	[illegible]
Address	No. 65 [illegible] St.
Remarks	

8 9 1 0 0 0 1 6 8 0

within six days thereafter, stating distinctly the date of birth, [illegible] color of the child, [illegible] children born, its or their physical condition, whether still born or not, [illegible] residence of the parents, and [illegible] maiden name of the mother of such child.

RETURN OF A BIRTH 30704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	May 1st, 1891.
4. Place of Birth, (Street and Number)	2214 Girard ave.
5. Full Name of Mother,	Alice Virginia Lutz.
6. Mother's Maiden Name,	Harford.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Howard H. Lutz.
9. Father's Occupation,	Railroader.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

8910001681

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH E 3070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 1891 CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Color, (if not of the white race)	White
3. Date of Birth,	May 2, 1891
4. Place of Birth, (Street and Number)	102 S. Carey
5. Full Name of Mother,	Mary E. Cobaugh
6. Mother's Maiden Name,	Wilson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Luther H. Cobaugh
9. Father's Occupation,	Boiler Maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. Lloyd
Address,	1132 Harlem Ave.
Remarks,	

1891000682

shall refer without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth of a child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period herein required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 31/06

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) male

Race or Color, (if not of the white race) White

Date of Birth, May 2. 1891.

Place of Birth, (Street and Number) 908 Granby st

Full Name of Mother, Lizzie Fynne

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charlie Fynne

9. Father's Occupation,

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Carlin Burnett

Address, 122 S. Exeter st

Remarks,

1 8 9 1 0 0 0 1 6 8 3

HEALTH DEPARTMENT CITY OF BALTIMORE JUN 4 1891

And it shall be the duty of every physician or midwife who shall be present at the birth of any child, or of any person who shall be informed of the birth of any child, to report the same to the office of the Commissioner of Health as aforesaid within ten days after the birth of such child, and every month to the office of the Commissioner of Health as aforesaid the births which shall occur without the attendance of a physician or midwife, or should no other person be required by this section to report the same, then it shall be the duty of the person or parents of such child to report the same within ten days after the birth of such child, and every month thereafter; and any such person or persons who shall hereafter fail to report as aforesaid shall be subjected to the fine of ten dollars for each offense; and it shall be the duty of the Commissioner of Health to recover such fine, and all fines and forfeitures so recovered shall be applied to the use of the Health Department.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 3, 1891.
4. Place of Birth, (Street and Number) 237 Carroll St.
5. Full Name of Mother, Ella V. McCauley.
6. Mother's Maiden Name, Martin.
7. Mother's Birthplace, Md.
8. Full Name of Father, Wilbur S. McCauley.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Cleveland Ave.

Remarks,

1891000684

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur without the attendance of a Physician, Midwife or other person, he or she attending upon the mother, or in case of the absence or inability of such person, the father of such child, or in case of the absence or inability of the father, the householder in which such child is born, shall report its birth to the Commissioner within the period above required, and any such person who shall hereafter fail to comply with the requirements of this section shall be subject to the fine of ten dollars for each offence. The penalties are recoverable.

CITY OF BALTIMORE

1891

1891. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30708.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 3, 1891.
4. *Place of Birth, (Street and Number)* 411 W. 4th st.
5. *Full Name of Mother,* Mary Elizabeth Wilson.
6. *Mother's Maiden Name,* Baker.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William Thomas Wilson.
9. *Father's Occupation,* Engineer.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1 8 9 1 0 0 0 1 6 8 5

CITY OF BALTIMORE — HEALTH DEPARTMENT — JUN 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-30-55

RETURN OF A BIRTH. 30709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Saul Albert Harris

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

Sex, (state whether male or female) male

Race or Color, (if not of the white race) white

Date of Birth, May 4. 1891

Place of Birth, (Street and Number) 1008 Granby st

5. Full Name of Mother, Lina Henris

6. Mother's Maiden Name, Buckner

7. Mother's Birthplace, Europe

8. Full Name of Father, Hyman Harris

9. Father's Occupation, Tailor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter st

Remarks,

8 9 1 0 0 0 1 6 8 6

REGISTERED MAY 5 1891 CITY OF BALTIMORE

Shall neglect or refuse to register the birth of any child born within the limits of Baltimore City, as required by the provisions of this section, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense. In case the birth of any child shall occur without the attendance of a physician or midwife, the father or mother of such child shall report its birth to the Commissioner of Health within ten days thereafter, and any such person or persons who shall hereafter fail to make such report as required above required, and shall be subject to the fine of the penalties and forfeitures are recoverable. This section shall be sub-

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 3070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth. May 5th 1891
4. Place of Birth, (Street and Number) Philadelphia Road 12.
5. Full Name of Mother. Kathe Lemmer
6. Mother's Maiden Name, " Loffning
7. Mother's Birthplace. Balto.
8. Full Name of Father. M. Loffning
9. Father's Occupation. workman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks. 1891000 16887

and scheddle shall be delivered, duly signed by the p... [illegible] ...ertificate between the first and third day of each and every month to the office, ... [illegible] ...shall no other person be in attendance upon the mother immediately thereafter, ... [illegible] ...person or parents of such child to report its birth to the Commissioner of Health, and ... [illegible] ...ed as above required, and any such person or parents who shall hereafter fail so to report, shall be subjected to the fine of ten dollars for each offence, to be recovered

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
Sex, (state whether male or female)	Male.
Race or Color, (if not of the white race)	White.
3. *Date of Birth,*	May 7, 1891.
4. *Place of Birth, (Street and Number)*	17 Chestnut-ave.
5. *Full Name of Mother,*	Louella Kate Mark.
6. *Mother's Maiden Name,*	Morris.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	George Lawrence Mark.
9. *Father's Occupation,*	Carpenter.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Chestnut-ave.
Remarks,	1891000688

CITY OF BALTIMORE HEALTH DEPARTMENT MAY 8 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 30711.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1111
2. *Sex, (state whether male or female)* Boy
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* May 2nd 1891
5. *Place of Birth, (Street and Number)* 2. Madeira Alley 42
6. *Full Name of Mother,* Mary Goldner
7. *Mother's Maiden Name,* O'Neil
8. *Mother's Birthplace,* Ireland
9. *Full Name of Father,* Patrick O'Neil
10. *Father's Occupation,* workman
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, 8910 Dr. Archer

Address, 235 S. Washington St.

Remarks,

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 3073.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
2. Sex, (state whether male or female)	Male
3. Race or color, (if not of the white race)	White
4. Date of Birth,	May 8th 1891
5. Place of Birth, (Street and Number)	No 230 Old York Road
6. Full Name of Mother,	Annie Madden
7. Mother's Maiden Name,	Annie Dorren
8. Mother's Birthplace,	Vermont
9. Full Name of Father,	John Madden
10. Father's Occupation,	Lawyer
11. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return	Dr. [illegible] Wawn, 2417 Mt.
Address,	
Remarks,	

1891 JUN 3 HEALTH DEPT. CITY OF BALTIMORE

1 8 9 1 0 0 0 1 6 9 0

...ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A-30711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 9/91
4. Place of Birth, (Street and Number) 1610 Eastern Ave
5. Full Name of Mother, Lena Lindler
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Isaac Lindler
9. Father's Occupation, Paper Hanger
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Chas. C. Bernstein

Address, 120 S. Exeter St.

Remarks,

1891000169 1

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 3077

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
2. Sex, (state whether male or female) Male.
3. Race or Color, (if not of the white race) White.
4. Date of Birth, May 9th, 1891.
5. Place of Birth, (Street and Number) 445 W. Fifth st.
6. Full Name of Mother, Priscilla Cuno Barnes
7. Mother's Maiden Name, Johns.
8. Mother's Birthplace, Md.
9. Full Name of Father, Chas. Franklin Barnes.
10. Father's Occupation, Fireman B. C. & R. R.
    Father's Birthplace, Md.
    Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.
    Address, 291 Chestnut ave.
    Remarks,

1891000 1692

HEALTH DEPARTMENT JUN 1891 CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 30716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 10 1891.
4. Place of Birth, (Street and Number) 1210 Bank St
5. Full Name of Mother, Rosa Scarfitto
6. Mother's Maiden Name, " Tuscanus
7. Mother's Birthplace, Italy
8. Full Name of Father, Louis Scarfitto
9. Father's Occupation,
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 1220 S. Exeter St

Remarks,

1891 CITY OF BALTIMORE

1 8 9 1 0 0 0 1 6 9 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 3077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 1894
4. Place of Birth, (Street and Number) 122 Hanover St
5. Full Name of Mother, Rachel Jacobs
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Joseph Jacobs
9. Father's Occupation, Butcher
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter St

Remarks,

8 9 1 0 0 0 1 6 9 4

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 4th 1891

4. Place of Birth, (Street and Number) 2306 Eutaw Ave

5. Full Name of Mother, Celia Lesler

6. Mother's Maiden Name, Hammel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Lesler

9. Father's Occupation, Shipwright

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. S. Bernstein

Address, 122 S Eutaw St

Remarks, 8910001695

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) male

Race or Color, (if not of the white race) white

Date of Birth, May 11 91

Place of Birth, (Street and Number) 209 Aisquith st

Full Name of Mother, Celia Clark

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, Charles Clark

8. Full Name of Father, Bartender

9. Father's Occupation, Baltimore

10. Father's Birthplace, Not a Doctor

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 691000169 6

CITY OF BALTIMORE 1891

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 11th 1891
4. Place of Birth, (Street and Number) Fairmount Ave 1904
5. Full Name of Mother, Emma Gains
6. Mother's Maiden Name, " Strack
7. Mother's Birthplace, Balto.
8. Full Name of Father, Anton Strack
9. Father's Occupation, carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1891 May 11 Boy Gaines
235 S Washington St.

RECEIVED JUN 3 1891 REGISTRAR'S OFFICE CITY OF BALTIMORE

Any Person or Persons delivering, Only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner, the parent or parents of such child, or the head of the family in which such child was born, or the person having charge of such child, shall report the birth as above required, and any such person or persons who shall hereafter fail to make such report shall be subjected to the fine of ten (10) dollars for each offense.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 30771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 11th 1891
4. Place of Birth, (Street and Number) S. Bethel St. 717.
5. Full Name of Mother, Emma Fattero
6. Mother's Maiden Name, Wagman
7. Mother's Birthplace, Germania
8. Full Name of Father, Lorenz Wagman
9. Father's Occupation, Laber.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1891 0081698 Sechler
235 E. Washington St.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) Boy
3. Race or Color, (if not of the white race) white
4. Date of Birth, May 10th 1891
5. Place of Birth, (Street and Number) 1 Durham St. 516
6. Full Name of Mother, Mary Schwab
7. Mother's Maiden Name, Mack
8. Mother's Birthplace, Germania
9. Full Name of Father, Gustav Mack
10. Father's Occupation, Carpenter
11. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return,

Address, Full name of child Gustav Adolf Mack

Remarks, 3 9 1 0 8 0 1 6 9 9

Dr. Buehler
235 E. Washington St

CITY OF BALTIMORE 1891

1916 J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 30173.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 12 89
4. *Place of Birth, (Street and Number)*	817 Eutaw St
5. *Full Name of Mother,*	Johnny Frances
6. *Mother's Maiden Name,*	Emma Wadenske
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father.*	Carl Ernest
9. *Father's Occupation.*	Engineer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Dr. A. Vollers
Address,	2022 Aisquith St
Remarks,	1891000170 0

...said return shall be returned to the office of the Board of Health... In case the birth of any child third day of such birth, attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the office of the Board of Health... with the particulars required above required, and such person or parents shall forfeit and pay for each offense, to be recovered... sections are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT CITY OF BALTIMORE JUN 1891

of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. Sex, (*state whether male or female*) Boy
2. Race or Color, (*if not of the white race*) White
3. Date of Birth, May 14th 1891
4. Place of Birth, (*Street and Number*) S. Register St. 23.
5. Full Name of Mother, Matilde Rohrbau
6. Mother's Maiden Name, ~~[illegible]~~ Matilde Ott
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo Ott
9. Father's Occupation, workman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 89100 Mrs Buchler
235 S Linington St.

and J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color. (if not of the white race) White
3. Date of Birth, First [illegible] 1908
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace. [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation. [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, 1891000170 2

...still actionable shall be enforced, this signed by the parent, or the person in the case of any child ...after the birth thereof, and within ten days after the birth of any child ...shall neglect without the attendance of a physician or midwife, or other person in his ...attendance upon the mother, immediately before the birth of such child, and within the ...child to report its birth, as required, and the provisions of this section shall be ...and any person or persons who shall hereafter violate the provisions of this section shall be ...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recovered.

...GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3074 / 76

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) Boy
3. Race or Color, (if not of the white race) white
4. Date of Birth, May 18th 1891
5. Place of Birth, (Street and Number) S. Bond St. No. 522.
5. Full Name of Mother, Lena Hoffmas
6. Mother's Maiden Name, Keiner
7. Mother's Birthplace, Balto
8. Full Name of Father, Konrad Keiner
9. Father's Occupation, workman
10. Father's Birthplace, Balto

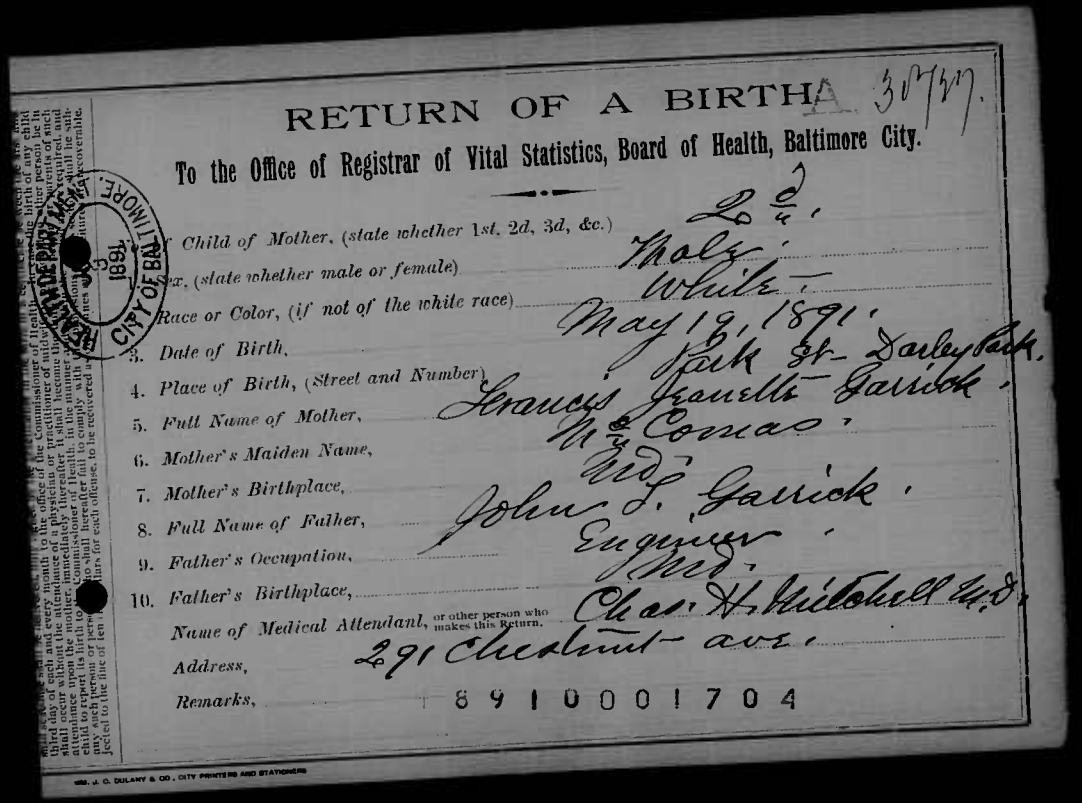
Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1 8 9 1 0 0 0 1 7 0 3 Mechler
255 S Washington St.

CITY OF BALTIMORE 1891

95 J. O. DULANY CO CITY PRINTERS AND STATIONERS



RETURN OF A BIRTH

A 30737.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.
2. Sex, (state whether male or female) Male.
3. Race or Color, (if not of the white race) White.
4. Date of Birth, May 19, 1891.
5. Place of Birth, (Street and Number) 5 Park St. Darley Park.
6. Full Name of Mother, Frances Jeanette Garrick.
7. Mother's Maiden Name, Conaco.
8. Mother's Birthplace, Md.
9. Full Name of Father, John J. Garrick.
10. Father's Occupation, Engineer.
11. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Chestnut-ave.

Remarks, 8910001704

CITY OF BALTIMORE RECEIVED JUN 3 1891 REGISTRAR OF VITAL STATISTICS

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 30728.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	May 19, 1891.
4. Place of Birth, (Street and Number)	332 Roland ave.
5. Full Name of Mother,	Emma L. McCauley.
6. Mother's Maiden Name,	Wilhelm.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Benjamin L. McCauley.
9. Father's Occupation,	Pattern-maker.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

8910001705

CITY OF BALTIMORE HEALTH DEPARTMENT JUN 1891 REGISTRAR

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex. (state whether male or female) male
2. Race or Color. (if not of the white race) Colored
3. Date of Birth. May 28 1891
4. Place of Birth. (Street and Number) 711 S. Loudon St
5. Full Name of Mother. Sarah Goodman
6. Mother's Maiden Name.
7. Mother's Birthplace. Europe
8. Full Name of Father, Max Goodman
9. Father's Occupation, Peddler
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Krupt

Address. 122 S. Exeter St

Remarks.

8 9 1 0 0 0 1 7 0 6

RECEIVED JUN 1891 REGISTRAR OF VITAL STATISTICS CITY OF BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 30/30

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 23rd 1891
4. Place of Birth, (Street and Number) 1 Washington Ave. 19
5. Full Name of Mother, Kunigunde Hengel
6. Mother's Maiden Name, Strohmenger
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Strohmenger
9. Father's Occupation, workman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8 9 1 0 0 Wm O Bruehler
235 S Washington Ave.

CITY OF BALT

WM J. C. SULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

30/31

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male — Female a.s.o. 7/1/20
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 20/91
4. Place of Birth, (Street and Number) 18 North Market Space
5. Full Name of Mother, Rosa Nicholson
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Moses Nicholson
9. Father's Occupation, Saloon keeper
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs L. Bernstein

Address, 122 S. Exeter St

Remarks, 1891 0001708

REGISTRY DEPARTMENT JUN 1891 CITY OF BALTIMORE

Said child (or shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be therein required to make return thereof, it shall be the duty of the occupant of the house in which such birth shall occur to report the same within ten days thereafter, and in default of such report, and attendance upon the Registrar, or Commissioner of Health, as may be required, such occupant shall be subject to the fine of ten dollars for each offence. And any person who shall hereafter make a false return of the birth of any child, or who shall refuse or neglect to make the return required by this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

30732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 23rd 91
4. Place of Birth, (Street and Number) N. E. Cor. Preston & Mt Auburn Ave
5. Full Name of Mother, Eliza Jane Galow
6. Mother's Maiden Name, " " Reed
7. Mother's Birthplace, Baltimore
8. Full Name of Father, New Frances Galow
9. Father's Occupation, Break Man B. & O. R. R.
10. Father's Birthplace, New Market

Name of Medical Attendant, or other person who makes this Return. Cecil C. Stewart M.D.

Address, 120 W. Fayette St.

Remarks,

1891000 1709

GEO. J. D. BALSLEY & CO., CITY PRINTERS AND STATIONERS

...ATE OF BALTIMORE...

Over

RETURN OF A BIRTH. A 317333.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	4
1. *Sex*, (*state whether male or female*)	Male - Charles Rankin
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Nov 24 1891
4. *Place of Birth*, (*Street and Number*)	502 Mullen st
5. *Full Name of Mother*,	Mary Louise Rankin
6. *Mother's Maiden Name*,	Mary Louise Greenwald
7. *Mother's Birthplace*,	Balto
8. *Full Name of Father*,	Francis Xavier Rankin
9. *Father's Occupation*,	Shoemaker
10. *Father's Birthplace*,	Germany
Name of Medical Attendant, or other person who makes this Return.	Chas L Kelly
Address,	502 Mullen st
Remarks,	

1891000171 0

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 30734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6

1. Sex. (state whether male or female) female L.C.
2. Race or Color, (if not of the white race)
3. Date of Birth. May 26th 1891
4. Place of Birth, (Street and Number) Baltimore City 1108, Stockholm st
5. Full Name of Mother. Annie Cakener
6. Mother's Maiden Name. Annie Brown
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Julius Cakener
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. J. C. Shaffer

Address, No 604 Little Parken St

Remarks, 8 9 1 0 0 0 1 7 1 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

4-25-50 CERTIFICATE CORRECTED 4-25-39

RETURN OF A BIRTH.

A 30 / 35.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ezekiel Jacob London

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth. May 2 1925
4. Place of Birth, (Street and Number) 508 Bond St
5. Full Name of Mother. ~~Pauline Linder~~ Bessie London
6. Mother's Maiden Name.
7. Mother's Birthplace. Europe
8. Full Name of Father. Louis (~~Linder~~) London
9. Father's Occupation,
10. Father's Birthplace. Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Feinstein

Address, 122 S. Eutaw

Remarks, 8910001712

CITY OF BALTIMORE 1891

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 30736.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 26 th 1891
4. Place of Birth, (Street and Number) Baltimore City 1612 Carey and lay st
5. Full Name of Mother, Lizzie Parker
6. Mother's Maiden Name, Lizzie Creamer
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Harry Creamer
9. Father's Occupation, Hustler
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs M. Slaffer

Address, No 604 Little Parker st

Remarks,

8910001713

said schedule shall be delivered, duly signed [illegible] certificate between the first and third day of each and every month, [illegible] shall omit to deliver such schedule as aforesaid, or shall omit to make any of the returns required, and within the time [illegible] attendance upon the mother [illegible] immediately thereafter [illegible] city of the person or parents of such child to report its birth to [illegible] commissioner of the [illegible] above required, and any such person or persons shall, [illegible] thereafter, be liable to a penalty of [illegible] and each and every such omission shall be subjected to the like penalties for each failure, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 27th 1891
4. Place of Birth, (Street and Number) Baltimore City, 11 10 Little Berry
5. Full Name of Mother, Sallie Woodall
6. Mother's Maiden Name, Sallie Jackson
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George Woodall
9. Father's Occupation, Boss Mucker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs M. Shaffer

Address, No 604 Little Pratt

Remarks,

and effectively shall be delivered, duly signed by the ... of the ... and every month to the ... shall occur within the ... shall ... and ... subject to the fine of ten (10) dollars for each offense, to ... CITY OF BALTIMORE ... Commissioner of the ... section shall be sub... fines and ... are recoverable.

... J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

8910001714

RETURN OF A BIRTH.

A 30738.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) ~~White~~ Black

3. Date of Birth, May 27th

4. Place of Birth, (Street and Number) 4 Montebello Ave

5. Full Name of Mother, Mary J. Camper

6. Mother's Maiden Name, Cromwell

7. Mother's Birthplace, Balto.

8. Full Name of Father, Jno H. Camper

9. Father's Occupation, School Teacher

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Harry [illegible]

Address, 4 [illegible]

Remarks, 8910001715

[illegible] third day of each and every month to the office of [illegible] shall occur without the attendance of a physician [illegible] attendance upon the mother, immediately thereafter [illegible] child to report its birth to [illegible] Commissioner of Health [illegible] any such person or persons who shall hereafter [illegible] jected to the fine of ten dollars for each offense. In case the birth of any child [illegible] should no other person be in [illegible] the person or parents of such [illegible] period above required, and [illegible] section shall be subjected [illegible] tures are recoverable.

Wm. J. C. Dulany & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 31739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 23 19
4. *Place of Birth, (Street and Number)* 29 Front St
5. *Full Name of Mother,* Mary Sadie
6. *Mother's Maiden Name,* Mary Leffler
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Joseph Sadie
9. *Father's Occupation,* Fruit Dealer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Wm C. Bernardo

Address, 122 S. Exeter St

Remarks,

CITY OF BALTIMORE 1899 Registered

third day of each month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. Health certificates must be used and the [illegible] shall occur without the city limits, in a place where there is a physician in attendance upon the mother, [illegible] to report the birth of any child [illegible] city, [illegible] Commissioners of Health, [illegible] within [illegible] fail to comply with [illegible] shall be [illegible] to the fine of ten dollars for each [illegible] to [illegible] fifteen dollars are recoverable.

0910001716

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 30740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	May 27, 1891.
4. Place of Birth, (Street and Number)	2326 Cedar ave.
5. Full Name of Mother,	Alice Isabell Lucker.
6. Mother's Maiden Name,	Skinner.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	James Thomas Lucker.
9. Father's Occupation,	Engine Hostler.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

8 9 1 0 0 0 1 7 1 7

CITY OF BALTIMORE

SAFETY FILM

RETURN OF A BIRTH.

3074.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) 5 Child

1. Sex, (state whether male ~~or female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 7, 1894
4. Place of Birth, (Street and Number) 936 S Paca
5. Full Name of Mother, Virgie Flushly
6. Mother's Maiden Name, Virgie Burn
7. Mother's Birthplace, Va
8. Full Name of Father, John H. Flushly
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Jacob Clarke M.D.

Address, 914 S. Charles

Remarks,

S 9 1 0 0 0 1 7 1 8

KODAK

870. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 1

1. Sex, (state whether male or female) White Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible]

8910001719

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

E 30743.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 29, 1891.
4. Place of Birth, (Street and Number) 409 West Fifth St.
5. Full Name of Mother, Sarah Catherine Garrett.
6. Mother's Maiden Name, Knight.
7. Mother's Birthplace, Md.
8. Full Name of Father, William H. Garrett.
9. Father's Occupation, Boiler Maker.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Cherlton ave.

Remarks,

8 9 1 0 0 0 1 7 2 0

a certificate between the first and ... In case the birth of any child ... or should no other person be ... shall be required, and ... section shall be sub- ... ctures are recoverable.

CITY OF BALTIMORE

... J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED – 4-2-69

RETURN OF A BIRTH.

A-30744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: CORNELIUS VERNON

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* May 29 – 91
4. *Place of Birth, (Street and Number)* 1809 E. Madison
5. *Full Name of Mother,* Annie E. Vernon
6. *Mother's Maiden Name,* " " Archer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John K. Vernon
9. *Father's Occupation,* Miller
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 912 McDonogh

Remarks,

8910001721

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month in the office of [illegible] of Health. In case the birth of any child shall occur without the attendance of a physician [illegible] midwifery, or should no other person be in attendance upon the mother immediately th[illegible] duty of the person or parents of such child to report its birth [illegible] Commissioner [illegible] within the [illegible] above required, and any such person or per[illegible] who shall here[illegible] with the provisions of this section shall be subjected to the fine of ten [illegible] dollars for each [illegible] to be recovered as other [illegible] fines and forfeitures are recoverable

HEALTH DEPARTMENT JUN 1891 CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 29th 91
4. Place of Birth, (Street and Number) 307 S. Parrish St
5. Full Name of Mother, Agnes Kelly
6. Mother's Maiden Name, Agnes Eckmann
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, John Kelly
9. Father's Occupation, Iron Moulder
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Henry C. Hill M.D.

Address, 1203 West Baltimore St

Remarks,

8910001722

...third day of each and every month to the office of the C... ...cover a penalty... ...the birth of any child ...shall occur without the attendance of a physician, or ... ...one thereof, or in default thereof, the ... ...attendance upon the Health Commissioner of Health, ...above required, and ... ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as penalties are recoverable.

CITY OF BALTIMORE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 30746.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8"

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, June 29" 1891

Place of Birth, (Street and Number) No 1525 N Charles

Full Name of Mother. Lilly Jacobs

6. Mother's Maiden Name, Lilly Burns

7. Mother's Birthplace, Baltimore city md

8. Full Name of Father, James Jacobs

9. Father's Occupation, Clerking

10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hinton

Address, No 1612 South Charles St

Remarks, 8910001723

HEALTH DEPARTMENT RECEIVED JUL 1891 CITY OF BALTIMORE

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and no other person be required to make return of such birth or stillbirth, or receive any fee therefor, if such return shall occur without the attendance of a physician or midwife, then the parent or parents of such child, or the householder in whose house or on whose premises such birth or stillbirth occurred, shall within ten days after the occurrence of such birth or stillbirth report the same to the Commissioner of Health, in the form above required, and any such person or persons who shall hereafter fail to make such return shall be liable to a penalty of Twenty Dollars for each offense. Fees for the registration of births and stillbirths are recoverable.

Jacket to the fine of ten dollars for each offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CITY REGISTRAR'S OFFICE 4-27-56

RETURN OF A BIRTH

No. 30747.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henrietta Frances Biermann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 29th 1891
4. Place of Birth, (Street and Number) 504 Dover
5. Full Name of Mother, Caroline Biermann
6. Mother's Maiden Name, Caroline Junger
7. Mother's Birthplace, Germany
8. Full Name of Father, August Biermann
9. Father's Occupation, Box-maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Adelyonda Rliffer

Address,

Remarks, B 4 Lap 0 Pt 2 Lacera

said act; and he further agrees that in the case of the birth of any child third day of such birth, to the office of the Commissioner of Health, and shall cause a certificate of the attendance of a physician or midwife upon the mother, immediately thereafter, to be made and delivered to the child to report its birth, he shall hereafter fail to comply with the requirements of this section, shall be subject to the pains and penalties for each offense, to be recovered as fines are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

Race or Color, (if not of the white race) Col

3. *Date of Birth,* May 29. 9

4. *Place of Birth, (Street and Number)* 115 ao Lombard St.

5. *Full Name of Mother,* Mattie Jennings

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* N. C.

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendent, or other person who makes this Return. Martha Greene M.D.

Address,

Remarks,

8910001725

CITY OF BALTIMORE JUN 1894

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 30759.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 27 Nov
4. Place of Birth, (Street and Number) 804 Burgundy Alley
5. Full Name of Mother, Lucie Wolfing
6. Mother's Maiden Name, Lucie Bibb
7. Mother's Birthplace, Germania
8. Full Name of Father, Franz Ludwig Wolfing
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return. Catherine Spencer

Address, 800 Leadenhall St.

Remarks, 8910001726

In case the birth of any child shall not be registered within the time prescribed by this section, no other person be required to register the birth of such child, and the person or persons required, and attendance upon, the mother at the birth of such child, who shall neglect to register the birth of such child within the time prescribed by this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

(M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.)

30750.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter the parents of such child to report its birth [illegible] the Commissioner of [illegible] the person or parents [illegible] the period above required, and any such person or [illegible] who shall hereafter [illegible] of this section shall be subjected to the fine of [illegible] dollars for each offense. Forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 27. 1891
4. Place of Birth, (Street and Number) St. Vincent's Infant Asylum
5. Full Name of Mother, Florence Lewis
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Not known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Samuel Keene

Address, 1520 Druid Hill Ave

Remarks,

6910001727

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father.
9. Father's Occupation.
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 1 7 2 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 30752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
Date of Birth,	May 31, 1891
Place of Birth, (Street and Number)	1138 Wyoming St.
Full Name of Mother,	Maggie C. Cameron
Mother's Maiden Name,	Johnson
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Horatio Gates Cameron
9. Father's Occupation,	Tuckmaker
10. Father's Birthplace,	Plymouth Mass.
Name of Medical Attendant, or other person who makes this Return.	Elias Hood
Address,	1137 Harlem Ave
Remarks,	

8910001729

CITY OF BALTIMORE JUN 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30753.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 30.
4. Place of Birth, (Street and Number) 714 Lyon st.
5. Full Name of Mother, Cornelia Harris
6. Mother's Maiden Name, Cornelia Stamps
7. Mother's Birthplace, Winchester Va
8. Full Name of Father, Walter J. Harris
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Charity Jones

Address, 101 East Mrs Charity st

Remarks, 1891000 1730

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 2 Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	The 30 of May 1871
3. Date of Birth,	The White
4. Place of Birth, (Street and Number)	No 1209 Holland Lane
5. Full Name of Mother,	Mary Schaefer
6. Mother's Maiden Name,	Mary Eder
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Hargy Schaefer
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return	Mrs. Ch. Lanes
Address,	No 1059 Harford Ave
Remarks,	Bal Bad 7 31 1871

shall subscribe, shall be sworn, duly signed by the practicing physician, midwife or other person who shall attend upon the birth of any child between the first and third day of each and every month, to the office of the City Register, or in default thereof, no other person shall become the Deputy or Registrar, and no other person shall be required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of penalties for each offense, to be recovered, as aforesaid, for the use of the City. Penalties are recoverable.

CITY OF BALTIMORE

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30/05

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) B.

3. Date of Birth. May 30/91

4. Place of Birth, (Street and Number) 116 Lombard St. 9th

5. Full Name of Mother, Katie Penn.

6. Mother's Maiden Name,

7. Mother's Birthplace, Md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendent, or other person who makes this Return. Charles Greene

Address,

Remarks,

8910001732

and schedule shall be delivered by the person required to make the return, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the mother herself shall be required to make the return, within the period above specified, and in default thereof, shall be subject to the penalty hereinafter provided. Every person required to make return of any birth, who shall neglect or refuse to make such return within the period above specified, shall be subject to a penalty of five dollars for each offense. Fines and forfeitures are recoverable.

RECEIVED JUN 3 1891 REGISTRAR OF VITAL STATISTICS BALTIMORE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30/91.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 30th 1891
4. Place of Birth, (Street and Number) 831 Leadenhall St.
5. Full Name of Mother, Elizabeth Ross
6. Mother's Maiden Name, Elizabeth Ries
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Andrew Ross
9. Father's Occupation, Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. Theresa Hunyh

Address, 831 Leadenhall St.

Remarks,

1891000 1733

said shall be delivered as aforesaid. In case the birth of any child ... Commissioner of Health ... or should no other person be in attendance upon the mother, immediately ... if the person or parents of such child ... such person or parents who shall ... forfeitures are recoverable.

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30757.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 30 May
4. Place of Birth, (Street and Number) Randel 410
5. Full Name of Mother, Minnie Bachelor
6. Mother's Maiden Name, Lunze
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Bachelor
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine A. Mundle

Address, 800 Leadenhall St.

Remarks, 8910001734

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 1891 CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	May 30 th 1891
4. Place of Birth, (Street and Number)	872 West Baltimore St
5. Full Name of Mother,	Lena Schlossstein
6. Mother's Maiden Name,	Lena Raider
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frederic J. Schlossstein
9. Father's Occupation,	Tobacconist
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Amanda Norris, M.D.
Address,	871 Eastern Ave
Remarks,	1891000 1735

A. WILKINS & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 30759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 30th 1897
4. Place of Birth, (Street and Number) 124 W Lee St
5. Full Name of Mother, Cla M Mullins
6. Mother's Maiden Name, Howley
7. Mother's Birthplace, Alabama
8. Full Name of Father, E. J Mullins
9. Father's Occupation, Clergyman
10. Father's Birthplace, Miss

Name of Medical Attendant, or other person who makes this Return, Hudo Cooke

Address, 914 N Charles St

Remarks,

8 9 1 0 0 0 1 7 3 5

898.-J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Sandy Diehl

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white ~~race~~) White
3. Date of Birth, May 30 1891
4. Place of Birth (Street and Number) 111 E. Fayette
5. Full Name of Mother, Birdie (Boods) (Diehl) Diehl
6. Mother's Maiden Name, (Boods) (Hurst) Hurst
7. Mother's Birthplace, Md
8. Full Name of Father, Richard (Diehl) Diehl
9. Father's Occupation, Grocery Man
10. Father's Birthplace, Kent Co Md

Name of Medical Attendant, or other person who makes this Return, Lloyd Cooke M.D.

Address, 914 N. Charles St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1891000737

RETURN OF A BIRTH.

30761.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ... CITY OF BALTIMORE. REGISTRATION DISTRICT. 1891

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child
2. , (state whether male or female) Girl
3. Race or Color, (if not of the white race) White
4. Date of Birth, 31st of May 1891.
5. Place of Birth, (Street and Number) 816 Fayette st.
6. Full Name of Mother, Adelheid Mangels
7. Mother's Maiden Name, Adelheid Hachoga
8. Mother's Birthplace, Germany
9. Full Name of Father, Henry Mangels
10. Father's Occupation, Bricklayer
    Father's Birthplace, Germany
    Name of Medical Attendent, or other person who makes this Return. Lucinda Kunkel
    Address, 213 North Chapel st. per Justina Kunkel
    Remarks, Delayed 8910001738

will be liable to a penalty of ten dollars for each offense to be recovered as other debts are recovered, and to the office of the Commissioner of Health. In case the birth of any child shall occur without the limits of the city, or without the knowledge of the parent or physician or practitioner of the same, within thirty days after the occurrence of such birth, the parent or physician or practitioner of the same, or whoever shall be the occupant of the house in which such birth shall occur without the knowledge of the parent or physician or practitioner of the same, or if such birth shall occur in any other house than the mother's, immediately thereafter, it shall be the duty of the mother and of the said attendant or occupant of the house in which such birth occurred, in like manner and with the same penalty for neglect, to report such birth to the Commissioner of Health, and to furnish the information required by this section, and to comply with the provisions thereof, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be liable to a penalty of ten dollars for each offense to be recovered as other debts are recovered.

ON J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child
2. *Sex, (state whether male or female)* Boy.
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 31st of May 1891
5. *Place of Birth, (Street and Number)* 2026 Lombard S Caste N.
6. *Full Name of Mother,* Mrs Annie Volk
7. *Mother's Maiden Name,* Annie Miller
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* Charles Volk
10. *Father's Occupation,* Saloon Keeper
11. *Father's Birthplace,* Germany

Name of Medical Attendent, or other person who makes this Return. Crescentia Kunkel

Address, 213 North Chapel St per Justina Kunkel

Remarks, Her Delegate

B 9 1 0 0 0 1 7 3 9

CITY OF BALTIMORE

...th of any child ... or person be in ... parents of such ... required, and ... provided ... recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE CITY JUN 3 1891

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) Boy
3. Race or Color, (if not of the white race) white
4. Date of Birth, May 31st 1891
5. Place of Birth, (Street and Number) Lough St. 25
6. Full Name of Mother, Karolina Engel
7. Mother's Maiden Name, Beil
8. Mother's Birthplace, Balto.
9. Full Name of Father, Geo. Beil
10. Father's Occupation, workman
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Dr. Buehler

Address, 2351 Washington Ave.

Remarks, 1891 June 3

Any person who shall refuse or neglect to make the Return required by the preceding section, within the time therein specified, or who shall make a false Return, shall forfeit and pay for each offense, to be recovered before any justice of the peace, the sum of ten dollars, one half to the use of the informer, and the other half to the use of the City.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 31764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex (state whether male or female), male
3. Race or Color (if not of the white race), white
4. Date of Birth, May 31 1891
5. Place of Birth (Street and Number), 103 N. High St.
6. Full Name of Mother, Emma Wiegman
7. Mother's Maiden Name, " Hellemann
8. Mother's Birthplace, City
9. Full Name of Father, Wm. Hy. Wiegmann
10. Father's Occupation, Storekeeper
11. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. D. E. Donahue

Address, 1729 E. Baltimore St

Remarks, 1891000174 1

CITY OF BALTIMORE

...shall be delivered, duly signed by the practitioner in charge of the case, or by the midwife, or by the father, mother, householder or other person present at the birth, to the Commissioner of Health, a certificate containing the name, sex, color, date and place of birth, and such other particulars as may be required by the Commissioner of Health. In every case of birth occurring without the attendance of a physician or practitioner of midwifery, or should the physician or midwife fail to report the birth to the Commissioner of Health within the period above mentioned, it shall become the duty of the person in charge of the house in which the birth occurred, and of the parents or persons with whom the mother resides, to report the birth to the Commissioner of Health, immediately thereafter. Any person or persons subject to the provisions of this section who shall neglect or refuse to report such birth as herein required, shall be liable to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

A 31765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 21, 1871.
4. *Place of Birth (Street and Number),* 325 McMechin St.
5. *Full Name of Mother,* Ella Jones Kinsley
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm. T. Jones
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant or other person who makes this Return. H. P. Wright M.D.

Address, 220 N. Gilmor St.

Remarks, 1891000174 2

shall be delivered, duly signed by the practitioner in charge of a certificate be sent to the Commissioner of Health. In the absence of a practitioner or midwife, the attendance shall become the duty of the householder, or other person having knowledge of the birth, to report its birth to the Commissioner of Health, within ten days after the birth, under penalty of ten dollars for each offence; to be recovered as other fines and forfeitures are recovered.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

A 307 61.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd
Sex. (state whether male or female) Female
Whether Color. (if not of the white race) White
Date of Birth, 31st May.
Place of Birth, (Street and Number) 1238 Lemmon St
5. Full Name of Mother. Elisabeth Yeffers
6. Mother's Maiden Name, Elisabeth Waidner
7. Mother's Birthplace, Baltimore
8. Full Name of Father. James M. Yeffers
9. Father's Occupation, Paperhanging
Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return Friederike Louise Wilhelmine Wife
Address, 1238 West Lemmon St
Remarks.

1891000743

of the parents, and the maiden name of the mother before children."

HEALTH DEPARTMENT JUN 9 1891 CITY OF BALTIMORE

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 30 May
4. Place of Birth, (Street and Number) 1 E Saratoga St
5. Full Name of Mother, Mary Jones
6. Mother's Maiden Name, Mary Smith
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, Patrick Jones
9. Father's Occupation, carpenter
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. D. J. Bowers M.D.

Address, 30 E Lexington St.

Remarks, 1891000174 4

Penalty. Any person who shall deface, alter, forge or counterfeit, or cause or procure to be defaced, altered, forged or counterfeited, or assist in defacing, altering, forging or counterfeiting any certificate or return required by this section, or any certified copy thereof, or who shall wilfully make any false statement in any certificate or return required by this section, or any certified copy thereof, or who shall wilfully refuse to sign any certificate or return required by this section, when requested so to do by the person entitled to receive the same, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars, or by imprisonment in the city jail not exceeding six months, or both, at the discretion of the court. Any person who shall neglect or refuse to make any return required by this section, or to furnish any information required by the Commissioner of Health, shall forfeit and pay for each offence a penalty not exceeding twenty dollars, to be recovered with costs in the name of the Mayor and City Council of Baltimore, before any justice of the peace of the city, on the complaint of the Commissioner of Health, and when collected to be paid into the city treasury. Any person who shall neglect or refuse to report to the Commissioner of Health the existence of any case of contagious disease within the period above required, and every month thereafter during the existence of such disease, or shall neglect or refuse to furnish the attendance upon the sanitary inspector, as required by the provisions of this section, shall forfeit and pay for each offence a penalty not exceeding twenty dollars, to be recovered with costs in the name of the Mayor and City Council of Baltimore, before any justice of the peace of the city, on the complaint of the Commissioner of Health, and when collected to be paid into the city treasury. Any physician, midwife or other person who shall neglect or refuse to report to the Commissioner of Health the existence of any case of contagious disease within the period above required, and every month thereafter during the existence of such disease, or shall neglect or refuse to furnish the attendance upon the sanitary inspector, as required by the provisions of this section, shall forfeit and pay for each offence a penalty not exceeding twenty dollars, to be recovered with costs in the name of the Mayor and City Council of Baltimore, before any justice of the peace of the city, on the complaint of the Commissioner of Health, and when collected to be paid into the city treasury. Any person who shall neglect or refuse to make any return required by this section, or to furnish any information required by the Commissioner of Health, shall forfeit and pay for each offence a penalty not exceeding twenty dollars, to be recovered with costs in the name of the Mayor and City Council of Baltimore, before any justice of the peace of the city, on the complaint of the Commissioner of Health, and when collected to be paid into the city treasury. Any person who shall deface, alter, forge or counterfeit, or cause or procure to be defaced, altered, forged or counterfeited, or assist in defacing, altering, forging or counterfeiting any certificate or return required by this section, or any certified copy thereof, or who shall wilfully make any false statement in any certificate or return required by this section, or any certified copy thereof, or who shall wilfully refuse to sign any certificate or return required by this section, when requested so to do by the person entitled to receive the same, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars, or by imprisonment in the city jail not exceeding six months, or both, at the discretion of the court. Any person who shall neglect or refuse to make any return required by this section, or to furnish any information required by the Commissioner of Health, shall forfeit and pay for each offence a penalty not exceeding twenty dollars, to be recovered with costs in the name of the Mayor and City Council of Baltimore, before any justice of the peace of the city, on the complaint of the Commissioner of Health, and when collected to be paid into the city treasury. Any person who shall neglect or refuse to report to the Commissioner of Health the existence of any case of contagious disease within the period above required, and every month thereafter during the existence of such disease, or shall neglect or refuse to furnish the attendance upon the sanitary inspector, as required by the provisions of this section, shall forfeit and pay for each offence a penalty not exceeding twenty dollars, to be recovered with costs in the name of the Mayor and City Council of Baltimore, before any justice of the peace of the city, on the complaint of the Commissioner of Health, and when collected to be paid into the city treasury. Any physician, midwife or other person who shall neglect or refuse to make any return required by this section, or to furnish any information required by the Commissioner of Health, shall forfeit and pay for each offence a penalty not exceeding twenty dollars, to be recovered with costs in the name of the Mayor and City Council of Baltimore, before any justice of the peace of the city, on the complaint of the Commissioner of Health, and when collected to be paid into the city treasury.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 31st 1891.
4. *Place of Birth, (Street and Number)* No 6 E Hamburg Street
5. *Full Name of Mother,* Kate Wagner
6. *Mother's Maiden Name,* Kate Sinter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Hugh Wagner
9. *Father's Occupation,* Contuctor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 800 Leadenhall St.

Remarks,

1 8 9 1 0 0 0 1 7 4 5

... been conferred its sex, color, the full name [illegible] of its [illegible], the date and place of birth; and the said schedule shall be delivered, duly signed [illegible] the practitioner in [illegible] of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a [illegible] or practitioner of midwifery, or should no other person be in attendance upon the [illegible], immediately [illegible] to become the duty of [illegible] person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co. City Printers and Stationers

GIVEN NAME ADDED 3/17/68

RETURN OF A BIRTH. A 30769.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: JENNIE KOENIG

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 1 Mai 1891
4. Place of Birth, (Street and Number) 1302 Eager st.
5. Full Name of Mother, Marie Koenig Hummer
6. Mother's Maiden Name,
7. Mother's Birthplace, Germanie
8. Full Name of Father, Willie Koenig
9. Father's Occupation, Taylor
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 N. Cent. Av.

Remarks, 18910001746

HEALTH DEPARTMENT CITY OF BALTIMORE 1891

been conferred, false color, tattooing, or any other device, or concealment, or misrepresentation of the name, age, color, race, or previous condition of health of any person or persons who shall hereafter be convicted thereof, or who shall be guilty of any violation of this section shall be subject to the fine of ten (10) dollars for each offense, or recoverable as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)* 2807
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address, Hour St 1225.

Remarks, 8 9 1 0 0 0 1 7 4 7

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

A. 3077.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Theresa Pollock

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* Mai
3. *Date of Birth,* 2
4. *Place of Birth, (Street and Number)* 1224 Eager st.
5. *Full Name of Mother,* Hattie (Ballach) Pollack
6. *Mother's Maiden Name,* = Einstein
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henri (Ballach) Pollock
9. *Father's Occupation,* =
10. *Father's Birthplace,* E. Balt. [illegible] Wilna

Name of Medical Attendant, or other person who makes this Return. Anna [illegible]

Address, 928 N. Carl Av.

Remarks, 8910001748

said schedule shall be delivered, duly signed ... of a certificate between the first and ... third day of each and every month to the ... shall occur without the attendance ... attendance ... Jected to the fine of ten dollars for each ... CITY OF BALTIMORE ... any such person or ... fines and forfeitures are receivable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Gustav Adolf Mackenzell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) boy

Race or Color, (if not of the white race)

Date of Birth, 2 Mai

Place of Birth, (Street and Number) 1011 Aisquith St.

Full Name of Mother, Mary A (Mackenzell) Mackenzell

Mother's Maiden Name, C. Hiefel

7. Mother's Birthplace, Germanie Balt.

8. Full Name of Father, Franch Mackenzell

9. Father's Occupation, Painter

10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other person who makes this Return. Anna C Walker

Address, 928 N. Central Av.

Remarks, 8910001749

CITY OF BALTIMORE 1891

Each contract shall be duly signed by the practitioner in the form of a certificate between the first and fifth days of each and every month to the office of the Registrar of Vital Statistics, and a certificate for each birth of any child shall set forth the name, residence, color and sex of such child, the name, residence and occupation of the parents of such child, the time and place of birth, and such other information as may be required by the Board of Health. Any practitioner who shall neglect or refuse to report any birth as required by this section shall be subject to the fine of ten dollars for each offense. The penalties and forfeitures are recoverable.

6M. J.C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. E 30773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
2. Sex, (state whether male or female) male
3. Race or Color, (if not of the white race) White
4. Date of Birth, Second of May
5. Place of Birth, (Street and Number) 731 Radsey st
6. Full Name of Mother, Louisa Lange Shelike
7. Mother's Maiden Name, Hanover Germany
8. Mother's Birthplace, Geo. F. Lang
9. Full Name of Father, Shoemaker
10. Father's Birthplace, Bierm Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Seelbot

Address, 735 W Pratt

Remarks, 18910001750

CITY OF BALTIMORE 1891

been conferred, I have, on the [illegible] day of [illegible] 1891, delivered, duly signed by the practition[illegible] certificate between the first and said address, and every month to the office of the C[illegible] In case the birth of any child shall occur without the attendance of a [illegible] person or practitioner, such attendance upon the mother thereafter [illegible] required, and this section shall be enforced by the Commissioner of Health. [illegible] persons who shall hereafter fail to [illegible] several as other fines and penalties are recoverable.

jected to the fine of ten (10) dollars for each offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30774.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 5th 191
4. Place of Birth, (Street and Number) 736 Columbia Avenue
5. Full Name of Mother, mrs - Rosa Harman
6. Mother's Maiden Name, mrs Rosa Wagner
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, mrs. Edward L. Harman
9. Father's Occupation, Laboring Man
10. Father's Birthplace, Anne Arundel County.

Name of Medical Attendant, or other person who makes this Return, Catherine Sellers

Address, 735 N. Paca St

Remarks,

8 9 1 0 0 0 1 7 5 1

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
Race or Color, (if not of the white race) White
Date of Birth, 5th May
Place of Birth, (Street and Number) Baltimore 1109 Bernay St
Full Name of Mother, Mary Eckert
6. Mother's Maiden Name, Mary Connelly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Eckert
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return. M. D. Lawrence
Address, Have. Ft 1225.
Remarks, 84100001752

been conferred its sex, color, the full name and occupation of the parents, the date and place of birth, and the name, residence and occupation of the person making the certificate; between the first and third days of each and every month to the officer or person appointed to receive the same, which certificate shall be delivered, duly signed by the proper person, to the officer or person appointed to receive the same. In case the birth of any child shall occur without the city limits, immediately thereafter the parent or parents, or person having charge of such child, shall cause the birth to be registered as herein provided; and any person who shall neglect or refuse to make such return for the space of ten days after the birth of such child above required, and any person who shall hereafter, by himself or herself or by his or her agent, servant or employee, violate any of the provisions of this section shall be subject to a fine of ten (10) dollars for each offense. All fines and forfeitures are recoverable

CITY OF BALTIMORE 1897

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of [illegible] parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the p[illegible] of a certificate between the first and third day of each and every month to the office of [illegible] Health. In case the birth of any child shall occur without the attendance of a physician, or should no other person be in attendance upon the m[illegible] immediately ther[illegible] son or parents of such child to report its birth [illegible] Commissioner of [illegible] od above required, and any such person or persons who shall hereaft[illegible] this section shall be subjected to the fine of ten (10) dollars for each off[illegible] and forfeitures are recoverable.

CITY OF BALTIMORE 1891

GIVEN NAME ADDED. 4-24-56

RETURN OF A BIRTH A. 30776.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marguerite Estelle Green

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 5th 1891
4. *Place of Birth, (Street and Number)* 1628 Jefferson st.
5. *Full Name of Mother,* Marion Bell Green
6. *Mother's Maiden Name,* League
7. *Mother's Birthplace,* City
8. *Full Name of Father,* James Clarence Green
9. *Father's Occupation,* Marine Engineer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, E. P. Irons M.D.

Address, 1835 E. Baltimore st.

Remarks, 1 8 9 1 0 0 0 1 7 5 3

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 30777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, May 11 06
4. Place of Birth, (Street and Number) 160 Vincent alley
5. Full Name of Mother, Mahala Randall
6. Mother's Maiden Name, Mahala Burgess
7. Mother's Birthplace, Annarundel Co. Md
8. Full Name of Father, Edward Randall
9. Father's Occupation, Shoeing Smith
10. Father's Birthplace, Annarundel Co. Md.

Name of Medical Attendent, or other person who makes this Return. Mrs Sarah Scrudins

Address, 1611 Vincent ave Balto Md

Remarks,

1891000175 4

CITY OF BALTIMORE

...ED BY J. C. CULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30778.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first child
1. Sex, (state whether male or female)	male.
2. Race or Color, (if not of the white race)	white race
3. Date of Birth.	Saturday the 9 of May 1891
4. Place of Birth, (Street and Number)	761 west Lexington Street. Baltimore
5. Full Name of Mother,	Camillia Irene Christian
6. Mother's Maiden Name,	Camillia Irene Schultz
7. Mother's Birthplace,	Paris. France.
8. Full Name of Father,	John Henry Miersch.
9. Father's Occupation.	Tailor.
10. Father's Birthplace,	born in Marburg Hessen, Germany.
Name of Medical Attendant, or other person who makes this Return.	
Address,	
Remarks,	1891000755

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 30779.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT CITY OF BALTIMORE JUN 5 1899

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, may 4th 9
4. Place of Birth, (Street and Number) 1615 vincent avenue
5. Full Name of Mother, Lydia Brown
6. Mother's Maiden Name, Lydia Mason
7. Mother's Birthplace, fredericksburg Va
8. Full Name of Father, Joseph H Brown
9. Father's Occupation, Laboring Work
10. Father's Birthplace, Dorchester County Md

Name of Medical Attendent, or other person who makes this Return. Mrs Sarah rollings

Address, 1610 vincent avenue

Remarks,

1 8 9 1 0 0 0 1 7 5 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate annexed to the said schedule, to the Registrar of the District in which the birth shall have occurred, within thirty-six hours after the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and within the time above required, and any person who shall neglect or refuse to make such report as herein required, shall be subject to the fine of ten dollars for each offence. Other fines and penalties are recoverable.

RETURN OF A BIRTH. A 30780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person shall occur within the time required to report its birth, the mother, immediately thereafter, if able, shall report the same to the Commissioner of Health, and in default thereof shall be subject to the penalties above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence. Other fines and penalties are recoverable.

JUN 4 1891 HEALTH DEPARTMENT CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) colored.
3. Date of Birth, Saturday May 9. 1891.
4. Place of Birth, (Street and Number) 1640 Lincin Avenue.
5. Full Name of Mother. Hannah Brooden
6. Mother's Maiden Name, Haynah Nancy Johnson.
7. Mother's Birthplace, Irvington Md. A. Brooden. Miller.
8. Full Name of Father, John W. Brooden
9. Father's Occupation, farmer
10. Father's Birthplace, Green Spring Valley.

Name of Medical Attendent, or other person who makes this Return. Sarah Hayden.

Address, 1110 Vincent ave Balto Md

Remarks,

1 8 9 1 0 0 0 1 7 5 7

WM. A. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 30781.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN. 1891 CITY OF BALTIMORE

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.
2. Sex, (state whether male or female) ~~White~~ Male
3. Color, (if not of the white race) White
4. Date of Birth, 9th of May 1891
   Place of Birth, (Street and Number) 126 S. Broadway
5. Full Name of Mother, Mary Alice Russell
6. Mother's Maiden Name, Curran
7. Mother's Birthplace, Balto. City
8. Full Name of Father, James Francis Russell
9. Father's Occupation, Chesapeake Pilot
10. Father's Birthplace, City.

Name of Medical Attendant, or other person who makes this Return. E. P. Irons M.D.

Address, 1835 E. Baltimore St.

Remarks,

1 8 9 1 0 0 0 1 7 5 8

been conferred its sex, color, the full name and occupation of its parents, the exact place of birth, and the full address of the house in which it was born. The physician or midwife in attendance upon the mother shall be the proper person to make the return of the birth; and he shall cause it to be delivered, duly signed, at the office of the Registrar of Vital Statistics, between the first and tenth days of each month, within thirty days after the birth. In case there is no physician or midwife in attendance, the father or mother of any child shall report its birth to the Registrar of Vital Statistics, or should no other person be in attendance upon the mother at the time of delivery, the person with whom she may be living shall report the birth of the child. Any physician or midwife failing to comply with the provisions of this section shall forfeit to the use of the city of Baltimore for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	race
3. *Date of Birth,*	2 of May
4. *Place of Birth, (Street and Number)*	1515 Lancaster st
5. *Full Name of Mother,*	Mary Gamerinyer
6. *Mother's Maiden Name,*	Mary Wolfersinger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Fred. H. Gamerinyer
9. *Father's Occupation,*	Sink & Caisson
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Anna Greenwood
Address,	1617 Lancaster st
Remarks,	8910001759

...ded committed, his sex, color, &c. (or name and o... ...ce in which the birth took place and birth; and the ...said schedule shall be signed, (fully signed) by th... ...ease the birth of any child ...shall not be entered in the office of the ... ...shall, and every month to the office of ... ...should no other returns of such ...shall occur without the attendance of a ... ...attendance upon the mother, the ... ...Commissioner of the ... ...child to report its birth ... ...who shall hereafter fail ... ...subject to the fine of ten ... ...fee of ten dollars for each offense.

APR 1910

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the m[illegible] immediately thereafter it sh[illegible] duty of the person or parents of such child to report its birth [illegible] Commissioner of Health, [illegible] above required, and any such person or pe[illegible] who shall hereafter fail [illegible] this section shall be subjected to the fine of ten [illegible] dollars for each offense, [illegible] forfeitures are recoverable.

HEALTH DEPARTMENT [illegible] CITY OF BALTIMORE
JUN 4 1891

RETURN OF A BIRTH. A 30783.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

2. Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, May 13th 1891

4. Place of Birth, (Street and Number) 900 Remington Ave.

Full Name of Mother, Mary V. Simone

6. Mother's Maiden Name, " " Adams

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James R. Simone

9. Father's Occupation, House painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M. D.

Address, Waverly Station Baltimore Md.

Remarks,

8910001760

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th
2. *Sex, (state whether male or female)* Male.
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* May 13th 1891
5. *Place of Birth, (Street and Number)* 503 N. Wyeth st.
6. *Full Name of Mother,* Annie Catherine Bockelmann.
7. *Mother's Maiden Name,* Annie Catherine Arndt.
8. *Mother's Birthplace,* Balto City. State Maryland.
9. *Father's Occupation.* Sadler.
10. *Father's Birthplace,* Balto City. State Maryland.

Name of Medical Attendant, or other person who makes this Return. Kathryn Seibach

Address, 735 N Pratt St.

Remarks,

8910001761

HEALTH DEPARTMENT CITY OF BALTIMORE 1891

beth century) as sex, color, &c., as required by the regulations in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics; in case the birth of any child shall occur without the presence or attendance of a physician or practitioner, the parent, or person or parents of such child to report its birth to the Commissioner of Health, in the form of a certificate as aforesaid; and any such person or persons who shall neglect or refuse to make such report, as required by this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3093

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Colored male

2. Race or Color, (if not of the white race)

3. Date of Birth, May

4. Place of Birth, (Street and Number) 130 Bruce St

5. Full Name of Mother, Mary L Thomas

6. Mother's Maiden Name, Mary L Thomas

7. Mother's Birthplace, Md

8. Full Name of Father, Joseph Carter

9. Father's Occupation, Laborer

10. Father's Birthplace, Md

Name of Medical Attendent, or other person who makes this Return. Sarah K Ellis

Address, 1611 Pittsant ave Baltimore

Remarks,

6910001762

REGISTERED JUN 2 1891 CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health, or shall no other person be in attendance upon the mother, immediately thereupon, the duty of the person or parents of such child to report its birth within the time and in the manner above required, and in any such case the person who shall neglect, refuse or omit to make such report shall be subject to the fine of ten dollars for each offence. Penalties are recoverable.

RETURN OF A BIRTH.

30786.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) girle
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 15th 1891
4. Place of Birth, (Street and Number) No 100 south Shroder Street
5. Full Name of Mother, Maggie Culver
6. Mother's Maiden Name, Maggie Essing
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Culver
9. Father's Occupation. Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catharine Michell

Address, No 848 west Pratt Street Baltimore

Remarks,

1891000 1763

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. B 3078.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) girle
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 16th 1891
4. Place of Birth, (Street and Number) No 1112 west Lombard Street
5. Full Name of Mother, Kate Newton
6. Mother's Maiden Name, Kate Sagles
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Philip Newton
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 848 west Pratt Street Baltimore

Remarks,

1 8 9 1 0 0 0 1 7 6 4

HEALTH DEPARTMENT CITY OF BALTIMORE 1891

been conferred, its sex, color, the full name and ... said schedule shall be delivered, duly signed by the ... life, to the office of ... shall occur within ... every month to the office of ... attendance upon the ... child to report its birth ... must work, the ... person or persons ... liable to the fine of ten (10) dollars for each offense. ... certificate between the first and ... name of the child, if any child ... person or parents of such ... not above required, and ... section shall be sub- ... ures or recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 3078.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 Feb 1891
4. Place of Birth, (Street and Number) Lanvale near N
5. Full Name of Mother, Cathe Smith Hoffman
6. Mother's Maiden Name, —
7. Mother's Birthplace, Balt.
8. Full Name of Father, Peter Smith
9. Father's Occupation, —
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 N. Carl. Av.

Remarks, 1891 0001765

CITY OF BALTIMORE 1891 JUN

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

30789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child James Hooper Dorsey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or ~~female~~)
2. Race or color, (if not of the white race) White
3. Date of Birth, May 21st 1891
4. Place of Birth, (Street and Number) 2422 - N. Howard -
5. Full Name of Mother, Lillian Hooper Dorsey
6. Mother's Maiden Name. "
7. Mother's Birthplace, Balto County Md
8. Full Name of Father, John R. Dorsey
9. Father's Occupation, Clerk
10. Father's Birthplace, Balt City -

Name of Medical Attendant, or other person who makes this Return. Dr. Thomas Mc Cay

Address, 2100 - Mt Auburn

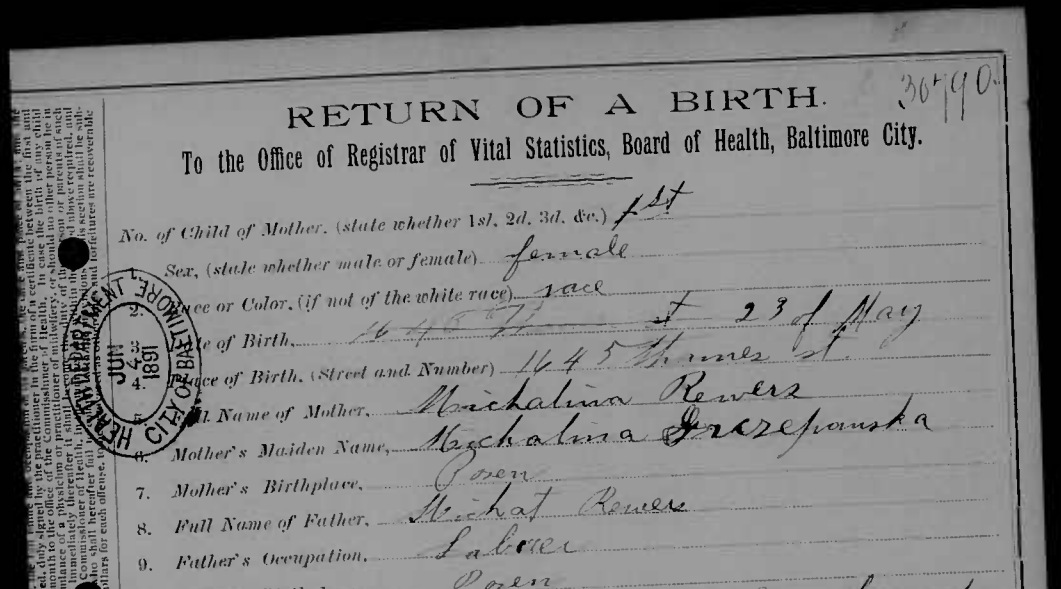
Remarks,

S 9 1 0 0 0 1 7 6 6

said schedule shall be delivered, duly signed by the pr... date between the first and third day of each and every month to the office of the ... of the birth of any child shall occur without the attendance of any person ... attendance upon the mother, the Commissioner of Health, ... child or parents of such child, who shall hereafter fail to ... any such person or persons who shall hereafter fail to ... dollars for each offence, to be ... jected to the fine of ten ...

CITY OF BAL... MD

J. G. BULANY & CO., CITY PRINTERS AND STATIONERS



RETURN OF A BIRTH.

30790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) race
4. Date of Birth, 1645 Thames St 23d May
5. Place of Birth, (Street and Number) 1645 Thames St
6. Full Name of Mother, Michalina Rewers
   Mother's Maiden Name, Michalina Grzesjanska
7. Mother's Birthplace, Posen
8. Full Name of Father, Michat Rewers
9. Father's Occupation, Laborer
10. Father's Birthplace, Posen

Name of Medical Attendant, or other person who makes this Return, Anna Grzeskiak

Address, 1645 Thames St

Remarks, 5910001767

HEALTH DEPARTMENT JUN 23 1891 CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, 23 of May
4. Place of Birth, (Street and Number) 1106 Shakespeare st
5. Full Name of Mother, Maryanna Golczynski
6. Mother's Maiden Name, Maryanna Dudas
7. Mother's Birthplace, Poland
8. Full Name of Father, Andrew Golczynski
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Anna Grewakowski

Address, 817 Lancaster st

Remarks, 8 9 1 0 0 0 1 7 6 8

HEALTH DEPARTMENT JUN 4 1891 CITY OF BALTIMORE

Any person who shall refuse or neglect to make the return required by this section, or who shall make a false return, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offence. The Health Officer shall cause the return of each birth to be examined within thirty days after the third day of each and every month to the office of the Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter, the parent or parents of such child or person with whom the mother may be living at the time of the birth of such child, shall report the same as required by this section, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. The penalties and forfeitures are recoverable as other debts.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 30779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	2 Boys
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	23 May
4.	*Place of Birth, (Street and Number)*	Baltimore 2700 Loslon St
5.	*Full Name of Mother,*	Mrs. Mamie Lawrence
6.	*Mother's Maiden Name,*	Mamie Luther
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Gustave Lawrence
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	M. P. Liversonnette
	Address,	Hoen. St. 1225
	Remarks,	8910001769

was considered its sex, color, the full name and ... date and place of birth, and the ... shall be delivered, duly signed by the ... third day of each and every month to the office ... shall occur within the district ... child to report its birth ... any such person or ... jected to the fine of ten dollars for each offense.

CITY OF BALTIMORE

WM J. C. BULLY CO CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of [illegible] parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the pra[illegible] of a certificate between the first and third day of each and every month to the office of th[illegible]th. In case the birth of any child shall occur without the attendance of a physician [illegible] or sh[illegible]ld no other person be in attendance upon the in[illegible] immediately therea[illegible] son or parents of such child to report its birth [illegible] Commissioner of H[illegible] and above required, and any such person or perso[illegible] who shall hereafter [illegible] this section shall be subjected to the fine of ten (10) dollars for each offen[illegible] fines and forfeitures are recoverable.

HEALTH DEPARTMENT CITY OF BALTIMORE JUN 3 1891

30793

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male

Race or Color, (if not of the white race) White

Date of Birth, May 25th

Place of Birth, (Street and Number) 525 S. Charles st.

Full Name of Mother, Amelia Spiess

6. *Mother's Maiden Name,* " Ruegg

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Charles Spiess

9. *Father's Occupation,* Machinist

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. C. L. Baddenbohn

Address, 418 S. Paca st.

Remarks,

1891000 1770

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 25th 1890
4. Place of Birth, (Street and Number) E. Lombard
5. Full Name of Mother, Lizzie Berndt
6. Mother's Maiden Name, Köttler
7. Mother's Birthplace, Germany
8. Full Name of Father, Chas. Berndt
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. C. L. Broadenbaker

Address, 417 S. Paca st.

Remarks,

18910001771

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be every month to the office of the Board of Health, and shall deliver without the payment of a fee a certificate of attendance upon the birth of any child who shall hereafter be born alive, which certificate shall be delivered to the person who shall register the birth of such child as a record of the same, and any person who shall neglect or refuse to report the birth of any child as aforesaid, or who shall hereafter fail to make the certificate of attendance upon the birth of any child as aforesaid, shall be subject to the fine of ten (10) dollars for each offense. In case the birth of any child shall occur without the assistance of a physician or midwife, the father or mother of such child, or in case of the absence or inability of both father and mother, then the householder or owner of the premises where the birth occurs, shall report the same within the time above required, and any person who shall neglect or refuse to report such birth shall be subject to the penalty above provided. Any person who shall hereafter forge or counterfeit any certificate required by this section shall be subject to a penalty of not less than one hundred dollars nor more than five hundred dollars, and all other penalties and forfeitures are recoverable.

CITY OF BALTIMORE

SEE. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30795.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE CITY JUN 2 4 1891

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* W Lita
4. *Date of Birth,* May 26th 1891
5. *Place of Birth, (Street and Number)* # 103 Rees St. Annex
6. *Full Name of Mother,* Mary A Foltes-
7. *Mother's Maiden Name,* " " Barringer
8. *Mother's Birthplace,* Baltimore Co- md-
9. *Full Name of Father,* Ira M. Foltes-
10. *Father's Occupation.* Carpenter
11. *Father's Birthplace,* Baltimore-

Name of Medical Attendant, or other person who makes this Return. R. L. Rankin M.D.

Address, Waverly Station, Baltimore-

Remarks,

1891000172

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered by the practitioner in the form of a certificate between the first and tenth day of each month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the father or mother of such child, or in default of either of them, the householder of the house in which such child was born, shall within ten days after the birth of such child, report the same to the Commissioner of Health, and for every neglect or refusal to make such report, such person shall be subject to the fine of ten (10) dollars for each offense.

Any person who shall hereafter forge or counterfeit any of the blanks furnished by the Commissioner of Health, or who shall use any of said forged or counterfeit blanks, knowing the same to be forged or counterfeited, or who shall sell any of said blanks to any person other than the Commissioner of Health, or his duly authorized agent, shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to a fine not exceeding one hundred dollars, or imprisonment not exceeding six months, or both, at the discretion of the court, and all fines and forfeitures are recoverable.

876 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30796.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th child
1. *Sex, (state whether male or female)*	F
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 27 1889
4. *Place of Birth, (Street and Number)*	139 Landvale
5. *Full Name of Mother,*	Ellen Nicholson
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edwin Nicholson
9. *Father's Occupation,*	Broker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	C. B. Gamble M.D.
Address,	925 Cathe
Remarks,	1891000 1773

Every person who shall neglect or refuse to state plainly the name, sex, color, the full name and occupation of the parents, and the date and place of birth; and the name of the physician or midwife present at the birth of any child born within the limits of Baltimore City, shall be guilty of a misdemeanor, and upon conviction thereof before any court of competent jurisdiction, shall be fined not less than five dollars nor more than fifty dollars for each offense.

Every physician or midwife who shall attend upon the mother during her confinement, shall within thirty days after the birth of any child, certify the same to the office of the Commissioner of Health, stating the name, sex, color, the full name and occupation of the parents, and the date and place of birth; and the name of the physician or midwife present at the birth of any child born within the limits of Baltimore City; and every physician or midwife who shall neglect or refuse to certify the same as aforesaid, shall be guilty of a misdemeanor, and upon conviction thereof before any court of competent jurisdiction, shall be fined not less than five dollars nor more than fifty dollars for each offense.

Every person who shall neglect or refuse to report the birth of any child born within the limits of Baltimore City, when there is no physician or midwife present at the birth of such child, within thirty days after the birth of such child, shall be guilty of a misdemeanor, and upon conviction thereof before any court of competent jurisdiction, shall be fined not less than five dollars nor more than fifty dollars for each offense, to be recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

Sex, (State whether male or ~~female~~) white

Race or color, (if not of the white race)

Date of Birth, May 27 1891

Place of Birth, (Street and Number) 2334 - Barclay St

4. Full Name of Mother, Johanna Gorman Gibson

5. Mother's Maiden Name, " "

7. Mother's Birthplace, Balt Md

8. Full Name of Father, James E. Gibson

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Balt Maryland Md

Name of Medical Attendant, or other person who makes this Return. Dr. Gaines

Address, 2102 - Maryland Ave

Remarks,

1891000174

HEALTH DEPARTMENT CITY OF BALTIMORE JUN 4 1891

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form of a certificate as aforesaid. Any person who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. GULAHY & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 7 1891
4. Place of Birth, (Street and Number) 2 Cy E Redwood
5. Full Name of Mother, Lizzie Boyd Dickey
6. Mother's Maiden Name, " Ball "
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Alex Dickey
9. Father's Occupation, Manufacturer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. L E. Neal & M.D.

Address, 614 N. Monument

Remarks,

8 9 1 0 0 0 1 7 7 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 28 — 1891
4. Place of Birth, (Street and Number) Eastern ave 2012
5. Full Name of Mother, Ella Burks
6. Mother's Maiden Name, Ella Funk
7. Mother's Birthplace, Baltimore M. D.
8. Full Name of Father, William Burks
9. Father's Occupation, Lumberman
10. Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, Eastern ave 1913

Remarks,

8 9 1 0 0 0 1 7 7 6

HEALTH DEPARTMENT RECEIVED MAY 29 1891 CITY OF BALTIMORE

been conferred) is sex, color (if not white), number of child to mother, date of birth, place of birth (street and number), full name of mother, maiden name of mother, birthplace of mother, full name of father, occupation of father, birthplace of father, name of medical attendant or other person making return, address of such person, and remarks. Every physician or midwife who shall attend upon any woman in labor, and every person who shall make return of a birth in the absence of a physician or midwife, shall within ten days after the occurrence of such birth report the same to the Commissioner of Health, or to such person as may be appointed to receive such returns, and for every neglect or refusal to make such report, he shall be subject to a penalty of not less than five nor more than ten dollars, and for every wilful false statement in relation to the facts required, he shall be subject to the penalty of ten (10) dollars for each offense. Any such person or physician who shall hereafter practice in this city without having his certificate recorded in the office of the Registrar of Vital Statistics, shall be subject to the penalties and forfeitures above mentioned.

ROM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 30900.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 28th
4. Place of Birth, (Street and Number)	235 E. Hughes St.
5. Full Name of Mother,	Josephine Keil Wagner
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Edw. F. Keil
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	E. L. Buddenbohn
Address,	418 S. Paca St.
Remarks,	8910001777

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
3. Date of Birth,	May 29th 1891
4. Place of Birth, (Street and Number)	No 1517 Byrd st
5. Full Name of Mother,	Mary Bailey
6. Mother's Maiden Name,	Mary J Woulter
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Bailey
9. Father's Occupation,	Labored
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Cathrine Flemming
Address,	No 1517 Byrd st
Remarks,	T 8 9 1 0 0 0 1 7 7 8

third day of each and every month to the office of the Commissioner of Health, in the manner prescribed by the Commissioner of Health. In the case of any child born without the attendance of a physician, or midwife, it shall be the duty of the parents of such child to report the birth of such child to the Commissioner of Health, in the manner prescribed by the Commissioner of Health. In the case of any child born without the attendance of a physician, or midwife, it shall be the duty of the parents of such child to report the birth of such child to the Commissioner of Health, in the manner prescribed by the Commissioner of Health. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines are recoverable.

CITY OF BALTIMORE

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	4th
1. *Sex.* (*state whether male or female*)	Male
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth.*	May 30th
4. *Place of Birth.* (*Street and Number*)	885 W. Cross
5. *Full Name of Mother.*	Rosa Käflein
6. *Mother's Maiden Name.*	Frech
7. *Mother's Birthplace.*	Martinsburg W. Va.
8. *Full Name of Father.*	Fred. Käflein
9. *Father's Occupation.*	Tinner
10. *Father's Birthplace.*	York - Pa
Name of Medical Attendant, or other Person who makes this Return	L. L. Boddentohe.
Address.	418 S. Paca st.
Remarks.	6 9 1 0 0 0 1 7 7 9

CITY OF BALTIMORE INCORPORATED 1797

ENG., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 30803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar 30 '91
4. *Place of Birth, (Street and Number)*	1119 Nanticoke
5. *Full Name of Mother,*	Mrs Emma Oster
6. *Mother's Maiden Name,*	" Sabel
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father.*	Ernest Oster
9. *Father's Occupation,*	Cross Cutter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	T C Worthington M D
Address,	840 W Fayette
Remarks,	

1 8 9 1 0 0 0 1 7 8 0

CITY OF BALTIMORE

been conferred) its sex, color, the full name and occupation of the parents, the place of birth, and the said schedule shall be delivered, duly signed by the physician or midwife in attendance upon the birth of any child, or by the father or mother of such child, or in the absence of the father or mother, by the householder in whose house such child was born, to the Commissioner of Health, to the Registrar of Vital Statistics, or to such person as may be appointed to receive the same, within ten days after the birth of any child to report its birth as aforesaid. Any person who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered, with costs of suit, in any court of competent jurisdiction.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 30804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
Date of Birth,	Born May 30th 1891
Place of Birth, (Street and Number)	# 343 Bartelso Str
Full Name of Mother,	Mrs Amie Blase
Mother's Maiden Name,	Wife of Wilhelm
7. *Mother's Birthplace,*	Hannover Germany
8. *Full Name of Father,*	Mr Louis Blase
9. *Father's Occupation.*	Labor
10. *Father's Birthplace,*	Bayern Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Heller
Address,	2127 W Pratt Str
Remarks,	8910001781

been conferred in each case; the full name and occupation of the parents, the date and place of birth; and the sex of the child. All deliveries, duly signed by the attendant, must be returned to the office of the Registrar within the first, third and fifth day of each and every month to the office of the Registrar of Vital Statistics, or should no other person be in attendance upon the birth, the person who shall receive the certificate of the midwife, shall perform the duty of the attendant, and shall report the birth as above required, and shall receive the fee of fifty cents therefor. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered with costs before any justice of the peace. Fines and forfeitures are recoverable.

RECEIVED JUN 1891 REGISTRAR OF VITAL STATISTICS CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 30th 1891
4. Place of Birth, (Street and Number) No 1506 Boyd st
5. Full Name of Mother, Alice Colwell
6. Mother's Maiden Name, Alice Richardson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Colwell
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Cathrine Horning

Address, No 1517 Boyd st

Remarks,

1 8 9 1 0 0 0 1 7 8 2

been conferred the sex, color, the full name and ... the integral place of birth; and the ... certificate shall be delivered, duly signed ... In case the birth of any child ... day of each and every month to the ... of such birth, or of the fact that ... shall occur without the attendance ... attendance as aforesaid, the commissioner ... duly sworn to the truth of the ... such person or persons shall ... subject to the fine of ten (10) dollars for each ... above required, and ... in the ... sions of this section shall be sub- ... nes and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 30826.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT CITY OF BALTIMORE JUN 4 1891

1. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
2. Sex (state whether Male or Female)	Male
3. Race or Color (if not of the white race)	White
4. Date of Birth	May 31
5. Place of Birth (Street and Number)	1306 Marshall
6. Full Name of Mother	Maud E. Mandrella
7. Mother's Maiden Name	Maud E. Farrar
8. Mother's Birthplace	Springfield Mass
9. Father's Occupation	John H. Mandrella
10. Father's Birthplace	Clerk
Name of Medical Attendant, or other Person who makes this Return.	Medina Co Ohio
Address	Robt K Kneas M
Remarks	1705 W Fayette St

8 9 1 0 0 0 1 7 8 3

a Fee at the Birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or alive at the time of such report, and residence of the parents, and the full Christian name of the mother

RETURN OF A BIRTH. A 30807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 31 Mai 1891 Cent. Av.
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Magie Schuster
6. *Mother's Maiden Name,* Weisbrod
7. *Mother's Birthplace,* Hessen Cassel
8. *Full Name of Father,* Edw Schuster
9. *Father's Occupation,* Cacher
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this return. Anna Walker

Address, 928 E. Cent. Av.

Remarks,

8 9 1 0 0 0 1 7 8 4

CITY OF BALTIMORE REGISTRAR'S OFFICE 1891

been entered) [sex, color, the full name and occupation of the parents, and such other information as may be required in the form of a certificate between the first and third days of each month, and shall be delivered, duly signed by the said schedule shall be delivered, duly signed by the Health. In case the birth of any child attendance upon the mother at the birth of such child, or should no other person make the return required by this section, then the midwife, nurse or other person in attendance upon the mother shall become liable to the penalty above required, and child to report its birth to the Commissioner of Health within the time and in the manner above required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 30808

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* May 2. 91
5. *Place of Birth, (Street and Number)* 622 W. Lombard st
6. *Full Name of Mother,* Mary Jones
7. *Mother's Maiden Name,* Mary Lucas.
8. *Mother's Birthplace,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr Hargrove & Spalding

Address, Free Lying-in Hospital 622 W. Lombard st

Remarks, 8910001785

CITY OF BALTIMORE 1891

been conferred) its sex; give the full name and occupation of its parent; the date and place of birth; and the number of children to which the mother has given birth, and shall indicate between which of any child and the next preceding child there has been born alive. And no other person be in attendance upon the mother at the time of such birth, and no person or parents of such child shall fail to report the same within the time above specified, he, she or they shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH A 30809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, May 2 - 91.

4. Place of Birth, (Street and Number) 622 W. Lombard st.

5. Full Name of Mother, Maggie Williams

6. Mother's Maiden Name, "

7. Mother's Birthplace, England ~~Mulatto~~

8. Full Name of Father, "

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return. R. Hargrove & Goldsborough

Address, Free Dying in Hospital 622 W. Lombard St.

Remarks,

1891 0001786

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form in which it is sent, to the third day of each and every month, in case the birth of any child attendance upon the mother, or in case there be no such person, then to the child to report its birth to the Commissioner of Health, as required by this section shall be subjected to the fine of ten dollars for each offense, to

HEALTH DEPARTMENT JUL 1891 CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30870.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, May 7 - 91

Place of Birth, (Street and Number) 1844 N. Pratt st

Full Name of Mother, Amelia Hummell

6. Mother's Maiden Name, Md

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Dr. Heflin

Address, 611 N. Louduns.

Remarks, 8910001787

CITY OF BALTIMORE 1891

1892. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 2 '91.
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Francis Woods
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Dr. Hargrove & Spalding

Address, Free Dispy in Hospital 622 W Lombard St.

Remarks,

1891000178 8

CHAS. J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) C.

Date of Birth, May 2 - 91

Place of Birth, (Street and Number) 920 Booth street

5. Full Name of Mother, Linda Grimes

6. Mother's Maiden Name,

7. Mother's Birthplace, Md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Mrs Penny V Carothers

Address, 911 W. Lombard

Remarks, 8 9 1 0 0 0 1 7 8 9

CITY OF BALTIMORE 1891

Every child born within the limits of Baltimore City, whether white or colored, shall have the name and occupation of its parents, the date and place of birth; and the name, sex, color, the full signed by the Commissioner of Health (which certificate shall be delivered with to the officer or person making the return) shall be recorded by said officer in a book to be kept for that purpose, the certificate be the birth of any child shall be delivered to each and every instance of a child thereafter born, and no other fees shall be required, and third day after the birth of any child, the Commissioner of Health shall cause a search to be made of the records of said office, and if no certificate of the birth of such child shall have been recorded, he shall cause the same to be recorded, and shall receive as other fees for such search and record the sum of fifty cents, which shall be paid by the parent or parents of such child, or by the person having the control of such child, and no other fees shall be required; and any such person who shall neglect or refuse to furnish the information required, and any person who shall refuse to receive such certificate without reasonable excuse, shall forfeit and pay a sum not exceeding ten dollars, to be recovered as other forfeitures are recoverable.

GEO. J. G. BALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 30813.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) B.

Date of Birth, May 3

Place of Birth, (Street and Number) 135 Jew Alley.

Full Name of Mother, Mary Hargrove

Mother's Maiden Name,

Mother's Birthplace, Md

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Miss Turner & Eley

Address, 611 W. Lombard

Remarks,

1891000179 0

JUN 8 1891 HEALTH DEPARTMENT BALTIMORE CITY

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, and also the full name and occupation of the parents, the date and place of birth; and the sex of each child (if twins, triplets, or more be born at one birth, the fact shall be stated); and the name conferred (if any), the full name and occupation of the informant in the form of a certificate between the first and fifth days of each month, and the said schedule shall be delivered, duly signed by the person making the return, at the office of the Commissioner of Health. In case the informant or other person be in attendance upon the mother immediately after the birth, it shall be the duty of such informant or other person to make out the said schedule and give notice of the birth to the Commissioner of Health, in the manner and within the time above required, and in case of a physician or practitioner of midwifery in attendance upon the mother immediately after the birth, it shall be the duty of the parents or parent with whom the child is living to report the birth to the Commissioner of Health, in the manner and within the time above required, and any such person so required to report births who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as penalties are recoverable.

GEO. A. O. DULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

30514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	6 Child
1. *Sex.* (*state whether male or female*)	Male
Race or Color. (*if not of the white race*)	
Date of Birth.	May 4th 91
Place of Birth. (*Street and Number*)	# 116 N. Lombard st.
Full Name of Mother.	Christina Heimbuch
Mother's Maiden Name.	" Wirthner
7. *Mother's Birthplace.*	Baltimore
8. *Full Name of Father.*	John Heimbuch
9. *Father's Occupation.*	Laborer
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Annie Fintner
Address.	# 116 N. Lombard st.
Remarks.	6 9 1 0 0 0 1 7 9 1

CITY REGISTRAR'S DEPARTMENT JUN 8 1891 CITY OF BALTIMORE

Section 1. It is hereby made the duty of the Registrar of Vital Statistics, Board of Health, Baltimore City, to procure the necessary blanks for the births which have occurred, under the act of the General Assembly of Maryland, passed at the session of the year eighteen hundred and ninety-one, chapter one hundred and sixty-seven, and shall have printed on the same the following words, to wit: "Section 2. And be it enacted, That it shall be the duty of the Registrar of Vital Statistics, Board of Health, Baltimore City, to ascertain the full name of each child, if any, and have the same entered in the certificate of birth, the full name and occupation of its parents, the date and place of birth, the number of the child born of the mother, whether the first, second, third or other child, and the full name and post office address of the physician, midwife or other person who shall attend upon the mother at the birth of any child, and shall set forth in the certificate of birth whether the child was born alive or dead, and if dead, whether it was a stillborn child, or a child that died during birth, or after birth, and if after birth, how long it lived; and in case there was no physician, midwife or other person in attendance upon the mother at the birth of any child, then the father, mother or other person who shall have been cognizant of the facts required to be stated in the certificate of birth shall be required to make and sign the certificate of birth, and the same shall be delivered, duly signed by the proper person, to the Registrar of Vital Statistics, Board of Health, Baltimore City, at the office of the said Registrar, or to such person as he may appoint to receive the same, within ten days after the birth of any child. And no other person shall be required to make and sign the certificate of birth, or to deliver the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, or to such person as he may appoint to receive the same, as aforesaid, unless the father, mother or other person who shall have been cognizant of the facts required to be stated in the certificate of birth shall neglect or refuse to make and sign the certificate of birth, and deliver the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, or to such person as he may appoint to receive the same, as aforesaid, within ten days after the birth of any child. And it shall be the duty of the Registrar of Vital Statistics, Board of Health, Baltimore City, to see that the certificate of birth is made out and delivered as required by this section, and immediately thereafter to enter the same in a book to be kept for that purpose, and to report its birth to the Commissioner of Health of Baltimore City, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other penal forfeitures are recoverable

WM J C BULLY DO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 30 815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th
2. *Sex, (state whether male or female)* male
3. *Race or Color, (if not of the white race)* B.
4. *Date of Birth,* May 4-91
5. *Place of Birth, (Street and Number)* 802 Raborg st
6. *Full Name of Mother,* Susan Johnson
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Md.
9. *Full Name of Father,*
10. *Father's Occupation,*
11. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Miss Seligman & Steveller

Address, 611 W. Lombard.

Remarks,

1 8 9 1 0 0 0 1 7 9 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been christened; the full name, residence and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in default of which the person or persons who shall occur without the issuance of a permit hereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in default of which such person or persons will be subjected to the fine of ten (10) dollars for each offense, to any such person or persons who shall hereafter fail to [illegible] forfeitures are recoverable.

BALTIMORE 1891

WM. J. C. DULANY & BRO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

L 3081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) C.
4. Date of Birth, May 5-91-
5. Place of Birth, (Street and Number) 120 King st.
6. Full Name of Mother, Florence Davis
7. Mother's Maiden Name, Ward
8. Mother's Birthplace,
9. Full Name of Father,
10. Father's Occupation,
11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Miss Atkinson

Address, 611 N Lowland

Remarks,

1891 CITY OF BALTIMORE

Health. This schedule shall contain a list of the births which have occurred since his or her last return, the name of each child, if any, and if still born, the name can be ascertained, the name of each child, if any, and if still born, the sex, the date and place of birth, first and full name and occupation of the parents, the number of children born to the mother, and shall set forth as far as practicable the same particulars respecting the birth of any child born of any woman found dead, and no other person be in attendance at the birth, and the coroner of the district in which the body is found shall be informed of the fact, and no other person or practitioner of medicine or midwifery shall sign a certificate of birth or still birth, or grant a burial permit therefor, until he has personally viewed the body of the child and examined the circumstances of the birth. Every such certificate shall be delivered, duly signed by the Commissioner of Health, to the undertaker or person in charge of the burial, before the burial shall occur without the certificate, and every such undertaker or person in charge of the burial shall immediately thereafter make a return to the Commissioner of Health of the fact of such burial, and of the name of the deceased child, if known, and of the place of burial, and of the name and residence of the undertaker or person in charge of the burial. Any physician or midwife who shall fail to report the birth of any child, or any undertaker or person in charge of a burial who shall fail to report the burial of any child, or any person who shall make a false report of the birth or still birth of any child, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

1891 0 0 1 7 9 3

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 30817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	*of Child of Mother.* (*state whether* 1*st*, 2*d*, 3*d*, &c.)	7 Child
1.	*Sex*, (*state whether male or female*)	Male
	Race or Color, (*if not of the white race*)	
	Date of Birth	May 5th 91
	Place of Birth. (*Street and Number*)	# 916 Lemmon St.
	Full Name of Mother.	Mary Feig
6.	*Mother's Maiden Name,*	J. Wilmes
7.	*Mother's Birthplace,*	Baltimore.
8.	*Full Name of Father,*	George Feig
9.	*Father's Occupation,*	Machinist.
10.	*Father's Birthplace.*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Annie Linder
	Address,	# 106 S. Monroe St.
	Remarks,	8911000 1794

CITY OF BALTIMORE

Health. This article shall contain a list of the births which have occurred under his or her care during the month, and it shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the Registrar of Vital Statistics on the first Monday of each and every month. Immediately upon the birth of any child a certificate of the fact shall be delivered by the physician or midwife in attendance upon the mother, to the person or parents of such child to report its birth to the Commissioner of Health, and if no other person be in attendance upon the mother, immediately thereupon the person or parents of such child shall report the birth to the Commissioner of Health. Any such person or persons knowingly refusing or neglecting to make such report shall be subject to the fine of ten (10) dollars for each offense, and the said forfeitures are recoverable

SM J. C. BULLEY CO. CITY PRINTERS AND STATIONERS

1891
4

RETURN OF A BIRTH A 30833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	II
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	W
3. Date of Birth,	May 18-91
4. Place of Birth, (Street and Number)	1424 Pearlman st
5. Full Name of Mother,	Jennie Krauss
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Md
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	McLane & Lawson
Address,	611 W Lombard st
Remarks,	

8 9 1 0 0 0 1 7 9 5

been conferred) its sex, color, the full name and ... place of birth, and the ... between the first and ... the birth of any child ... no other person ... period above required, and ... sections of this section shall be sub- ... other fines and forfeitures are recoverable.

SEE J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 30834.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	1st.
1. *Sex,* (*state whether male or female*)	Male
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	May 18/ 91
4. *Place of Birth,* (*Street and Number*)	1926 Penna Ave
5. *Full Name of Mother,*	Blanche Babert
6. *Mother's Maiden Name,*	Lighter
7. *Mother's Birthplace,*	Balto, Md
8. *Full Name of Father,*	Chas. H. Babert.
9. *Father's Occupation,*	Physician
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant; or other person who makes this Return.	Chas H Babert
Address,	1926 Penna Ave
Remarks,	

8910001796

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A30833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
Race or Color, (if not of the white race)	White
Date of Birth,	May 19 1891
Place of Birth, (Street and Number)	867 Mulberry St.
5. *Full Name of Mother,*	Agnes Jacobs
6. *Mother's Maiden Name,*	Schmidt
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Gus Jacobs
9. *Father's Occupation,*	Wheelwright
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. Sanders
Address,	937 Maryland
Remarks,	

RECEIVED JUN 8 1891 CITY OF BALTIMORE DEPARTMENT OF HEALTH

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been named), the sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health. In case of a certificate between the first and third day of each and every month, the person or persons required to make return of the birth of any child shall appear without the attendance of a [illegible] person or persons of such child, to be in attendance upon the mother, immediately thereafter, and make such return, and in default thereof such person or persons shall be liable to the penalty hereinafter provided. [illegible] or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

8910001797

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 30836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) M Male
2. Race or Color, (if not of the white race) White
   Date of Birth, May 19th 1891
   Place of Birth, (Street and Number) 523 N Mulberry
3. Full Name of Mother, Lizzie Gagneux
4. Mother's Maiden Name, Muir
5. Mother's Birthplace, Balto
6. Full Name of Father, Alfred Gagneux
7. Father's Occupation. Merchant
8. Father's Birthplace, France
   Name of Medical Attendant, or other person who makes this Return. Chas E Sadtler
   Address, 2100 Druid Hill Ave
   Remarks,

1891000 1798

...shall set forth as far as the same can be ascertained, the name of each child of the mother living or dead, and the sex, color, the full name and occupation of the father, and the date of birth of each child. In case the birth of any child shall occur without the limits of the city, but the mother shall thereafter come within the limits of the city, it shall be the duty of the mother, immediately thereafter, to report its birth to the Commissioner of Health, and any such person or persons who shall neglect or refuse to make such report as aforesaid, shall be subjected to the fine of ten (10) dollars for each offense, and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its [illegible] and place of birth; and the said schedule shall be delivered, duly signed by the practitioner [illegible] between the first and third day of each and every month to the office of the Comm[illegible] the birth of any child shall occur without the attendance of a physician or practi[illegible] no other person be in attendance upon the mother, immediately thereafter it sh[illegible] or parents of such child to report its birth to the Commissioner of Health. In [illegible] above required, and any such person or persons who shall hereafter fail to co[illegible] this section shall be subjected to the fine of ten (10) dollars for each offense, to be r[illegible] are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

Sex, (state whether male or female) male

Race or Color, (if not of the white race) C.

Date of Birth, May 20 - 91

4. *Place of Birth, (Street and Number)* 845 Rabrg st.

5. *Full Name of Mother,* Harriet Lyon

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Miss Seligman Staudt

Address, 611 W Lombard st

Remarks,

1 8 9 1 0 0 0 1 7 9 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 30831.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

Sex, (state whether male or female) male

Race or Color, (if not of the white race) B.

Date of Birth, May 20 - 91.

4. Place of Birth, (Street and Number) 1136 Raborg St.

5. Full Name of Mother, Mary Hardy

6. Mother's Maiden Name,

7. Mother's Birthplace, Md.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Miss McLane & Spencer

Address, 611 W Lombard

Remarks,

1 8 9 1 0 0 0 1 8 0 0

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained th[illegible] child, (if any shall have been conferred) its sex, color, the full name and occupation of [illegible] place of birth; and the said schedule shall be delivered, duly signed by the practitioner [illegible] between the first and third day of each and every month to the office of the Comm[illegible] birth of any child shall occur without the attendance of a physician or practi[illegible] other person be in attendance upon the mother, immediately thereafter it sha[illegible] or parents of such child to report its birth to the Commissioner of Health, in t[illegible] above required, and any such person or persons who shall hereafter fail to com[illegible] section shall be subjected to the fine of ten (10) dollars for each offense, to be re[illegible] are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 30894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, may 22/91
4. Place of Birth, (Street and Number) 1312 N. Carey st
5. Full Name of Mother, nellie Bond
6. Mother's Maiden Name, Tougell
7. Mother's Birthplace, ~~Baltimore~~ England
8. Full Name of Father, wm Bond
9. Father's Occupation, Gas Fitter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Chas H Babcock.

Address, 1926 Penna Ave.

Remarks,

1 8 9 1 0 0 0 1 8 0 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred in the household (or the premises) occupied by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the full name and residence of each child, if any shall have been born, its sex, color, the full name and residence of its parents, the date of birth, and the number of the child, whether first, second or third born. It shall be the duty of each and every householder, and of every person having charge of a case of confinement, to report to the Commissioner of Health, in writing, the birth of any child which shall occur without the attendance of a physician, within twenty-four hours after the birth, and within the period above required, such attendance of a physician, it shall be the duty of the person or persons attending upon the mother, immediately thereafter, to report the birth of such child to the Commissioner of Health, in writing, as aforesaid. If such report shall not be made within the period above required, any such person or persons who shall neglect or refuse to make such report, as aforesaid, shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable

RECEIVED JUN 1891 REGISTRAR'S OFFICE CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth. May 23 1891
4. Place of Birth, (Street and Number) #204 Fulton Ave.
5. Full Name of Mother. Mary J. Shuman.
6. Mother's Maiden Name, Jones
7. Mother's Birthplace. Baltimore.
8. Full Name of Father. Henry A. Shuman.
9. Father's Occupation. Driver
10. Father's Birthplace. Boston Mass.

Name of Medical Attendant, or other person who makes this Return, Annie Lindner

Address, #116 S. Monroe St.

Remarks,

1 8 9 1 0 0 0 1 8 0 2

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 30821.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

Date of Birth, May 21st 91

Place of Birth, (Street and Number) Mt Clare House

Full Name of Mother, Maggie Lehner

Mother's Maiden Name, L. Albert

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Michael Lehner

9. Father's Occupation, Watchman

10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other person who makes this Return, Julia Snider

Address, 106 S. Monroe St.

Remarks,

8 9 1 0 0 0 1 8 0 3

HEALTH DEPARTMENT RECEIVED JUN 8 1891 CITY OF BALTIMORE

Health Law, Section 4. Each return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of parents, the date and place of birth, and such other information required by the Bureau of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the parent or person in charge of such child within the period above required, and in the form prescribed by the Bureau of Vital Statistics, to report the birth to the Registrar of Vital Statistics, and any such person or persons who shall neglect or refuse to make such report shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 24. 91.
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Rachael Mason
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, F. Hargrove Hyslop

Address, 622 W Lombard

Remarks,

8 9 1 0 0 0 1 8 0 4

CITY OF BALTIMORE JUN 8 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) m

2. Race or Color, (if not of the white race) W

3. Date of Birth, May 24 1891

4. Place of Birth, (Street and Number) 905 Park Avenue

5. Full Name of Mother, Mrs J L Thalheimer

6. Mother's Maiden Name, Minnie [illegible]

7. Mother's Birthplace, Balt

8. Full Name of Father, J. L. Thalheimer

9. Father's Occupation, Collector

10. Father's Birthplace, ?

Name of Medical Attendant, or other person who makes this Return. R. Winslow M.D.

Address, 1 Mt Royal Terrace

Remarks,

189100001805

[illegible] enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it [illegible] duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter [illegible] visions of this section shall be subjected to the fine of ten (10) dollars for each offens[illegible] and forfeitures are recoverable.

HEALTH DEPARTMENT JUN 8 1891 CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 1 0 0 0 1 8 0 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her cognizance of which he has not already made return, and shall set forth as far as can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and residence of parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the physician or midwife in attendance, or if there was no such attendance, by the father or mother of the child, or householder, to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, and the father or mother of such child shall neglect or refuse for ten days to report its birth to the Commissioner of Health, in the manner above required, and it shall be the duty of every such physician, midwife, father, mother or householder to comply with the provisions of this section; and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE 1891 JUN 8

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
Date of Birth,	May 25 91
Place of Birth, (Street and Number)	622 W. Lombard
Full Name of Mother,	Alice Taylor.
Mother's Maiden Name,	
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Dr Hanyans & Goldberg
Address,	
Remarks,	622 W Lombard

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WM. A. G. SLADE & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-20-55

RETURN OF A BIRTH. A 30846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Samuel Ellwood ~~Roberts~~ Roberts

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 26th 1901
4. Place of Birth, (Street and Number) 2215 E. Baltimore St.
5. Full Name of Mother, Hannah V. Roberts
6. Mother's Maiden Name, Johnson
7. Mother's Birthplace, [illegible]
8. Full Name of Father, William H. Roberts
9. Father's Occupation, Commercial Traveler
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. Dr. L. Crouse

Address, 216 N. P. Park Ave

Remarks, 6 9 1 0 0 0 1 8 0 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 30[illegible]

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	5 Child
1. *Sex.* (state whether male or female)	Female
2. *Race or Color.* (if not of the white race)	
3. *Date of Birth.*	May 27th/11
4. *Place of Birth.* (Street and Number)	#204 Ruby St
5. *Full Name of Mother.*	Annie Bouquet
6. *Mother's Maiden Name.*	" " Moore
7. *Mother's Birthplace.*	Baltimore.
8. *Full Name of Father.*	Henry Bouquet
9. *Father's Occupation.*	Laborer
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Annie Lindsey
Address.	
Remarks.	

1891000180 9

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

30878.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	C
Date of Birth,	May 27 91
4. Place of Birth, (Street and Number)	528 Woodyear st
5. Full Name of Mother,	Alberta Johnson
6. Mother's Maiden Name,	
7. Mother's Birthplace,	md
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	Mrs Stokes Lanier
Address,	611 N Lombard
Remarks,	

1 8 9 1 0 0 0 1 8 1 0

CITY OF BALTIMORE 1891

month, and shall set forth as far as the same can be ascertained the full name, sex and color of any child that shall have been delivered, its sex, color, the full name, occupation and residence of the parents, the date and place of birth, and the said schedule shall be delivered by the physician or midwife in attendance upon the mother, immediately after the birth of such child, to the Commissioner of Health, or to such person as he may appoint to receive the same at the office of the Commissioner of Health, within ten days after the birth of such child; and any physician or midwife who shall hereafter fail to report the birth of any child as herein required, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. *Sex, (state whether male or female)*	Male & Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	May 28-91
4. *Place of Birth, (Street and Number)*	622 W. Lombard
5. *Full Name of Mother,*	Adeline Hemsley
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Mrs Hargrove & Shedrick
Address,	622 W. Lombard
Remarks,	

1891000181 1

CITY OF BALTIMORE

SEC. 1. Be it ordained, &c., That the Board of Health shall cause a list of the births which have occurred under his or her jurisdiction during the preceding month, and shall set forth as far as the same can be ascertained, the full name and occupation of the parents, the name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth; and the said Board shall cause a like list to be made out and published on the first Monday of each month, containing a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, which shall contain the name of every child born, and which shall occur without the attendance of a physician, with the name of the person or parents of such child to report its birth to the Commissioners, with the penalties required, and any such person or persons who shall hereafter fail to comply with the provisions of this ordinance, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered before any justice of the peace, and to be applied to the use of the Board of Health, to defray the expenses of the same; and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 30880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	II
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	Black
3. Date of Birth,	May 28-91
4. Place of Birth, (Street and Number)	622 Lombard st West.
5. Full Name of Mother,	Sarah Gant
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Md.
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	Dr Hargrove & Shilling.
Address,	622 W Lombard st.
Remarks,	

8 9 1 0 0 0 1 8 1 2

CITY OF BALTIMORE 1891

...shall contain a list of the Births which have occurred under his or the Commissioner of ...month, and shall set forth as far as he can ascertain the following particulars in each case, viz: ... been conferred) its sex, color, the full name and occupation of its ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every Month to the office of the Commissioner ... shall occur within the limits of ... child to report its birth to the Commissioner of Health, in the manner and ... any such person or persons, who shall hereafter fail to comply with the ... jected to the fine of ten (10) dollars for such offence, to be recovered ... and the penalties aforesaid are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 30851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colored

Date of Birth, May 28. 91

Place of Birth, (Street and Number) 622 W. Lombard st.

5. Full Name of Mother, Annie Brown

6. Mother's Maiden Name,

7. Mother's Birthplace, Md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Hungerford Spalding

Address, 622 W. Lombard st

Remarks,

1891 CITY of BALTIMORE

1 8 9 1 0 0 0 1 8 1 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the presence of a certificate between the first and third day of each and every month, of the births of all children born during the month next preceding, and in all cases where the services of a physician or practitioner are employed in attendance upon the mother, immediately thereafter it shall be the duty of such physician or practitioner, and should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable.

SUN. J. C. BLAND & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

James Van Deventer Crisp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 28/91
4. *Place of Birth, (Street and Number)*	1705 N. Calvert St
5. *Full Name of Mother,*	Mary N. Crisp
6. *Mother's Maiden Name,*	Van Deventer
7. *Mother's Birthplace.*	Va
8. *Full Name of Father,*	W. Benton Crisp
9. *Father's Occupation.*	Lawyer
10. *Father's Birthplace.*	Md
Name of Medical Attendant, or other person who makes this Return.	Thomas Opie M.D.
Address,	600 N. Howard St
Remarks,	NAME ADDED 12-14-57

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CITY OF BALTIMORE

Section 1. This Section 2 to contain a list of the Births ... month, and shall set forth as far as the same can be ascertained, the full name and occupation of each parent, the color, the date and place of birth; and the ... third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall occur without the attendance of a physician or midwife, or if the child shall become ill within ten days after birth, the person or parents of such child shall report in like manner, and shall be required to report the full particulars of such case upon the mother being attended by a physician or midwife. And any such person or persons who shall hereafter fail to make such report as herein required, and ... jected to the fine of ten (10) dollars for each offense, to ... and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* male
3. *Race or Color, (if not of the white race)* B.
4. *Date of Birth,* May 30. 91
5. *Place of Birth, (Street and Number)* 105 N. Madeira st
6. *Full Name of Mother,* Lindax Pierce
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Md
9. *Full Name of Father,*
10. *Father's Occupation,*
11. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Miss A. Rawson Eastern

Address, 611 N Landsdowne st

Remarks,

T 8 9 1 0 0 0 1 8 1 5

CITY OF BALTIMORE

...month, and shall set forth as far as practicable the full name and occupation of the parents of such child, the full name and occupation of the father, the color or race, the date and place of birth, and the number of children born to the mother, and the number now living; and if any such birth shall occur without the attendance of a physician or midwife, the parents or other persons upon whom the duty of registering the birth shall devolve shall, within the time above specified, report the particulars of such birth to the Commissioner of Health, in such form as he may require, and shall cause each and every such birth to be registered as directed by the Commissioner of Health. In every case where a birth shall occur without the attendance of a physician or midwife, it shall be the duty of the father, mother, householder or owner of the premises where such birth occurs, to report the same to the Commissioner of Health within ten days thereafter. It shall be the duty of every physician or midwife in attendance upon the birth of a child to report the same to the Commissioner of Health within ten days thereafter. It shall be the duty of every undertaker or other person who shall bury the dead body of any child for which no certificate of birth has been registered, duly signed by the practitioner or midwife in attendance upon the birth, or by the parent or householder, to report the particulars required to be registered in relation to such birth to the Commissioner of Health, in such form as he may require, and within the time specified in the preceding section of this ordinance. Any person who shall violate any of the provisions of this ordinance shall be subject to a fine of not more than one hundred dollars for each offense, to be recovered, with costs of suit, in the name of the State of Maryland, before any justice of the peace of the city of Baltimore, in the manner prescribed by article 4 of the Code of Public Local Laws of Baltimore City, and in default of payment of such fine and costs shall be liable to imprisonment in the city jail for a period not exceeding sixty days, or until such fine and costs are paid; and it shall be the duty of the Commissioner of Health to report all violations of this ordinance to the State's Attorney, who shall prosecute the same; and one-half of the fine recovered shall be paid to the informer. Any person who shall refuse or neglect to report, or to cause to be reported, as herein provided, the birth of any child, or who shall report, or cause to be reported, falsely, any of the particulars required to be reported in relation to any birth, shall be liable to a penalty of not more than twenty dollars for each offense, to be recovered as aforesaid.

ED. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 th
4. Place of Birth, (Street and Number) 1716 Pacsbery st
5. Full Name of Mother, Emma Melville
6. Mother's Maiden Name, Clark
7. Mother's Birthplace, Cumberland Md
8. Full Name of Father, Harry S Melville
9. Father's Occupation. Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Thos Jones

Address, 1337 Waccare st

Remarks,

8910001816

CITY OF BALTIMORE 1891

been conferred) the sex, color, the full name of each parent, if married, the maiden name of the mother, the date and place of birth, and the said return shall be delivered, duly signed by the practitioner or person in charge, to the Registrar of Vital Statistics, at the office of the Board of Health, within ten days after the birth. In case the birth of any child shall occur without the presence of a physician, midwife or nurse, the person or parents of such child to report its birth to the Commissioner of Health, within ten days after the birth, and in default of such report and attendance upon the mother, immediately after the birth, the person or parents of such child to report its birth to the Commissioner of Health, within ten days after the birth, and in default of such report and any such person or persons who shall hereafter violate any of the provisions of this section shall be subject to the fine of ten (10) dollars for each offense. Fees for the registration of births and for the certificates of the same are to be recorded as other births and forfeitures are recoverible.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30888.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
3. Date of Birth,	May 30th 191
4. Place of Birth, (Street and Number)	208 S. Fletcher st.
5. Full Name of Mother,	Mary Jane Shipperling
6. Mother's Maiden Name,	" " Ward
7. Mother's Birthplace,	A. A. Co. Md.
8. Full Name of Father.	Frederick H. Shipperling
9. Father's Occupation.	Police
10. Father's Birthplace.	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Wm. Humber
Address,	23 N. Poppleton st
Remarks,	

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month, and shall set forth as far as the same can be ascertained, the full name, sex, color, the full name and occupation of each parent, the place of birth, and the number of children born to each parent, including the child or children whose birth is to be certified, and the date of birth of each child previously born, and the place of birth and residence between the first and said schedule shall be delivered, by the person required to report the birth of any child born elsewhere than in a hospital, to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth of such child, and no certificate of birth shall be issued by the Registrar of Vital Statistics, Board of Health, Baltimore City, in any case the birth of any child shall occur without the attendance of a physician or midwife, unless the facts of such attendance upon the mother, immediately thereafter, be reported to the Board above required, and child to report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and any person who shall hereafter fail to perform any duty required of him by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30886.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

Sex, (state whether male or female) Male

Race or Color, (if not of the white race)

3. Date of Birth, May 31 st. 1891

4. Place of Birth, (Street and Number) 810 W. Saratoga St

5. Full Name of Mother, Mary Kennet

6. Mother's Maiden Name, Snowflake

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Kennet

9. Father's Occupation, Sailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Mina Graf

Address, 1029 W Saratoga St

Remarks,

8910001818

CITY OF BALTIMORE 1891

month, and shall set forth as far as the same can be ascertained the full name of each child born during the month, the sex of the child, the full name and occupation of its parents, the color or race of each parent, the said schedule shall be delivered, duly signed by the Commissioner of the district, at the place of birth; and the third day of each and every month to the office of the Commissioner for the district, between the first and third days of each month, a similar schedule of all births which have occurred under his or her care during the month next preceding; and shall also report to the Commissioner of the district, at the end of each period of one week, the name of any child whose birth may occur without the attendance of a physician or practitioner of midwifery, and the name and residence of the parents of such child, and the reason why the Commissioner was not informed of the birth as required, and shall report its birth to the Commissioner of the district within the period of one week from the date of birth. Any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are now recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William L. Moller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) .....
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, Earl Moller
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 910 E Fairmount Ave

Remarks, ...

8 9 1 0 0 0 1 8 1 9

...ENACTED, That if any person or persons shall have been convicted of a violation of any of the provisions of this section, and the said schedule shall be delivered, duly signed by the practitioner or midwife in charge, to the office of the Commissioner of Health, between the first and third day of each and every month, in the case of any child born during the preceding month; and the failure to report the birth of any child shall occur without the attendance of a physician or midwife, then the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

...CITY OF BALTIMORE...

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

30888.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 31 st. 1891
4. Place of Birth, (Street and Number) 924 W. Lexington St.
5. Full Name of Mother, Cora Arnold
6. Mother's Maiden Name, Cora Tanner
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Richard Arnold
9. Father's Occupation, Expressman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Geo. Illmine Brgl

Address,

Remarks,

1891000 1820

CITY OF BALTIMORE

SUN. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 3087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N. Payne Pattonson St

Remarks,

1891000 1821

RECEIVED MAR 31 1891 REGISTRATION DEPARTMENT CITY OF BALTIMORE

Section 5. And be it further enacted, That the Registrar of Vital Statistics shall not grant a certificate of birth as is the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said registrar shall be directed, duly signed by the physician or midwife in attendance upon the mother, immediately thereafter, a certificate (between the first and third days of each month) of the birth of each child born within the city during the preceding month, and which certificate shall contain the same information required, and shall be subject to the same penalties for neglect or refusal to make return thereof as is provided in the case of births occurring in families where no physician or midwife attends; and any such person or persons who shall neglect or refuse to make such return shall forfeit and pay for every such offence a fine of not less than five dollars nor more than fifty dollars, to be recovered before any justice of the peace of this State, to the use of the city; and the Registrar of Vital Statistics, together with the police officials, shall be charged with the duty of ten (10) dollars for each offence. Fines and forfeitures are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
Race or Color, (if not of the white race)	White
Date of Birth,	1st May 1891
Place of Birth, (Street and Number)	745 Forest St.
5. *Full Name of Mother,*	Kate Walsh.
6. *Mother's Maiden Name,*	" " Linn
7. *Mother's Birthplace,*	Balto. County
8. *Full Name of Father,*	William Walsh.
9. *Father's Occupation,*	Baker.
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Wooden.
Address,	936 Lemmount Ave
Remarks,	

1 8 9 1 0 0 0 1 8 2

month, and shall set forth as far as the same can be ascertained, the name of each child, the sex, color, and date and place of birth, and the name and occupation of the parents of each child. If any child shall die before the certificate of birth shall have been delivered, duly signed, to the Registrar, a certificate of the death of such child shall be delivered, duly signed, to the Registrar, before the burial of the same, and every month to the Commissioner of Health a list of the names of all persons who shall have been in attendance upon the mother at the birth of any child during the preceding month, and who shall not have delivered the certificate of birth required by this section, and any midwife or other person who shall hereafter fail to report the birth of any child, as herein required, shall be subjected to the fine of ten (10) dollars for each offense. The provisions of this section are recoverable.

CITY OF BALTIMORE

GEO. J. O. GULASY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

30861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male,
2. Race or Color, (if not of the white race)	White,
3. Date of Birth,	May 21st 1891,
4. Place of Birth, (Street and Number)	1044 N. Durham st,
5. Full Name of Mother,	Emma Dora Charlotte Meise,
6. Mother's Maiden Name,	E. D. C. Ziegler
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	Wm Meise,
9. Father's Occupation,	Wire Worker,
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other Person who makes this return.	Chas H. Ziegler, M.D.
Address,	720 N. Broadway
Remarks,	

8 9 1 0 0 0 1 8 2 3

CITY OF BALTIMORE 1891

Section 1. Be it ordained by the Mayor and City Council of Baltimore, that from and after the passage of this ordinance, it shall be the duty of every person having charge of any child born in the City of Baltimore, to make a return of the birth of such child (if any shall have been born) to the Registrar of Vital Statistics, at the office of the Board of Health, within ten days after the birth of such child, which return shall be made in writing, and shall contain the full name of such child (if any shall have been given), the full name and description of its parents, the date and place of birth, and the said schedule shall be filled out in accordance with the instructions of the Commissioner of Health. In case the certificate is not delivered within the time above specified, the person having charge of such child shall forfeit and pay for every such delinquency or refusal, a penalty not exceeding ten dollars for each offence, to be recovered as other fines and forfeitures are recovered.

3086

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c*.) 3rd

1. *Sex,* (*State whether male or female*) female
2. *Race or color,* (*if not of the white race*). White
3. *Date of Birth,* July 22, 1891
4. *Place of Birth,* (*Street and Number*) 13 Cottage Ave
5. *Full Name of Mother,* Augusta Fick
6. *Mother's Maiden Name,* Augusta Watts
7. *Mother's Birthplace,* Elkridge Landing Md.
8. *Full Name of Father,* John Fick
9. *Father's Occupation,* R.R. Hand
10. *Father's Birthplace,* Elkridge Landing Md.

Name of Medical Attendant, or other person who makes this Return. B. Mullin M.D.

Address, 932 Frederick Ave Ext

Remarks,

8910001824

month, and shall set forth as far as the same can be ascer[illegible] under [illegible] care during the been conferred its sex, color, the full name and occupation of [illegible] of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner [illegible] the date and place of birth; and the third day of each and every month to the office of the Com[illegible] a certificate [illegible] between the first and shall occur without the attendance of a physician or practit[illegible] the birth of any child attendance upon the mother, immediately thereafter it shall [illegible] no other person be in child to report its birth to the Commissioner of Health. In the [illegible] son or parents of such any such person or persons who shall hereafter fail to comply w[illegible] hod above required, and jected to the fine of ten dollars for each offence, to be recovered as [illegible] of this section shall be sub- [illegible] and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

3086

GIVEN NAME ADDED 5-12-61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Benjamin F. Strindell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. May 27th 1891
4. Place of Birth, (Street and Number) 513 N Lee
5. Full Name of Mother, Mrs Mary E Strindell
6. Mother's Maiden Name, " " Warnberger
7. Mother's Birthplace, City
8. Full Name of Father, Joseph B. Strindell
9. Father's Occupation, Glass blower
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. W. Gill M.D.

Address, 1001 E. Lan

Remarks,

1891000825

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

30886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under the care during the month, and shall set forth as far as the same can be ascertained the full name of each child if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and fifth days of each month, to the Registrar of Vital Statistics, or at such other time as he may require. It shall occur without the attendance of a physician or midwife, or at such other time as he may require, and shall be signed by the person or persons in attendance upon the mother, immediately after the birth, or within the period above required, and any such person who shall neglect to report such birth to the Commissioner of Health within the time aforesaid, or who shall make a false report thereof, shall be subject to the fine of ten (10) dollars for each and every offense, to be recovered in the manner prescribed by the ordinances and statutes now in force in Baltimore City.

BOARD OF HEALTH 1891 CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 20th 1891.
4. *Place of Birth, (Street and Number)*	2nd Door East
5. *Full Name of Mother,*	Sarah Fickman
6. *Mother's Maiden Name,*	Ball
7. *Mother's Birthplace,*	Lancaster Pa
8. *Full Name of Father,*	Thomas F. Fickman
9. *Father's Occupation,*	Waterman
10. *Father's Birthplace,*	Bahama
Name of Medical Attendant, or other person who makes this Return.	Dr. Adams M.D.
Address,	201 E. Eager St.
Remarks,	1891 0001826

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as practicable the full name and residence of each child (if any shall have been born) and the sex, color, full name and occupation of parents, date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics. Every child born alive should receive a name before it is registered, and no other person or parents of such child to report its birth to the Commissioner of Health within ten days after the birth thereof, and any such person or persons who shall hereafter fail to duly make such report shall be subject to a penalty of not exceeding ten dollars for each offense. All penalties and forfeitures are recoverable.

CITY OF BALTIMORE 1891

1. *No. of Child of Mother*, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2 1st
2. *Sex*, (*state whether male or female*). Male
3. *Race or Color*, (*if not of the white race*) White
4. *Date of Birth*, Aug 6 1891
5. *Place of Birth*, (*Street and Number*) 6 E Hamburg st
6. *Full Name of Mother*, Katie Gelb
7. *Mother's Maiden Name*, Zeuch
8. *Mother's Birthplace*, Germany
9. *Full Name of Father*, Edward Gelb
10. *Father's Occupation*, Tobacconist
11. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return. S. N. Feldman M.D.

Address, 6 E Hamburg

Remarks,

8 9 1 0 0 0 1 8 2 7

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	3
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	Color
3. *Date of Birth.*	May 28th 1891
4. *Place of Birth,* (*Street and Number*)	771 vine st
5. *Full Name of Mother,*	Julia Hawkin
6. *Mother's Maiden Name,*	Julia Brown
7. *Mother's Birthplace,*	S. river Apne Co Md
8. *Full Name of Father,*	John H Hawkin
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Guilford Howard Co
Name of Medical Attendant, or other person who makes this Return.	Mrs Charlotte Williams
Address,	9 1/2 Leaden hall St
Remarks,	five dollars

1 8 9 1 0 0 0 1 8 2 8

BALTIMORE CITY HEALTH DEPARTMENT JUN 1891 CITY OF BALTIMORE

SEC. 3. The Registrar shall constitute a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, if such have been considered, its sex, color, the full name and occupation of its parents, the date and place of birth, if such have been registered, and such other particulars as may be required by the Board of Health. Such list shall be signed by the Registrar, and shall be delivered at the office of the Board of Health on the first and third day of each and every month, or some one of them as the Board of Health may direct. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third days above mentioned, it shall become the duty of the person or persons residing in the house where the birth occurs, or of the nurse in attendance, or of the midwife, and within the period above required, such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered before any justice of the peace, with costs.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 3086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* May 30th
4. *Place of Birth (Street and Number),* 920 Wheatsheaf Baltimore
5. *Full Name of Mother,* Harriet Batson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father,* Enoch Brewer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return. Francis Walker

Address, 925 Wheatsheaf st

Remarks,

1 8 9 1 0 0 0 1 8 2 9

This section shall contain a list of the births which have occurred in his or her case during the month, and shall set forth as far as the same can be ascertained, the name, residence, color, the full name and occupation of the parents, the date of birth, and the sex of each child born; and the penalty for neglect to report the birth of each and every child shall be the same as provided by the ordinances of the City of Baltimore for the neglect of a physician or practitioner of medicine to report the birth of a child. Provided, however, that if the mother is not living, the father shall report the birth of his child; and if both parents are dead, then the person having charge of the child shall report the birth. Any person who shall neglect or refuse to make the report required by this section shall be liable to a penalty of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

CITY OF BALTIMORE HEALTH DEPARTMENT JUN 1891

RETURN OF A BIRTH. A 30118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex*, (state whether male or female)	Female
2. *Race or Color*, (if not of the white race)	White
3. *Date of Birth*,	May 30 1891
4. *Place of Birth*, (Street and Number)	1210 N Eutaw St
5. *Full Name of Mother*,	Mary Brent
6. *Mother's Maiden Name*,	Fallin
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Robert Brent
9. *Father's Occupation*,	boatworker
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	S H Steiger M.D.
Address,	570 S Eager St
Remarks,	1891000830

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as to each child the full name of each child born, the sex and color, the full name and residence of parents, the date of birth, and the date of delivery of such certificate. In case the births of any child or children in any family or house shall not have been entered in the schedule delivered, duly signed, at the end of the month, as above required, and the attendant shall neglect to deliver a like schedule, with the required entries, on the first day of each and every month to the Commissioner of Health, the birth of any child or children which shall occur without the attendance of a physician, or after the last visit of the attendant previous to the month in which the birth occurs, shall be reported by the parent or parents of such child or children, or by the nurse in attendance, within ten days after the birth, to the Commissioner of Health, who shall thereupon issue a certificate of birth; and the attendance of such physician or nurse, or the report of the parent or parents, as the case may be, shall be certified to the Commissioner of Health by the person making the same, and any such person or persons who shall be guilty of violating the provisions of this section shall be subjected to the fine of ten (10) dollars for each and every offense. Fines and forfeitures are recoverable.

CITY OF BALTIMORE

BOARD OF HEALTH

1891

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 30869.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th. child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 31th. of May. 1891
4. Place of Birth, (Street and Number) Baltic no. 6 & Fleuton st.
5. Full Name of Mother, Annie Eastman.
6. Mother's Maiden Name, Annie Steinberg
7. Mother's Birthplace, Germany.
8. Full Name of Father, Charles, Aug Eastman
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Woden

Address, No 936 Greenmount ave.

Remarks,

8910001831

month, and shall set forth as far as the same can be ... full name of each child, if any shall have been conferred) its sex, color, the full name and ... place of birth; and the said schedule shall be delivered, duly signed by ... of a certificate from the said ... third day of each and every month to the office ... shall deliver with the said schedule a certificate ... attendance upon the mother, immediately ... child to report its birth to the Commissioner of Health, in the ... any such person or persons who shall hereafter ... to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be ... as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A30870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 4 1891
4. *Place of Birth, (Street and Number)* 122 N Eden St
5. *Full Name of Mother,* Margie E Mathews
6. *Mother's Maiden Name,* Lemmon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Theodore Mathews
9. *Father's Occupation,* Dealer in Foreign Fruits
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. S. H. Goldsmith M.D.

Address, 122 E Eager St

Remarks,

8 9 1 0 0 0 1 8 3 2

month, and shall set forth as far as the same can be ascertained, the name, sex, color, date and place of birth, and the name, occupation and birthplace of each parent of each child of any child born within the city of Baltimore, and the name and address of the person making the return, and the certificate of the registrar of vital statistics that the same has been entered of record, as required by this section, shall be prima facie evidence in all courts of the facts therein stated. And in case the birth of any child shall not be returned as aforesaid within the time prescribed, it shall be the duty of the registrar of vital statistics to cause the birth of any child to be returned, and for that purpose he shall have the same powers in relation to the attendance of witnesses and the production of papers as are conferred upon the commissioners of health by section 3 of this ordinance; and he shall receive for each return so made by him the sum of fifty cents, to be paid out of the city treasury upon the certificate of the mayor. Should no other person be in attendance upon the mother at the time of the birth of any child, it shall be the duty of the physician or midwife who may be present at the birth of such child to report its birth to the Commissioner of Health, and within the period prescribed by this section for the return of births by parents or persons who shall hereafter fail to make such return, as required by this section, shall be subjected to the fine of ten (10) dollars for each offense. Provided, however, that only one penalty shall be imposed for any one failure or forfeitures are recoverable.

CITY OF BALTIMORE JUN 29 1891

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race) W

Date of Birth, May 1 1891

Place of Birth, (Street and Number) 411 Gay St.

Full Name of Mother, Mary Reed

Mother's Maiden Name, Wiley Johnson

7. Mother's Birthplace, Balto.

8. Full Name of Father, P. J. [illegible]

9. Father's Occupation, [illegible]

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. E. A. Bull.

Address, 1245 E. Monument St.

Remarks, Alive

1891 CITY OF BALTIMORE

1891000183 3

6M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Nov 1 1891
4. Place of Birth, (Street and Number) 711 E. Lee St.
5. Full Name of Mother, Ella Lehman
6. Mother's Maiden Name, Bach.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ed. Lehman
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. C. Deetz

Address, 1245 E. Monument St.

Remarks, Twin

8 9 1 0 0 0 1 8 3 4

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* May 2 1891
5. *Place of Birth, (Street and Number)* 1621 Chas St
6. *Full Name of Mother,* [illegible]
7. *Mother's Maiden Name,* [illegible]
8. *Mother's Birthplace,* [illegible]
9. *Full Name of Father,* [illegible]
10. *Father's Occupation,* [illegible]
11. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return. H. A. Bat[illegible]

Address, 1245 E. Monument St

Remarks, [illegible]

1891000 1835

CITY REGISTRAR'S OFFICE CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A. 30874

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT CITY OF BALTIMORE 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color. (if not of the white race)* White

3. *Date of Birth,* May 4 1891

4. *Place of Birth, (Street and Number)* 102 [illegible]

5. *Full Name of Mother,* [illegible]

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* [illegible]

8. *Full Name of Father,* [illegible]

9. *Father's Occupation,* [illegible]

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, M. A. B[illegible]

Address, 1256 [illegible] St.

Remarks, [illegible]

8910001836

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	Sept 6, 1911
4. *Place of Birth, (Street and Number)*	1562 Lee
5. *Full Name of Mother,*	[illegible]
6. *Mother's Maiden Name,*	[illegible]
7. *Mother's Birthplace,*	[illegible]
8. *Full Name of Father,*	[illegible]
9. *Father's Occupation,*	[illegible]
10. *Father's Birthplace,*	[illegible]
Name of Medical Attendant, or other person who makes this Return.	[illegible]
Address,	[illegible]
Remarks,	[illegible]

1 8 9 1 0 0 0 1 8 3 7

REGISTERED CITY OF BALTIMORE 1911

month, and shall set forth as far as the same can be ascertained, the name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said return shall be delivered, duly signed by the person making the same, to the Registrar of Vital Statistics, a certificate to that effect being given by the Registrar. In case neither of the parents of such child shall reside within the city, then the return shall be made by the person in attendance upon the mother at the birth, or by the occupier of the house in which the birth shall take place, or by the person having charge of the premises, or by the undertaker who shall have the burial of such child in charge, or by the person who shall bury the same, or by the person who shall become cognizant of the fact of the birth, or should no other person be in attendance upon the mother, immediately the birth of such child, then the mother herself shall make the return. In the event of the person or parents of such child failing to report its birth to the Commissioner of Vital Statistics within the time above required, and any such person or persons who shall hereafter offend in the premises shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with costs and forfeitures are recoverable.

6M. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

30876.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE CITY OF JUN 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, May 7. 1891

4. Place of Birth (Street and Number), 437 N. Boundary Ave

5. Full Name of Mother, Mamie E. Good

6. Mother's Maiden Name, Stoddard

7. Mother's Birthplace, Balto

8. Full Name of Father, William R. Good

9. Father's Occupation, Lithographer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Edward H. Condon MD

Address, 1103 W. Fayette St

Remarks, 1891000 1838

Baltimore Publishing Co., City Printers and Stationers.

CERTIFICATE CORRECTED 12-30-59

RETURN OF A BIRTH. A 30877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Joseph Martin Borgerding

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 14, 19
4. Place of Birth, (Street and Number) Borgerding
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father, Frank Borgerding
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Mt. a. B. M.

Address, 12 E. Monument St.

Remarks, as Mrs

1891000183 9

CITY OF BALTIMORE

...each child, if any shall have been born alive, or still born, since the last return, and the full name and occupation of each parent, and the place of birth; and the said schedule shall be delivered, duly signed by the ... certificate between the first and third day of each and every month to the office of ... In case the birth of any child shall occur within the ... person or persons who shall ... all become the duty of the person or parents of such child to report its birth to the Commissioner of Health ... the period above required, and any such person or persons who shall hereafter fail ... of this section shall be subjected to the fine of ten (10) dollars for each offense, to ... and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 5/25/61

RETURN OF A BIRTH

30878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME ALLEN FRANCE CONDON

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, May 19, 1891

4. Place of Birth (Street and Number), 1130 Fayette St.

5. Full Name of Mother, Sallie E. Condon

6. Mother's Maiden Name, Allen

7. Mother's Birthplace, Ohio

8. Full Name of Father, Edward H. Condon

9. Father's Occupation, Physician

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Edward H. Condon M.D.

Address, 1130 Fayette St.

Remarks,

1891 0001840

HEALTH DEPARTMENT JUN 3 1891 BALTIMORE CITY

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the sex, color, the full name and residence of its parents, the date and place of birth, and the number of each child born of the mother, and whether it be the first, second, third or other subsequent birth, and the number of children of the mother then living, and the number born dead; and every midwife or other person who shall be in attendance at the birth of any child shall within the time aforesaid, make and subscribe a certificate containing the particulars required to be stated concerning such birth, and deliver the same to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother, immediately thereafter, shall become the duty of the person or persons present at such birth, to report the same to the Commissioner of Health, in the manner and within the time aforesaid, and every person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

30879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* May. 20 1891
4. *Place of Birth (Street and Number),* 73 Garrison Lane.
5. *Full Name of Mother,* Elizabeth M. Mauger
6. *Mother's Maiden Name,* King
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* George M. Mauger
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Edward P. Cronin M.D.

Address, 1402 E. Fayette St

Remarks,

8910001841

CITY OF BALTIMORE 1891

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive of such mother, and not then deceased, the sex, color, the full name and occupation of its father, and the date of birth of each child, and whether it was born in wedlock or not. Such return shall be delivered, duly signed by the practitioner in the form aforesaid, within the first and third day of the attendance of a physician or practitioner at the birth of any child, all owner without unnecessary delay after the birth of any child, and in default thereof the said practitioner shall forfeit and pay for each offence, to be recovered as other debts are recovered by law.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 30880.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, May 24 1891
4. Place of Birth, (Street and Number) 13 E. Lan
5. Full Name of Mother, E. Langley
6. Mother's Maiden Name, E. Ly
7. Mother's Birthplace, Balto.
8. Full Name of Father, W. Langley
9. Father's Occupation, Cpt P.D.
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. M. C. Bell

Address, 1305 E. Monument St

Remarks, all well

1891000 1842

...months, and shall set forth as far as the same can ... of each child of any such ... been conferred) its sex, color, the full name and ... in of the parents, the time and place of birth, and ... still schedule shall be delivered, duly signed by ... petition for the form of a certificate between the first and ... shall occur without the city limits, the ... Commissioner of Health. In case the birth of any child ... attendance upon the mother, immediately thereafter, ... of the person in charge of the premises on which such ... child to report its birth to the Commissioner of Health ... in the period above required, and ... such person or persons shall thereafter fail to report ... visions of this section shall be sub- ... jected to the fine of ten ($10) dollars for each offense. ... fines and forfeitures are recoverable.

BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 3088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 20 1891
4. *Place of Birth, (Street and Number)*	1012 Fort St.
5. *Full Name of Mother,*	L. Landy
6. *Mother's Maiden Name,*	L. Segal
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	J. Landy
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	H. A. Bitz
Address,	1245 E. Monument St.
Remarks,	Ass't Mid.

1 8 9 1 0 0 0 1 8 4 3

SM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

3088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* May 28, 1891
4. *Place of Birth (Street and Number),* 42 S. Arlington
5. *Full Name of Mother,* Elizabeth D. Rung.
6. *Mother's Maiden Name,* Richwine
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Alfred C. Rung
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Ober Russia

Name of Medical Attendant, or other person who makes this Return. Edward H. Cranston M.D.

Address, 1413 W Fayette St

Remarks,

1 8 9 1 0 0 0 1 8 4 4

HEALTH DEPARTMENT JUN 1891 CITY OF BALTIMORE

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 30883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	May 7th 91
4.	*Place of Birth, (Street and Number)*	1826 Lane
5.	*Full Name of Mother,*	Mary A. Sadler.
6.	*Mother's Maiden Name,*	" " Dolan.
7.	*Mother's Birthplace,*	Baltimore.
8.	*Full Name of Father,*	Joseph Sadler
9.	*Father's Occupation,*	Blacksmith.
10.	*Father's Birthplace,*	Balto. Co.
	Name of Medical Attendant, or other person who makes this Return,	Louis Lindner
	Address,	# 100 S. Monroe
	Remarks,	8910001845

CITY OF BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.)	6
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Mar 22. 91
4. Place of Birth (Street and Number),	1310 N. Franklin St.
5. Full Name of Mother,	Mary Thomas.
6. Mother's Maiden Name,	Mary Carson.
7. Mother's Birthplace,	Frederick City Md
8. Full Name of Father,	Saml Thomas
9. Father's Occupation,	Electrician
10. Father's Birthplace,	Anne. Co. Md
Name of Medical Attendant. or other person who makes this Return.	Wm L Thomas Md
Address,	61 N. Carrollton ave.
Remarks,	

1891000184 4

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

E. 30885.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 27 1891
4. *Place of Birth, (Street and Number)*	811 Canby St.
5. *Full Name of Mother,*	Florence A.
6. *Mother's Maiden Name,*	Layton.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	George Wesley Goodwin
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	E. J. Edwards M.D.
Address,	1114 Chesapeake Ave
Remarks,	

1891 0001847

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

30 886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 28th 1891
4. *Place of Birth, (Street and Number)*	3130 Elliott St.
5. *Full Name of Mother,*	Anna Margaret
6. *Mother's Maiden Name,*	Rhinehardt
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	John George Frohn
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	E. D. Jordan M.D.
Address,	1114 Peoples St.
Remarks,	

1891000 1843

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 30887

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Mother, (state whether 1st, 2d, 3d, &c.)	Second
hether male or female)	Female
(if not of the white race)	White
th,	Years 30
Birth, (Street and Number)	Baltimore Lombard St. 109
ame of Mother,	Adie Nelson
's Maiden Name,	Adie Wagner
's Birthplace,	Baltimore
ame of Father,	Edward Nelson
's Occupation,	Carpenter
's Birthplace,	Baltimore
of Medical Attendant, or other person who makes this Return.	Mrs Ruth A Baker
s,	No. 1206 W. Pratt St
s,	1891000 1849

ID STATIONERS.

RETURN OF A BIRTH A 30

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 10th 1891
4. Place of Birth, (Street and Number) 1600 E Chase
5. Full Name of Mother, Emma Mitchell
6. Mother's Maiden Name, Ray
7. Mother's Birthplace, ~~Joseph H. Mitchell~~ Baltimore
8. Full Name of Father, Joseph H. Mitchell
9. Father's Occupation, Hotel Butler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm. C. Billingsley MD

Address, 206 E. Read St

Remarks, 6 9 1 0 0 0 1 8 5 0

... shall set forth as far as the same can be ascertained ... month, and year of birth, sex, color, the full name ... been delivered, and the name and residence ... schedule shall be delivered ... to the office of ... third day of each month ... shall occur without the attendance of a physician ... shall cause the mother, immediate ... shall ... to report its birth to the ... any such person or persons ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

... BLANEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 11th 1891
4. Place of Birth, (Street and Number)	1015 N Carrollton Ave
5. Full Name of Mother.	Ada B. Weaver.
6. Mother's Maiden Name,	Ada B Tolley.
7. Mother's Birthplace,	Richmond Va.
8. Full Name of Father,	Robert S Weaver Jr.
9. Father's Occupation.	House Painter
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	John S Pennington M.D.
Address,	824 N Carrollton Ave
Remarks,	

8 9	1 0 0 0 1 8 5	1

SEE J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

L 3089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	May 13th 1891
4.	*Place of Birth, (Street and Number)*	1600 E Chase St
5.	*Full Name of Mother,*	Emma Mitchell
6.	*Mother's Maiden Name,*	Ray
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	C. K. Mitchell
9.	*Father's Occupation,*	Clerk
10.	*Father's Birthplace,*	Balto Md
	Name of Medical Attendant, or other person who makes this Return,	Dr. B. Billingslea
	Address,	1206 Eutaw
	Remarks,	8910001852

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 18 1891
4. Place of Birth, (Street and Number) 1326 Ensor
5. Full Name of Mother, Elizabeth A. Bringer
6. Mother's Maiden Name, Eamon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. L. Bringer
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. O. Billington

Address, 1206 E Baltimore

Remarks,

8 9 1 0 0 0 1 8 5 3

month, and shall set forth as far as the same can be ascertained, the full name, sex, color, the full name and occupation of the parents of such child, if any shall have been conferred, the date of birth, and the place of birth; and the said certificate shall be delivered by the person required to make the same to the Commissioner of Health, or to the Registrar of Vital Statistics, within the third day of each and every month to the office of the Commissioner of Health, or to the Registrar of Vital Statistics, and no other person shall be entitled to receive any fee for the same; and the birth of any child shall occur without the attendance of a physician or midwife, or if no person shall be in attendance upon the mother immediately thereafter, it shall be the duty of the father or mother of such child, if able to do so, to make the certificate and return required by this section, and in case any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered, forfeitures are recoverable,

GEO. J. C. DALANY & CO., CITY PRINTERS AND STATIONERS

Due

RETURN OF A BIRTH 30892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	May 18th 1891.
4. Place of Birth, (Street and Number)	1143 N Streeter St.
5. Full Name of Mother,	Louesia A Leutbecker
6. Mother's Maiden Name,	Louesia A Colton
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Robert E Leutbecker
9. Father's Occupation,	Salesman.
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return.	Julius A Pennington M.D.
Address,	804 N Caroline St
Remarks,	Full name of child: Walter Edward Leutbecker

1891000185 4

CITY OF BALTIMORE

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 30893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 / /

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 21, 91
4. Place of Birth, (Street and Number) 1422 Hartford Av
5. Full Name of Mother, Matilda A. Cuddy
6. Mother's Maiden Name, Bideaux
7. Mother's Birthplace, St Mary's Co Md
8. Full Name of Father, Isaac Cuddy Jr
9. Father's Occupation, foreman
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. M. B. Billingslea

Address, 1206 E. Pratt St

Remarks, 8 9 1 0 0 0 1 8 5 5

...and shall set forth as far as the same can be ascertained, the name, sex, color, date and place of birth; and the name, residence and occupation of the parents of each child born alive, and shall state the number of children born to each mother (including the child last born), and the number of such children living at the time of making such return. In case no other person be in attendance, it shall be the duty of the person or parents of such child to report the birth. In case no other person be in attendance upon the mother, it shall be the duty of the person or parents of such child to report the birth as herein required, and within the period above named. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-25-51

RETURN OF A BIRTH. A 30892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: James S. Wheeler

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	colored
3.	*Date of Birth*	May 25th 1891
4.	*Place of Birth, (Street and Number)*	1045 Aisquith
5.	*Full Name of Mother*	Ella Wheeler
6.	*Mother's Maiden Name*	Cromwell
7.	*Mother's Birthplace*	Balto Md
8.	*Full Name of Father*	Joseph Wheeler
9.	*Father's Occupation*	Clerk
10.	*Father's Birthplace*	Balto Md
	Name of Medical Attendant, or other person who makes this Return	Dr B. Billingslea
	Address	1206 E. Fayette St
	Remarks	8910001856

WM J C BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	May 28th 1891
4.	*Place of Birth, (Street and Number)*	109 N Broad
5.	*Full Name of Mother,*	Mary Rosenstein
6.	*Mother's Maiden Name,*	Shomberger
7.	*Mother's Birthplace,*	Hartford Co Md
8.	*Full Name of Father,*	Reuben Rosenstein
9.	*Father's Occupation,*	Rebbeman
10.	*Father's Birthplace,*	Balto Co
	Name of Medical Attendant, or other person who makes this Return,	Dr O B Billingslea
	Address,	1206 E Preston
	Remarks,	8 9 1 0 0 0 1 8 5 7

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. E 20876.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1891 CITY OF BALTIMORE

1. *Number of Child of Mother,* (state whether 1st, 2d, 3d, &c.) 1
2. *Sex* (state whether male or female) Female
3. *Race or Color,* (if not of the white race) White
4. *Date of Birth* May 7
5. *Place of Birth.* (Street and Number) No 404 Grindall St
6. *Full Name of Mother* Lucy Bell Hill
7. *Mother's Maiden Name* L B Condon
8. *Mother's Birthplace* Dorchester County Md
9. *Full Name of Father* Jabez M Hill
10. *Father's Occupation* Jeweler Laber
11. *Father's Birthplace* Baltimore Md

Name of Medical Attendant or other Person who makes this Return. Mrs Conaway

Address

Remarks

1 8 9 1 0 0 0 1 8 5 8

at the birth of any child, within the City of Baltimore, shall report the same to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, whether still born or not, the full name, nativity, residence and condition, whether single, married, widowed or divorced, its or their physical name of the mother of such child or children.

A 8089

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Kind
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Col.
3. Date of Birth,	14 " Maj
4. Place of Birth, (Street and Number)	1607 Eutaw Avenue
5. Full Name of Mother,	Eva Fischer
6. Mother's Maiden Name,	Eva Schulz
7. Mother's Birthplace,	Poland
8. Full Name of Father,	William Fischer
9. Father's Occupation,	Cabinetmaker
10. Father's Birthplace,	Poland
Name of Medical Attendant, or other person who makes this Return,	C. Marie Weil
Address,	1 Bond str. 228
Remarks,	8 9 1 0 0 0 1 8 5 9

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Today 1891
4. Place of Birth, (Street and Number) 1704 Etting St.
5. Full Name of Mother, Agatha Caulfield
6. Mother's Maiden Name, Agatha Flanagan
7. Mother's Birthplace, Talbot Co. Md.
8. Full Name of Father, J. H. Caulfield
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. Whitridge Williams M.D.

Address, 1304 Madison Ave

Remarks,

1 8 9 1 0 0 0 1 8 6 0

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Kind Female
1.	*Sex, (state whether male or female)*	Cafs
2.	*Race or Color, (if not of the white race)*	
	Date of Birth,	10 maj
	Place of Birth, (Street and Number)	1 Bond str. 607
	Full Name of Mother,	Katerina Juskovsky
	Mother's Maiden Name,	Katerina Lasensky
7.	*Mother's Birthplace,*	Cafs
8.	*Full Name of Father,*	Jakub Juskovsky
9.	*Father's Occupation,*	Labr
10.	*Father's Birthplace,*	Cafs
	Name of Medical Attendant, or other person who makes this Return,	Marie Hoch.
	Address,	Bond str. 628
	Remarks,	8 9 1 0 3 0 1 8 6 1

RECEIVED JUN 1891 CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 3070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	Negro
3.	*Date of Birth,*	20
4.	*Place of Birth, (Street and Number)*	1604 Shakespeare St.
5.	*Full Name of Mother,*	Theresa Esor
6.	*Mother's Maiden Name,*	Theresa Irvin
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Henry Esor
9.	*Father's Occupation,*	Labor
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	
	Address,	Near Pratt
	Remarks,	8 9 4 1 0 0 0 1 8 6 2 8

month, and shall set forth as far as the same ... name of each child, if any shall have ... birth; and the ... Mother or ... In case the birth of any child ... other person ... fifty dollars for each offense.

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-13-54

RETURN OF ~~A BIRTH~~. 30901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George William ~~King~~ Kind

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Kind

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Vajs
3. Date of Birth, May 25
4. Place of Birth, (Street and Number) S. Bond str. 328
5. Full Name of Mother, Lini King
6. Mother's Maiden Name, Lini Hellis
7. Mother's Birthplace, Md. Baltimore
8. Full Name of Father, Vilim King
9. Father's Occupation,
10. Father's Birthplace, Md. Baltimore

Name of Medical Attendant, or other person who makes this Return, Mari Rjoll

Address, S. Bond str.

Remarks, 1 8 9 1 0 0 0 1 8 6 3

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Kind

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, 30 May 1891
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Lizie Barnstajn
6. Mother's Maiden Name, Lizie Kaukel
7. Mother's Birthplace, Md. Baltimore
8. Full Name of Father, Soloman Barnstajn
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Marie Peck

Address, [illegible]

Remarks, 8 9 1 0 0 0 1 8 6 4

CITY OF BALTIMORE 1891

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30903.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. 12th May 1891
4. Place of Birth, (Street and Number) 127 Hanover St
5. Full Name of Mother. Ida Blumenfeld
6. Mother's Maiden Name. Weisbein
7. Mother's Birthplace. Russia
8. Full Name of Father. Moses Blumenfeld
9. Father's Occupation. Carpenter
10. Father's Birthplace. Russia

Name of Medical Attendant, or other person who makes this Return. C. A. Herman

Address, 172 Albemarle St

Remarks, 1891000 1865

month, and shall set forth as far as the same can be ascertained, the name, the sex and color of such child, if any shall have been conferred, the date of its birth, the name and place of residence of its parents, the date and place of birth, and the full name, occupation and birthplace of the person or persons who shall make the return, and the time when the same shall be delivered. Only signed by the proper officer in the form of [illegible] Such return shall be delivered to the Registrar of Vital Statistics at the office of the Board of Health, within the first and third day of each and every month to the office of the Registrar of Vital Statistics at the office of the Board of Health, within the first and third day of each and every month to the office of the said Registrar. And if the birth of any child born in this city shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report the same to the Registrar of Vital Statistics, within twenty-four hours after the birth, and the person or parents of such child to report the same to the Registrar of Vital Statistics, within twenty-four hours after the birth, and the attendance upon the mother, and the [illegible] to the Commissioner of Health, and the period above required, and any such person or persons who shall [illegible] fail to report as aforesaid, shall be liable to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

BY J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 3090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11th 1891
4. Place of Birth, (Street and Number) 11 E 11 E Lee St.
5. Full Name of Mother, Nellie Pierce
6. Mother's Maiden Name, Nellie McEntee
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Pierce
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. W. B. Rennert M.D.

Address, 611 E Lee St

Remarks,

1891000 1866

month, and shall set forth as near the same can be ascertained the full name, sex, color, date and place of birth, and place of residence of each child, of any and all children of which such mother may be delivered, and the full name, occupation and place of birth of the father of such child; and if any child shall be delivered, duly signed by the physician or midwife in attendance, or by the parent, if there be no physician or midwife in attendance, stating the name, sex, color, date and place of birth, and the parentage and residence of such child, which certificate such parent is hereby required to procure; and if any birth shall occur without the attendance of a physician or midwife, it shall be the duty of the parent to report the birth of his child within one month to the office of Registrar of Vital Statistics, Board of Health, Baltimore City, stating the full name, sex, color, date and place of birth, and the parentage and residence of such child, which report shall be signed by the parent making the same; and any person who shall neglect or refuse to report the birth of any child as herein required, or who shall report any false statement touching the birth of any child, or the parentage of such child, shall be guilty of a misdemeanor, and upon conviction thereof before any court of competent jurisdiction, shall be fined not less than five dollars nor more than fifty dollars for each offense, and in default of payment of such fine shall be imprisoned in the city jail for a period not exceeding thirty days; and the fines and forfeitures imposed by this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30903.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, 12 May 1891
4. Place of Birth, (Street and Number) 916 Druid St.
5. Full Name of Mother, Minnie Lennic
6. Mother's Maiden Name, Stanley
7. Mother's Birthplace, Russia
8. Full Name of Father, Geo. H. Lennic
9. Father's Occupation, Waiter
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 412 Aisquith St.

Remarks, 1891000867

month, and shall set forth as far as the name can be ascertained, the full name and residence of every child born alive within such month, the sex, color, the full name and occupation of the father, the full maiden name of the mother, the date of birth, and the number of children born to such mother, and whether the first and each subsequent birth; and in case the birth of any child shall occur upon the premises of a private family, the physician or person in attendance upon the mother, immediately thereafter, shall fill up and deliver to the parent or head of such family a blank for the return of such birth, and it shall be the duty of such parent or head of such family to report the birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or fail to report such birth, or who shall violate any of the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

894 J. C. BULLARY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A30906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Of White
3. *Date of Birth,*	May 17 91
4. *Place of Birth, (Street and Number)*	1223 Holbrook St
5. *Full Name of Mother,*	Mary J. Murphy
6. *Mother's Maiden Name,*	Mary J. McClenahan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jerome P. Murphy
9. *Father's Occupation,*	Iron Moulder
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return.	W B Ramsey MD
Address,	1911 E. Lanvale St
Remarks,	

8 9 1 0 0 0 1 8 6 8

month, and shall set forth as far as the same can be ascertained, the full name and residence of the parents of such child, the time and place of birth, and the name and residence of the physician or midwife present at the birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health within ten days after the birth; and the said officer within ten days after the receipt of such schedule shall issue a certificate of birth, which shall be prima facie evidence in all courts of the facts therein stated. Every physician or midwife who shall neglect or refuse to report as herein required, and every person who shall refuse or neglect to furnish the information required of him by this section, or who shall furnish intentionally false information, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined for each offense not less than five dollars nor more than fifty dollars, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A30907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 21st 1891
4. Place of Birth, (Street and Number) 1077 W. Fayette St
5. Full Name of Mother, Ella Drumheiser
6. Mother's Maiden Name, Ella Daiger
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Howard Drumheiser
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Altoona Pa

Name of Medical Attendant, or other person who makes this Return. M J Buck M D

Address, 805 N. Charles St

Remarks,

1891000186 9

BALTIMORE

M. J. BUCK

Health. This schedule shall contain a list of the births which have occurred within the house or tenement, or upon the premises, during the month, and shall set forth as far as the same can be ascertained, the name of each child born, the name and occupation of the parents, the number of children to which the mother has given birth, the number of such children living, the date of birth, and the street and number of the house where each birth occurred. It shall be delivered, duly signed by the proper person, to the Registrar of Vital Statistics, at the office of the Board of Health, within the first ten days of each and every month to the office of the Board of Health, in the manner hereinafter directed. Every birth which shall occur in any house or tenement, or upon the premises, and which shall occur without the attendance of a physician, midwife or nurse, it shall be the duty of the person in charge of the house or tenement, or upon the premises, where such birth occurs, within ten days after the occurrence of such birth, to report the same to the Registrar of Vital Statistics, at the office of the Board of Health, in the manner hereinafter directed, and in default thereof such person shall be liable to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. Any midwife or nurse in attendance upon any case of birth shall report the same to the Registrar of Vital Statistics, at the office of the Board of Health, within the time and in the manner hereinbefore prescribed, and in default thereof such midwife or nurse shall be liable to the penalty hereinbefore prescribed for a violation of the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 30908.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 May
4. Place of Birth, (Street and Number) 1100 Bethel Alley
5. Full Name of Mother, Mary Gigtel
6. Mother's Maiden Name, Mary Weber
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Gigtel
9. Father's Occupation, Cooper
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Schwarzman

Address, 109 South Bond Street

Remarks.

1891000187O

...ORE, J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 30909.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. 28 May 1891
4. Place of Birth, (Street and Number) 6 Eden St
5. Full Name of Mother. Rosa Rosenberg
6. Mother's Maiden Name. Swartz
7. Mother's Birthplace. Austria
8. Full Name of Father. Simon Rosenberg
9. Father's Occupation. Tailor
10. Father's Birthplace. Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address. 42 Albemarle St

Remarks. 1891000187 1

CITY OF BALTIMORE BOARD OF HEALTH

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31st May 1891
4. Place of Birth, (Street and Number) 986 E. Pratt St.
5. Full Name of Mother, Betsie Ed. Morris
6. Mother's Maiden Name, Betsie Cohn
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham Morris
9. Father's Occupation, Store - keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Calhoun st. H.

Remarks,

1891000 1872

month, and shall set forth as far as the same can be ascertained the full name, sex, color, and place of birth of each child, if any, shall have been conferred by the birth, and the full name and occupation of each parent, and the place of birth, and the said information shall be delivered, duly signed by the person required to make the same, to the Registrar of Vital Statistics of the district in which the birth occurred, within ten days after the birth of any child; and in case of the absence or inability of the parents, or either of them, to make such report, then the same shall be made by the physician, midwife, or other person in attendance upon the mother, immediately thereafter; and in case of the absence of any such attendance, then the same shall be made by the householder of the house in which the birth occurred, within the period above required, and any such person who shall refuse or neglect to make such report as required by this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BOARD OF HEALTH BALTIMORE CITY

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 30911.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
Date of Birth,	May 20th 91
Place of Birth, (Street and Number)	Home 1st Ave Towson
Full Name of Mother,	Ida E. Whitley
6. Mother's Maiden Name,	" " Bruce
7. Mother's Birthplace,	Balto. Co.
8. Full Name of Father,	Geo Whitley
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Balto Co.
Name of Medical Attendant, or other person who makes this Return.	L. H. Frey
Address,	118 Druid Hill Ave Towson
Remarks,	L 8 7 1 0 0 0 1 8 7 3

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND

RETURN OF A BIRTH.

A 30912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, May th 11
4. Place of Birth, (Street and Number) 811 Short Coat St
5. Full Name of Mother, Eliza James
6. Mother's Maiden Name,
7. Mother's Birthplace, Matthews County Va
8. Full Name of Father, Joseph Harrison
9. Father's Occupation, Labor
10. Father's Birthplace, Matthews County Va

Name of Medical Attendant, or other person who makes this Return. Catherine Jones

Address, 1121 Saratoga St

Remarks,

8 9 1 0 0 0 1 8 7 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May the 14
4. Place of Birth, (Street and Number) Baltimore S/C Parish Md
5. Full Name of Mother, Bettie E Churches
6. Mother's Maiden Name, Cole
7. Mother's Birthplace, Louisa Co Va
8. Full Name of Father, Charles Churches
9. Father's Occupation, Waiter
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Mary C Jones

Address, 1121 Sartoga St

Remarks, 8910001875

CITY OF BALTIMORE JUN 18

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 3591

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May the 23 1891
4. *Place of Birth, (Street and Number)* Baltimore 106 Preston Alley
5. *Full Name of Mother,* Hanna Jones
6. *Mother's Maiden Name,* Howard
7. *Mother's Birthplace,* Chrls County Md
8. *Full Name of Father,* William H. Norris
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore County Md

Name of Medical Attendant, or other person who makes this Return. Mary C. Jones

Address, 1121 Saratoga St West

Remarks, 8 9 1 0 0 0 1 8 7 6

REGISTERED
MAY 26 1891
REGISTRAR OF BIRTHS
BALTIMORE

GEO. W. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30415.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 30th 1891
4. Place of Birth, (Street and Number) 25 3/4 Druid Hill Ave
5. Full Name of Mother, Catherine Doyle
6. Mother's Maiden Name, " Gaborly
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Doyle
9. Father's Occupation, Police Officer
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. Dr. R. Reynolds M.D.

Address, 1 E. Calvert St

Remarks, 1891000187 7

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS

month, and shall set forth the full name and occupation of the parents of such child, if living, and the place of birth of each parent, if known. No certificate between the first and fifteenth day of each and every month to the Commissioner of Health, shall be delivered, duly signed by the attendant, until the certificate between the first and fifteenth day of each and every month to the Commissioner of Health, shall have been countersigned by the mother of such child, if living, and if she be unable to do so, then by the next of kin present at the birth, or by the householder in whose house the birth occurred, or by some other person he is willing to name, or by the undertaker employed to bury the child, or by the person or parents of such child, if living, and if not living, then by the undertaker employed to bury the child. No such certificate shall be delivered until the period above required, and no such certificate shall occur without the attendant immediately thereafter, if it be possible, and if not possible, then as soon as possible thereafter, visiting the house where the birth occurred, and making personal inquiry of the mother, if living, and if she be unable to do so, then of the next of kin present at the birth, or of the householder in whose house the birth occurred, or of some other person he is willing to name, or of the undertaker employed to bury the child, or of the person or parents of such child, if living, and if not living, then of the undertaker employed to bury the child, as to the correctness of the certificate, and shall sign the certificate in the presence of such person or persons who shall have countersigned the certificate. Any person violating any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, and all fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-27-55

RETURN OF A BIRTH A 30916.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Herman West

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16-91
4. Place of Birth, (Street and Number) 1814 Alice Anna
5. Full Name of Mother, Wilhelmina West.
6. Mother's Maiden Name, " Shaft
7. Mother's Birthplace, a
8. Full Name of Father, Oswald West
9. Father's Occupation, seaman
10. Father's Birthplace, a

Name of Medical Attendant, or other person who makes this Return. Francis O'Donnell

Address, 710 Bond

Remarks,

8910001878

CITY OF BALTIMORE

mouth, and shall not forth as far as the same can be ascertained, the name, sex, color, the full name and occupation of the parents, the date of birth, and the time elapsed between the birth of any child and the birth of the next child born to the same mother, and if no other child has been born to the same mother, the fact shall be stated; and if the child be still-born, the fact shall be stated. The person or persons required by this section to make return of births who shall refuse or neglect to make such return within the time prescribed, and any person who shall wilfully make any false return of births, or who shall refuse to furnish any information required by this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 19-91
4. Place of Birth, (Street and Number) 1924 Bank St.
5. Full Name of Mother, Jane E. Wright
6. Mother's Maiden Name, " " Owen
7. Mother's Birthplace, a
8. Full Name of Father. Chas E. Wright
9. Father's Occupation, Musician
10. Father's Birthplace, a

Name of Medical Attendant, or other person who makes this Return. Dr Fowler

Address, Bank St.

Remarks,

1 8 9 1 0 0 0 1 8 7 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31918.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d. 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 30th 1891
4. *Place of Birth, (Street and Number)* Wolfe [illegible]
5. *Full Name of Mother,* Katerina Gurinek
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Antonio [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, N. Washington St. [illegible]

Remarks, 8 9 1 0 0 0 1 8 8 0

J. O. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth May 30th 1891
4. Place of Birth, (Street and Number) 21 Washington Ave
5. Full Name of Mother, Minnie Pliner
6. Mother's Maiden Name, Pliner
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Pliner
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary E. Lewis

Address, N. Washington Ave.

Remarks, 8 9 1 0 0 0 1 8 8 1

JUN 1891 CITY OF BALTIMORE

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 30927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth May 12 1891
4. Place of Birth, (Street and Number) 1921 E. Biddle
5. Full Name of Mother, Dobe
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father, Alois Dobe
9. Father's Occupation, Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Georgetown Coll. M.D.

Address, 18 W. Franklin

Remarks, 1891000188 2

List of the Births which have occurred in your Parish during the month ending the ... day of ... 18..., and which have not been previously reported. If no births have occurred, please write "None" across the face of this list and return it. Should any birth hereafter occur in your Parish, which ought to be reported, and which shall not be reported by the due practitioner in the form of a certificate, as required by the Act of Assembly, entitled "An Act to establish a Board of Health for the City of Baltimore," passed February, 1874, Chapter 92, it shall be the duty of the Commissioner of Health, in case the parents, the date and place of birth of such child, to the end that the said child may be registered, and the said parents, or either of them, or any other person who shall neglect or refuse to report such birth, or shall refuse to give the information required by the Commissioner of Health, in case the parents, or either of them, or any other person who shall be in attendance upon the mother, or the said child, at the time of the birth of any child, shall neglect or refuse to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the said Act of Assembly, or shall refuse or fail to comply with the provisions of the said Act of Assembly, every such person or persons so offending shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 3097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Grace Luette ~~Rosenbrook~~ 5th Child
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 14, 1891
4. Place of Birth, (Street and Number)	143 Light St
5. Full Name of Mother,	Josephine Rosenbrook
6. Mother's Maiden Name,	Josephine Love
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Rosenbrook
9. Father's Occupation.	Tobacconist
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. R. Caskey
Address,	213 E. Hedth St.
Remarks,	Dying Hall

GIVEN NAME ADDED 2-24-54

8914 0183

RECEIVED JUN 22 1891 CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 31937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 13, 1891
4. *Place of Birth, (Street and Number)*	172 Hanover St.
5. *Full Name of Mother,*	Mary Woodburn
6. *Mother's Maiden Name,*	Mary Medstof
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Woodburn
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	M. V. Bosley
Address,	1136 E. South St.
Remarks,	Living Well.

8 9 1 0 0 0 1 8 8 4

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child Female
1. *Sex, (state whether male or female)*	White
2. *Race or Color, (if not of the white race)*	May 22, 1891
3. *Date of Birth,*	130 Elizabeth Lane
4. *Place of Birth, (Street and Number)*	Annie Feenyre
5. *Full Name of Mother,*	Annie Lewis
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	William Feenyre
8. *Full Name of Father.*	Riger
9. *Father's Occupation.*	Baltimore
10. *Father's Birthplace,*	M. R. Cosby
Name of Medical Attendant, or other person who makes this Return.	2136 Hall St
Address,	Dowry Well
Remarks,	8910001885

RECEIVED MAY 22 1891 CITY OF BALTIMORE REGISTRAR'S DEPARTMENT

month, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth; and the full name and occupation of the informant in the form of a certificate to be in such form as may be prescribed by the Commissioner of Health. In case of a child born alive in less than twenty-four hours after delivery, or stillborn, the certificate shall be made out in the same manner and within the same time as in case of a child born alive, except that the certificate shall state the fact of stillbirth instead of the date of birth. Each said schedule shall be delivered every month to the physician or practitioner who shall have performed the duty of the attendance upon the birth, or to the Commissioner of Health, and shall be signed by the physician or practitioner who shall have performed the duty of the attendance upon the birth, or by the Commissioner of Health, as the case may be. Every physician or practitioner who shall have been employed to render professional attendance upon any case of confinement, and who shall fail to report the birth of a child as herein required, shall forfeit and pay for each and every such offense a sum not exceeding ten dollars; and every person who shall be required to report the birth of a child, and who shall fail to report the same within the time specified, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. £ 304 1st

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* 723 Bruce St
5. *Full Name of Mother,* [illegible] Jones
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* William Lewis
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mary E Davis

Address, 1121 Saratoga St

Remarks, 8910001886

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, May 30 '91.
4. Place of Birth, (Street and Number) 2208 Division
5. Full Name of Mother. Hannah Chaney
6. Mother's Maiden Name, Hannah Richardson
7. Mother's Birthplace, Balto Md
8. Full Name of Father, James Chaney
9. Father's Occupation. Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Ellen Burgess

Address, 2205 Division St

Remarks, Reported by Dr. J. Chappell.

B 91 0001887

PRINTED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 309 26

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 2d of May 1891

4. Place of Birth, (Street and Number) 431 West Fiddle st

5. Full Name of Mother, Harriet Simms

6. Mother's Maiden Name, Harriet Terrell

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Joshua C Simms

9. Father's Occupation, Wood and Coal Yards

10. Father's Birthplace, Frederick Md

Name of Medical Attendant, or other Person who makes this Return. Charles Goldsmith

Address, 1115 Denison st Balto Md

Remarks,

1 8 9 1 0 0 0 1 8 8 8

RETURN OF A BIRTH.

B 3097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14 and 15 the

1. Sex, (state whether male or female) male and female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 May
4. Place of Birth, (Street and Number) 261 Durham St
5. Full Name of Mother, Elise Schweigart
6. Mother's Maiden Name, Danehe
7. Mother's Birthplace, Pratt
8. Full Name of Father, Valentin Schweigart
9. Father's Occupation, Laboln
10. Father's Birthplace, Pratt

Name of Medical Attendant, or other person who makes this Return. Mrs G Wm

Address, 2524 Lancaster St

Remarks,

8 9 1 0 0 0 1 8 8 9

month, and shall set forth as far as is known, the full name, residence and occupation of the parents, and place of birth of each; and the certificate between the first and been conferred) its sex, color, the day, month and year of its birth, and the full name, residence and occupation of the parents of such child; and in case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the parents of such said schedule shall be delivered to the person appointed to collect the same, every month, and no other person shall be entitled to receive any fee for collecting the same. The third floor without the attendance of a physician or midwife, it shall be the duty of the parents of such child to report the birth to the Commissioner of Health within the period above required, and attendance upon the mother Commissioner of Health shall report the birth of such child to the Commissioner of Health within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recoverable

SM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 30978.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 19th 1891
4. Place of Birth, (Street and Number) 2151 Vine St.
5. Full Name of Mother, Mrs Kinsey
6. Mother's Maiden Name, —
7. Mother's Birthplace, Md
8. Full Name of Father, Owen Kinsey
9. Father's Occupation, —
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, M H Carter MD

Address, 1800 W. Balto. St.

Remarks, 1 8 9 1 0 0 0 1 8 9 0

Sec. 35. This [illegible] and place of birth; and the month, and shall set forth as far as the same can be a[illegible] certificate between the first and been conferred) its sex, color, the full name and occ[illegible] case the birth of any child said schedule shall be delivered, duly signed by the [illegible] should no other person be in third day of each and every month to the office of [illegible] the person or parents of such shall occur without the attendance of a physician [illegible] period above required, and attendance upon the mother, immediately thereafter [illegible] of this section shall be sub- child to report its birth to the Commissioner of Health [illegible] and forfeitures are recoverable. any such person or persons who shall hereafter fail [illegible] jected to the fine of ten (10) dollars for each offense, to [illegible]

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colt
3. Date of Birth, May 25 1891
4. Place of Birth, (Street and Number) 217 Warren ave
5. Full Name of Mother, Victoria Cahill
6. Mother's Maiden Name, " " Cahill
7. Mother's Birthplace, Md
8. Full Name of Father, Jas T Cahill
9. Father's Occupation, Asst City Dues. Bkt Post 2 La.
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. J Lane Tarney Asst
Address, 1103 Madison ave
Remarks, Sufficient labor. Instrumental assistance

0 9 1 0 0 0 1 8 9 1

...this schedule shall contain all the information required by the Commissioner of Health. This schedule shall be filled out by the attending physician or midwife, if there be one in attendance upon the mother, and if not, then by the father, mother, householder or owner of the premises where the birth occurs, within five days after the birth; and the same can be ascertained; and if there be no physician or midwife in attendance, then the first child born of the same mother shall be reported within five days after the birth of such child. Every stillborn child shall be reported in the manner above required for living children, and a certificate of birth shall be filed for every stillborn child. No certificate of birth shall be required in the case of any child born dead which is unformed or which shall have been delivered before the completion of the seventh month of gestation. The certificate of birth required by this section to be filed with the Commissioner of Health shall contain the following items, viz.: The full name and occupation of the parents of such child, if legitimate, and the full name and occupation of the mother if illegitimate; the color of the parents; the number of children born to the mother, including the present birth, and the number now living; the date of birth of each child, and the sex of each child; the place of birth of each child, specifying the street and number of the house, if in a city; the full name of the physician or midwife in attendance upon the birth, and his or her residence address. The certificate of birth required by this section to be filed with the Commissioner of Health shall be signed by the person reporting the birth, who shall state his or her residence address. Such certificate of birth shall be filed with the Commissioner of Health within five days after the birth occurs. It shall be the duty of the Commissioner of Health to furnish, without charge, to every physician, midwife or other person required to report births, the blank forms necessary for such reports, and to supply additional forms as the same may be required. Any physician, midwife or other person who shall refuse or neglect to report, as herein provided, any birth at which he was present or in attendance, or any stillborn child of the reporting of which he has charge, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five dollars nor more than fifty dollars for each offense. All fines imposed and collected for violations of the provisions of this section shall be paid into the treasury of the Board of Health. Any such person or persons who shall refuse or neglect to comply with the provisions of this section shall forfeit and pay a penalty of ten dollars, to be recovered as debts of like amount are recoverable. Subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

JUN 1891 BOARD OF HEALTH BALTIMORE

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 4-3-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Bernard Rose

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, May 28th 1891
4. Place of Birth (Street and Number), 2320 Gaither Road
5. Full Name of Mother, Ida Rose
6. Mother's Maiden Name, Schwingeheuer
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Bernard Rose
9. Father's Occupation, Car Smith
10. Father's Birthplace. Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr. E. Bruhn

Address, 508 E. Baltimore St

Remarks,

1 8 9 1 0 0 0 1 8 9 2

and shall set forth, as far as the same can be ascertained, the full name, sex, color, the time and place of birth, and the name, age and residence of the parents of such child; and any person who shall wilfully neglect or refuse to report as herein required the birth of any child born in his or her house, or in any house or premises occupied by him or her, or of which he or she has charge, shall be liable to a penalty of Ten Dollars for each such offense; and any such person or persons who shall wilfully report as herein required any false statement concerning the birth of such child, shall be subjected to the like penalty for each such offense, to be recovered as other fines are recoverable.

The Baltimore Publishing Co., Cor. Pennsylvania and Baltimore

GIVEN NAME ADDED 7-13-56

RETURN OF A BIRTH. A 30931.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie Marie Hecker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4"

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 31 May 1891
4. Place of Birth, (Street and Number) 306 N Eddelt St
5. Full Name of Mother, Margaret Hecker
6. Mother's Maiden Name, Lyndon
7. Mother's Birthplace, md
8. Full Name of Father, Louis Hecker
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. C Lane Tannyhill

Address, 1103 Madison

Remarks, 6 9 1 0 0 0 1 8 9 3

month, and shall set forth the true and full name and occupation of the father, if known, the first and full name of the child, if it has been certified, and the sex, color, the full name and residence of the physician or midwife, if any, present at the birth. In case of any child born without the limits of this city, the like return shall be made by the person in charge of the premises where the birth occurred, or by the father or mother of such child residing in the city, within ten days after the arrival of such child in the city, and the like return shall be made by the father or mother residing in the city, or by the person in charge of the premises where the birth occurred, within ten days after the birth of any child born to a person not usually resident in the city, but who may be temporarily sojourning therein at the time of the birth. And the above required return shall be made to the Registrar of Vital Statistics, in the city of Baltimore, at his office, and he shall record upon the certificate of birth, in the manner hereinafter provided, the date of the return, and shall sign his official name thereto. Any person required by this section to make a return of a birth who shall neglect or refuse to make such return within the time specified in this section, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars; and any physician or midwife required by this section to report the birth of a child who shall neglect or refuse to make such report within the time specified in this section, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as aforesaid. Any fines or forfeitures are recoverable.

WM. J. G. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 13: 91
4. *Place of Birth, (Street and Number)* 1011 N. Laurel St
5. *Full Name of Mother,* Annie McLanahan
6. *Mother's Maiden Name,* " Latane
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Samuel McLanahan
9. *Father's Occupation,* Preacher
10. *Father's Birthplace,* Penn

Name of Medical Attendant, or other person who makes this Return. P. C. Williams

Address, 900 Madison Ave

Remarks,

8910001894

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 3c 933

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	~~June~~ May 19th 1891
4. Place of Birth (Street and Number)	1122 McElderry Street
5. Full Name of Mother	Agnes Hyer
6. Mother's Maiden Name	Agnes Madden
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George Washington Hyer
9. Father's Occupation	Waiter
10. Father's Birthplace	Washington D.C.
Name of Medical Attendant, or other Person who makes this Return.	Dr. Winsey M.D.
Address	1220 E. Fay ave
Remarks	Born at seven months & a few days. weighs less than 6 pounds. Had hemorrhage & is living slowly

8 9 1 0 0 0 1 8 9 5

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics the birth of such child, and the name, age and color of the child or children within six days thereafter, stating distinctly the day and hour of birth, sex of child, whether single, twin or triplet, its name, nativity, and residence of the parents, and the maiden name of the mother, and the number of children born, its or their physical condition, whether alive or dead, and if dead, the cause of death.

CITY OF BALTIMORE 1891

RETURN OF A BIRTH. A 30734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 27 Mai 1891
4. Place of Birth, (Street and Number) 1113 Eager St.
5. Full Name of Mother, Marie Gassinger Chandella
6. Mother's Maiden Name,
7. Mother's Birthplace, Bell
8. Full Name of Father, August Gassinger
9. Father's Occupation, Turner
10. Father's Birthplace, Balt city

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 N. Carey Ave.

Remarks, 8910001896

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can [illegible] of its parents, the date and place of birth, and the
been conferred) its sex, color, the full name and oc[illegible]tioner in the form [illegible] certificate between the first and
said schedule shall be delivered, duly signed by the pr[illegible] of [illegible] In case the birth of any child
third day of each and every month to the office [illegible] should no other person be in
shall occur without the attendance of a physician [illegible] the person or parents of such
attendance upon the mother, immediately thereafter [illegible] the period above required, and
child to report its birth to the Commissioner of Health [illegible] provisions of this section shall be sub-
any such person or persons who shall hereafter fail to [illegible] other fines and forfeitures are recoverable.
jected to the fine of ten (10) dollars for each offense, to be recove[illegible]

RETURN OF A BIRTH. B 309¾

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) third one.

1. *Sex,* (*state whether male or female*) male sex,
2. *Race or Color,* (*if not of the white race*) colored.
3. *Date of Birth,* 28th day of May,
4. *Place of Birth,* (*Street and Number*) #516 W Preston St.
5. *Full Name of Mother,* Mary Willie Holland.
6. *Mother's Maiden Name,* Mary Willie Kelley.
7. *Mother's Birthplace,* Montgomery County Md.
8. *Full Name of Father,* Frederick Tyson Holland.
9. *Father's Occupation,* Furniture driver,
10. *Father's Birthplace,* Montgomery County Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Heller Cotance.

Address, #509 W Preston St.

Remarks, 8910001897

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30436.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1B

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 9 Mai
4. Place of Birth, (Street and Number) 9 36 Hurling
5. Full Name of Mother, Clara Broockmeyer
6. Mother's Maiden Name, Pabst
7. Mother's Birthplace, Balt
8. Full Name of Father, Joseph Broockmeyer
9. Father's Occupation,
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 N. Carl Ave.

Remarks, 8910001898

...month, and on the ... day of each month, make a return to the Registrar of Vital Statistics, Board of Health, Baltimore City, of the name and occupation of the parents, the full name and occupation of the physician or midwife, if any, present at the birth, the sex, color, the full name and occupation of the parents, the full name and occupation of the physician or midwife, if any, present at the birth, the sex, color, the date and place of birth of any child born alive since the last return, and the number of the child of the mother, whether first, second, third, &c., and if no child has been born alive since the last return, that fact shall be reported; and every person required by this section to make a return shall, on demand, exhibit to the Commissioner of Health or to any person authorized by him, the certificate of birth required by this section, and any person who shall refuse to exhibit such certificate shall be liable to a penalty of ten dollars for each offense. Every physician or midwife who shall neglect or refuse to report the birth of any child as required by this section, and every person required by this section to make a return who shall neglect or refuse to report its birth to the Commissioner of Health or to any person authorized by him, shall be liable to a penalty of ten dollars for each offense, to be recovered by action of debt in the name of the Mayor and City Council of Baltimore, before any justice of the peace of Baltimore City, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as aforesaid. All fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	31 ~~Nov~~ May
4. *Place of Birth, (Street and Number)*	1325 N Broadway
5. *Full Name of Mother,*	Ida Buck
6. *Mother's Maiden Name,*	" Rogers
7. *Mother's Birthplace,*	Anne Arundel Co
8. *Full Name of Father,*	Jessie Buck
9. *Father's Occupation,*	Electrotypher
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N. Bayst
Remarks,	

1 8 9 1 0 0 0 1 8 9 9

...month and shall set forth as far as is known to the informant the time and place of birth, and the name, if any, of the child (if born unmarried), and the name, residence and occupation of the parents of such child; and in case the child be born out of wedlock, the name, residence and occupation of the person or parents of such child (if married) shall be entered. Such information shall be given by the person or parents of such child, if living and of sufficient discretion, and in case of their absence or inability, by the nearest relative present, or by the owner or agent of the premises where the birth occurs, or by the physician, midwife or nurse in attendance. Such information shall be given within the period above required, and shall be entered in said schedule by the next visitor to the office of the Registrar. The said visitor shall call at the residence of each and every person required to report a birth within the period above required, and shall demand the information required by this section, and shall enter the same in said schedule. Any person who shall refuse to give such information, or who shall give false information, shall be guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore, shall be fined not less than five (5) dollars nor more than fifty (50) dollars for each offense. The Commissioner of Health may appoint such persons as he shall deem necessary to report births, and may confer upon them the privileges of this section. Any person required by this section to report a birth, who shall neglect to do so within the time above limited, and any such person or persons who shall refuse to give such information, or who shall give false information, shall be guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore, shall be subject to the fine of ten (10) dollars for each offense. The penalties and forfeitures are recoverable.

CITY OF BALTIMORE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30938.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 5th 1891.
4. *Place of Birth, (Street and Number)* #126 Hafford Ave
5. *Full Name of Mother,* Emma Knecht
6. *Mother's Maiden Name,* Emma Lutz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Knecht
9. *Father's Occupation,* Beer Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Emma Nellegen

Address, #1038 Hanover

Remarks,

1 8 9 1 0 0 0 1 9 0 0

BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN (BIRTH A. 3094

To the Office of Registrar of ...stics. Board of Health,

BALTIM ...TY.

HEALTH DEPARTMENT JUL 20 1891 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 16 1891
4. *Place of Birth, (Street and Number)*	1011 Hopkins ave
5. *Full Name of Mother,*	Josephine Walsin
6. *Mother's Maiden Name,*	Dougherty
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Harry Walsin
9. *Father's Occupation,*	Bank Clerk
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	C. N. Thymes M D
Address,	1006 E Baltimore
Remarks,	8910001901

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: ~~Marie~~ Minnie May Campeggi

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 27th 1902.
4. Place of Birth, (Street and Number) 1434 Forest St.
5. Full Name of Mother, Elizabeth Campeggi.
6. Mother's Maiden Name, " " Otis.
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Frank Campeggi.
9. Father's Occupation. Fruit Dealer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Wm. D. E. Billegeist

Address, 1038 E. Monument St.

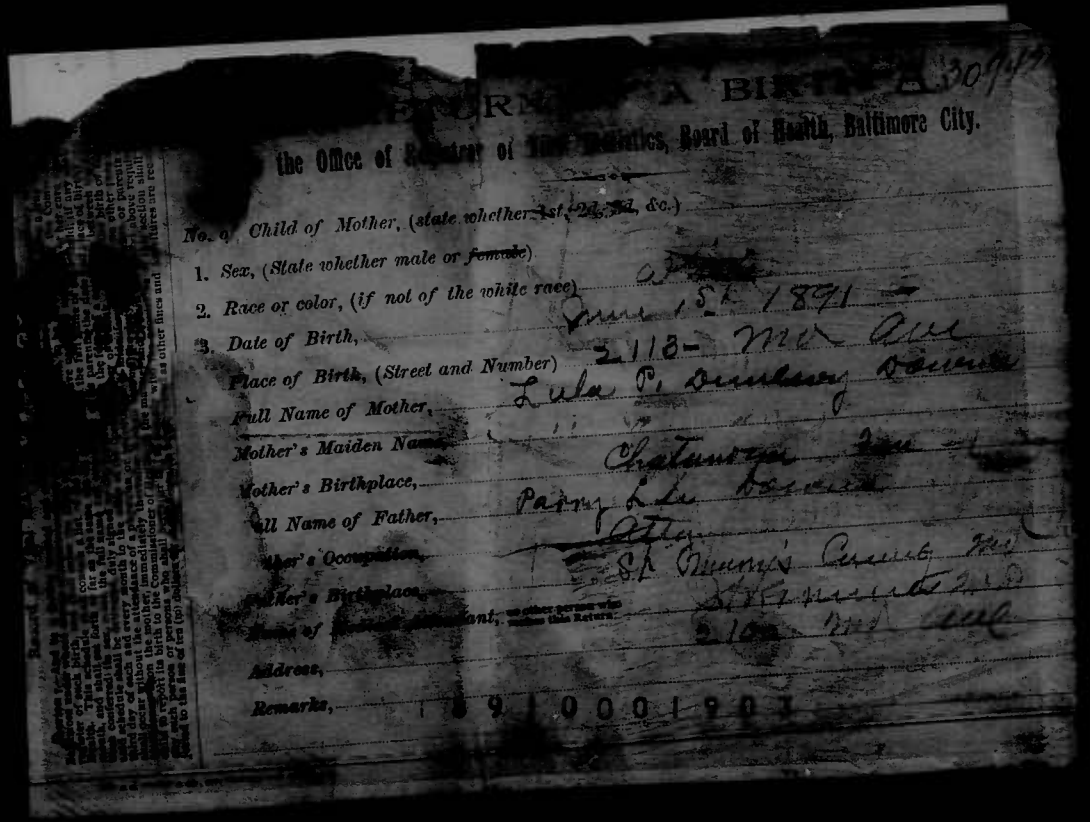
Remarks,

8 9 1 0 0 0 1 9 0 2

HEALTH DEPARTMENT JUN 26 1902 BALTIMORE

...and shall set forth as far as the same can be ascertained the... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in the form of certificate herein... third day of each and every month to the officer or practitioner of midwifery, or should no other person be... shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section... any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.



CERTIFICATE OF BIRTH

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, &c.)

1. Sex, (State whether male or female)
2. Race or color, (if not of the white race)
3. Date of Birth, June 15 1891
4. Place of Birth, (Street and Number) 2118 Mt Ave
5. Full Name of Mother, Lula P. Dunlavy Downs
6. Mother's Maiden Name
7. Mother's Birthplace, Chattanooga Tenn
8. Full Name of Father, Perry Lee Downs
9. Father's Occupation, Actor
10. Father's Birthplace, St Louis Mo
11. Name of informant, or other person who makes this Return
12. Address, 2118 Mt Ave
13. Remarks,

1891 000190

RETURN OF A BIRTH A 30943.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1st 1897
4. Place of Birth, (Street and Number) No 40 Pollner st
5. Full Name of Mother, Sallie Undutch
6. Mother's Maiden Name, Sallie Sharlock
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Undutch
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Flannagan

Address, No 1517 Byrd st

Remarks,

8 9 1 0 0 0 1 9 0 4

month, and shall set forth, as far as known, the date and place of birth, and the name, sex, color, and residence of the parents of each child born alive, and the date of the marriage of the parents, if it has been contracted; its sex, color, the name, and other particulars required by said schedule shall be duly signed by the person making the return, and shall deliver such return to the officer or person authorized to receive the same; and every month to the officer or person authorized to receive the same thereafter, until such return shall be delivered, and attendance upon the mother, the Commissioner of Health, or other person authorized by him, shall certify to the Public Commissioner of Health, in the manner and form required by him, the name of any child born alive, and the date of the birth of any child born alive, and the name, sex, color, and residence of the parents of such child, and the date of the marriage of the parents, if it has been contracted, and to report to the Public Commissioner of Health the name of any person who shall hereafter have neglected to make any return required by this section, or who shall have neglected to report to the Public Commissioner of Health the name of any person who shall have neglected to make any return required by this section shall be subject to the fine of ten (10) dollars for each offense, and forfeitures are recoverable.

RETURN OF A BIRTH. A 30944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Monday June 12th 1911 (6 P.M.)
4. Place of Birth, (Street and Number) 112 W Saratoga St
5. Full Name of Mother, Mary A. Dunn
6. Mother's Maiden Name, Mary A. Lotin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Bryan T. Dunn
9. Father's Occupation. Book Keeper
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr. Edward Mc Henry

Address, 112 W Saratoga St

Remarks, 8910001905

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 30945.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1891 CITY OF BALTIMORE

1. *No. of Child of Mother*, (state whether 1st, 2d, 3d, &c.) 8
2. *Sex*, (state whether male or female) Female
3. *Race or Color*, (if not of the white race) White
4. *Date of Birth* June 2nd 91
5. *Place of Birth*, (Street and Number) 1448 William St. Balt Md
6. *Full Name of Mother* Elvira Elizabeth Winters
7. *Mother's Maiden Name* Elvira Elizabeth Lewis
8. *Mother's Birthplace* Balt Md
9. *Full Name of Father* Jacob William Winters
10. *Father's Occupation* Agent
11. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Conway

Address

Remarks

8 9 1 0 0 0 1 9 0 6

at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, within ten days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, E 30416.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE CITY
JUN 3 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 7 o'clock P.M. June 2d 1891
4. Place of Birth, (Street and Number) 3034 Elliott St
5. Name of Mother Margretta Simons
6. Mother's Maiden Name Joice
7. Mother's Birthplace Ireland
8. Full Name of Father John Simons
9. Father's Occupation Baksman on B & O
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. John E. Pickard M.D

Address 1070 Chesapeake St

Remarks Quick and easy labor both mother and Child are doing well

0 0 1 9 0 7

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within ten days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

30947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 to
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 2d
4.	*Place of Birth, (Street and Number)*	209 Franklin St
5.	*Full Name of Mother,*	Mary Brown White
6.	*Mother's Maiden Name,*	Mary Brown Smith
7.	*Mother's Birthplace,*	Baltimore Md
8.	*Full Name of Father,*	Thomas Perry Allison
9.	*Father's Occupation,*	Fireman
10.	*Father's Birthplace,*	Baltimore Md
	Name of Medical Attendant, or other person who makes this Return,	Maria Wilson
	Address,	
	Remarks,	8910001908

CITY OF BALTIMORE HEALTH DEPARTMENT

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30948.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	June 2nd 11
4.	*Place of Birth, (Street and Number)*	# 40 Howard St.
5.	*Full Name of Mother,*	Johanna Meyer.
6.	*Mother's Maiden Name,*	Zwickel.
7.	*Mother's Birthplace,*	Baltimore.
8.	*Full Name of Father,*	Charles Meyer.
9.	*Father's Occupation,*	Tinner.
10.	*Father's Birthplace,*	Wirtenberg
	Name of Medical Attendant, or other person who makes this Return,	Louis Lindner
	Address,	# 106 S. Monroe St.
	Remarks,	8910001909

REGISTERED
CITY OF BALTIMORE
1911

WM J C DULANY CO CITY PRINTERS AND STATIONERS

A309

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

HEALTH DEPARTMENT JUN 3 1891 CITY OF BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male

Race or Color, (if not of the white race) White

Date of Birth, June 2nd 1891

Place of Birth, (Street and Number) 1212 Argyle av

5. *Full Name of Mother,* Elizabeth A Hartman

6. *Mother's Maiden Name,* " " Harman

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Jacob G. Hartman

9. *Father's Occupation,* Carriage Builder

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return, Lias Baldwin

Address, 1327 Myrtle av.

Remarks,

8 9 1 0 0 0 1 9 1 0

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

3095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Tuesday June 2nd 91 (9 PM)
4. Place of Birth, (Street and Number) 412 N. Mount St
5. Full Name of Mother. Annie L. Watts
6. Mother's Maiden Name, Annie L. Hukins
7. Mother's Birthplace. Kent County Md
8. Full Name of Father. William Watts
9. Father's Occupation. Waterman
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this Return. Edwin Md.

Address, Park Ave & Mulberry St

Remarks, 8910001911

CITY OF BALTIMORE BOARD OF HEALTH

Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the passage of this ordinance, it shall be the duty of the parent or parents, or in case the parents are dead, or absent from the City, or unable from sickness or other cause to perform the duty, of any child born in the City of Baltimore, the occupant of the house or tenement where such child was born, and the undertaker or other person who shall bury any dead body, to report to the Registrar of Vital Statistics, at the office of the Board of Health, the date and place of birth, and the name, sex, color, and full name of parents of every child born in the City of Baltimore, and the date of burial, and the name of the person buried, and the place of burial, and the name and residence of the undertaker or person burying the same, within the first and third days of each month, respectively, for the preceding month, in such form as may be prescribed by the Board of Health, and shall set forth as far as the said facts can be ascertained by inquiry of the parents, or other persons having knowledge of the same, the information required to be reported by the Registrar of Vital Statistics; and in case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the parent or parents, or other person having charge of such child, within the period of this section shall be subject to the fine of ten (10) dollars for each offense. Sec. 2. And be it ordained, That any person who shall hereafter violate any of the provisions of this ordinance shall be subject to such other fines and forfeitures as recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 30951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (~~State whether~~ male ~~or female~~).
2. Race or color, (~~if not~~ of the white race)
3. Date of Birth, June 2d 1891
4. Place of Birth, (Street and Number) 1208 Edmondson Ave
5. Full Name of Mother, Alice Virginia Mc Meechan Childs
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Clay McMeechan
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Eliot C Price M.D.

Address, 953 Madison Ave

Remarks,

8 9 1 0 0 0 1 9 1 2

mouth, and shall set forth as far as the same is known to him, the name, sex, color, the full name, date and place of birth; and the full name of the mother of each child born alive in his district, and for which a certificate has not been conferred; his sex, color, the full name, date and place of birth; and the full name of the mother of each child born alive in his district, and for which a certificate has not been conferred; and shall deliver the same, duly signed, to the Commissioner of Health, in case no other person be in attendance upon the mother. Immediately after the expiration of the period above required, and every month thereafter, he shall report to the Commissioner of Health the name, sex, color, and date of birth of each child born alive in his district, the full name of the person or parents of such child as reported, if the same shall not have been previously reported, and the fact of the death of any child born alive in his district, if such death shall occur without the attendance of a physician, and shall not have been previously reported. If there be no other person in attendance upon the mother, immediately after the expiration of the period above required, and every month thereafter, he shall report to the Commissioner of Health the name, sex, color, and date of birth of each child born alive in his district, the full name of the person or parents of such child as reported, if the same shall not have been previously reported, and the fact of the death of any child born alive in his district, if such death shall occur without the attendance of a physician, and shall not have been previously reported. Physicians or persons who shall hereafter neglect to report births or deaths as herein required, shall be subjected to the fine of ten (10) dollars for each offence. Penalties and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female
Race or Color, (if not of the white race)	White
Date of Birth,	June 2nd 1891
Place of Birth, (Street and Number)	1802 E Baltimore St
5. *Full Name of Mother,*	Sarah Schneeberger
6. *Mother's Maiden Name,*	" Rhusbaum
7. *Mother's Birthplace,*	U. S.
8. *Full Name of Father,*	Henry H Schneeberger
9. *Father's Occupation,*	Minister
10. *Father's Birthplace,*	U. S
Name of Medical Attendant, or other person who makes this Return,	A Friedenwald MD
Address,	310 Eutaw St
Remarks,	8 9 1 0 0 0 1 9 1 3

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-31-56

RETURN OF A BIRTH

30953.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Rattigan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Son 3 rd
Sex, (state whether male or female)	male Child
Race or Color, (if not of the white race)	White Race
Date of Birth,	June the 2
Place of Birth, (Street and Number)	508 N. Bound st
5. Full Name of Mother,	Norah Rattigan
6. Mother's Maiden Name,	Norah Flannigan
7. Mother's Birthplace,	Gaulway Co Ireland
8. Full Name of Father,	Michael Rattigan
9. Father's Occupation,	Labourer
10. Father's Birthplace,	Roscommon Co Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Wood
Address,	[illegible]
Remarks,	

8 9 1 0 0 0 1 9 1 4

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the name, color, sex, residence and occupation of the parents of such child; the date and place of birth; and the been conferred) its sex, color, the full name, by the practitioner or midwife in attendance at the birth, a certificate between the first said schedule shall be delivered month to the office of the Commissioner of Health; and in case there should no other person be in third day of each and every without the attendance of a physician or midwife, then it shall be the duty of the person or parents of such child to report the birth as who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other penalties are recoverable.

CITY OF BALTIMORE JUN 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH L. 30937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 4-

1. Sex, (state whether male ~~or female~~) M
2. Race or Color, (if not of the white race)
3. Date of Birth, June, 2nd, 1891
4. Place of Birth, (Street and Number) 1326 E. Baltimore St.
5. Full Name of Mother, Mary E. Schaefer
6. Mother's Maiden Name, " " Bond
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Florence E. Schaefer
9. Father's Occupation, House Cutter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who ~~made~~ this Return. Mrs. E. Russell

Address, 200 N. Broadway

Remarks,

8910001915

Rem. ... shall set forth as far as the same can b... month, and shall be sex, color, the full name and oc... been entered, the ... said schedule shall be delivered, duly signed by ... third day of each and every month, ... shall come upon the mother, immediately thereafter, ... child to report its birth to the Commissioner of Health, ... any such person or persons shall ... jected to the fine of ten (10) dollars for each offense, to be re...

...ed. ... child of any such ... and place of birth; and the ... lute between the first and ... ease the birth of such ... would be ... other person be li... e person or parents of such ... the period above required, and ...ions of this section shall be ...mes and forfeitures are recoverable.

...ISS. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 309553

To the Office of Registrar of Vital Statistics, Board of Health,

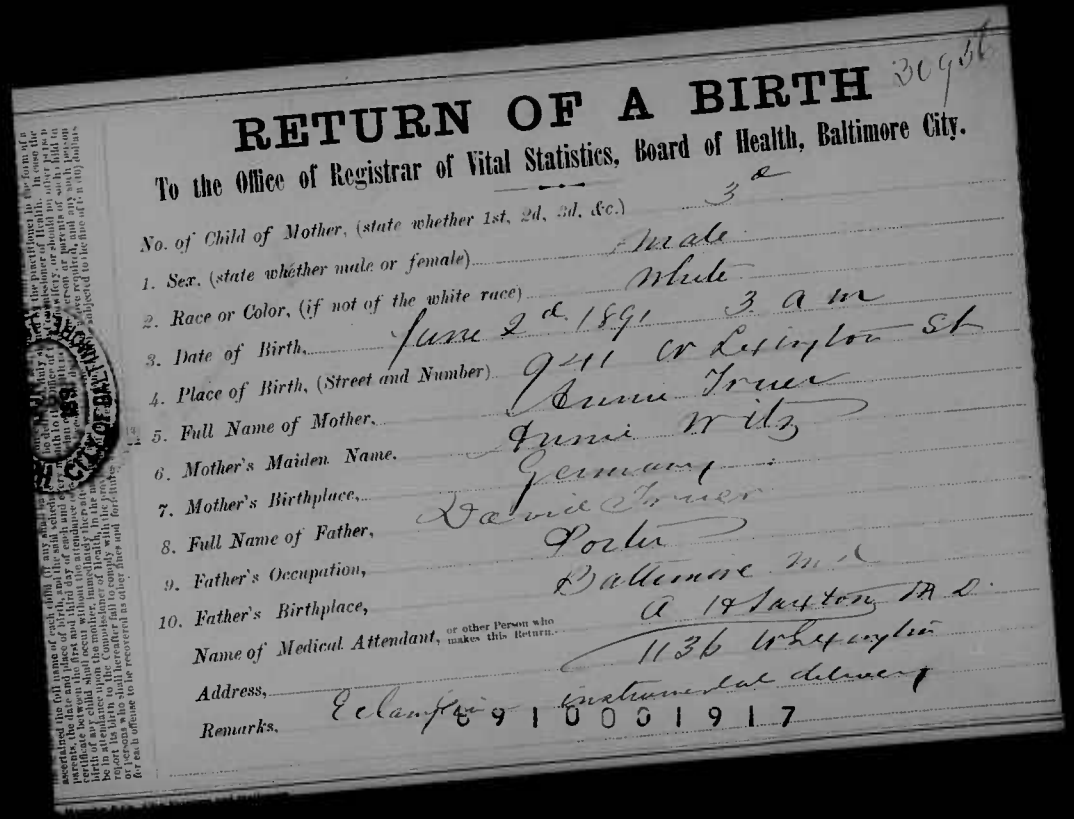
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
Race or Color (if not of the white race)	White
Date of Birth	June 2nd 1891
Place of Birth (Street and Number)	202 N. Baltimore St.
Full Name of Mother	Sarah Cook
6. Mother's Maiden Name	Sarah Smith
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Thomas Cook
9 Father's Occupation	Shoemaker
10 Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	A. F. Bellano
Address	3 S. Read St.
Remarks	

8 9 1 0 0 3 1 9 1 6

HEALTH DEPARTMENT CITY OF BALTIMORE

FILM



RETURN OF A BIRTH

30956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 2d 1891 3 a m
4. Place of Birth, (Street and Number)	941 N Lexington St
5. Full Name of Mother,	Annie Trier
6. Mother's Maiden Name,	Annie Wilz
7. Mother's Birthplace,	Germany
8. Full Name of Father,	David Trier
9. Father's Occupation,	Porter
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return,	A H Sutton M D
Address,	1136 N Eutaw
Remarks,	Instrumental delivery

Eclampsia 9 1 0 0 0 1 9 1 7

CITY OF BALTIMORE

KODAK SAFETY

RETURN OF A BIRTH

30457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
te of Birth,	June 2 1891
ce of Birth, (Street and Number)	1508 Ordnance St
ll Name of Mother.	Eliza
Mother's Maiden Name,	Daycher
7. Mother's Birthplace,	City
8. Full Name of Father.	Charles Backus
9. Father's Occupation.	Fireman C.R.R.
10. Father's Birthplace.	City
Name of Medical Attendant, or other Person who makes this Return.	E. Williams M.D.
Address,	1116 Chapel St
Remarks,	

HEALTH DEPARTMENT BALTIMORE CITY JUN 1 1891

8 9 1 0 0 0 1 9 1 8

ascertained the full name of each child born alive, and every mouth to whom a child is delivered, and shall deliver the practitioner in the form of a parents, the date and place of each and every such birth to the Commissioner of Health. In case the certificate to be issued without the attendance of a physician or midwife, the parent or parents of such child shall report the birth to the Commissioner of Health within ten days after the birth of such child, and before the certificate of birth shall be issued. Any person or parents failing to comply with the provisions of this section shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than ten dollars for each offence.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 30956.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5-th
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* June 3rd
5. *Place of Birth, (Street and Number)* 704 Columbia Ave
6. *Full Name of Mother,* Minnie Einolf
7. *Mother's Maiden Name,* Minnie Bohlmann
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* Charles Einolf
10. *Father's Occupation,* Bar-Keeper
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Adelgonda Klefer

Address, 64 So Eden

Remarks,

8 9 10 0 0 3 1 9 1 9

CITY OF BALTIMORE REGISTRY OF BIRTHS 1891

PRS. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. B. 30959.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth* June 3d
5. *Place of Birth, (Street and Number)* 119 Battery Av.
6. *Full Name of Mother* Fredericka Schuster
7. *Mother's Maiden Name* " " Walter
8. *Mother's Birthplace* Baltimore Md
9. *Full Name of Father* George W. Schuster
10. *Father's Occupation* Clerk
11. *Father's Birthplace* Williamsport Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Mrs. Conway

Address

Remarks

8 9 1 0 0 0 1 9 2 0

HEALTH DEPARTMENT JUN 8 1891 CITY OF BALTIMORE

at the birth of any child, within the City of Baltimore, shall require the children born, its or their physical thereafter, stating distinctly the date of birth, sex, and condition, whether still born or not, the full name of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 30960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3 1891
4. Place of Birth, (Street and Number) 143 Penn Ave Glendale
5. Full Name of Mother, Kate Malone
6. Mother's Maiden Name, " Lewis
7. Mother's Birthplace, Ireland
8. Full Name of Father, Jas R. Malone
9. Father's Occupation, Dairyman
10. Father's Birthplace, Balt County

Name of Medical Attendent, or other person who makes this Return, Marbury Brune M.D.

Address, 1106 McCulloh Street

Remarks, 8910001921

CITY OF BALTIMORE

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
Date of Birth,	Born June 3rd 1891
Place of Birth, (Street and Number)	# 30 Lauden Ave
5. *Full Name of Mother,*	Mrs Mary Hellmann
6. *Mother's Maiden Name,*	Wife " Weinhold
7. *Mother's Birthplace,*	Hessen Germany
8. *Full Name of Father,*	Mr Fred Hellmann
9. *Father's Occupation,*	Gardner
10. *Father's Birthplace,*	Frankfort Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 E Pratt St
Remarks,	8 9 1 0 0 0 1 9 2 2

CITY OF BALTIMORE JUN 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A30762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 8 1891

4. Place of Birth, (Street and Number) 2282 Eldersley St

5. Full Name of Mother, Maria Elizabeth Mertz

6. Mother's Maiden Name, K. S.

7. Mother's Birthplace, John Hawkins

8. Full Name of Father, Blacksmith

9. Father's Occupation, Ireland

10. Father's Birthplace, E. D. Williamson M.D.

Name of Medical Attendant, or other Person who makes this Return. 1114 Chesapeake St

Address,

Remarks,

8 9 1 0 0 0 1 9 2 3

CITY OF BALTIMORE 1891

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

30963.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
Race or Color, (if not of the white race) white
Date of Birth, 4 day of June
Place of Birth, (Street and Number) 1035 N Chapple st
Full Name of Mother, Barbara ann Sadler
6. Mother's Maiden Name, Barbara ann high
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Edward Sadler
9. Father's Occupation. Painter
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return. Mid Wife.
Address, Mrs. Bleitsch 2061 E. Eager St.
Remarks,

8 9 1 0 0 0 1 9 2 4

month, and shall be [illegible] the full maiden name of the mother, the date of birth, the sex, color, the full name and occupation of the father, the number of the first and been conferred) in each case, and the name and address of the physician, midwife or other person who attended upon the mother during her confinement; and in case of the birth of any child without the attendance of a physician or midwife, then the parent or parents of such child shall report the birth to the office of the Registrar of Vital Statistics within the period above mentioned; and in default of such report being made by the parent or parents of such child, or should no other person be in attendance upon the mother, immediately after the birth, the person occupying the house in which the birth occurs shall report the birth to the office of the Registrar of Vital Statistics within the period above mentioned; and in default of such report being made by the person occupying the house in which the birth occurs, the person in charge of the institution in which the birth occurs shall report the birth to the office of the Registrar of Vital Statistics within the period above mentioned; and in default of such report being made by the person in charge of the institution in which the birth occurs, the midwife who shall have been in attendance upon the mother during her confinement shall report the birth to the office of the Registrar of Vital Statistics within the period above mentioned; and in default of such report being made by the midwife who shall have been in attendance upon the mother during her confinement, the physician who shall have been in attendance upon the mother during her confinement shall report the birth to the office of the Registrar of Vital Statistics within the period above mentioned; and any such person who shall neglect or refuse to make such report as aforesaid shall be subjected to a fine of ten (10) dollars for each offense, and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

E 30967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Knabe
2. Race or Color, (if not of the white race) white
3. Date of Birth, Den 4 Juni 1891
4. Place of Birth, (Street and Number) Biddle Str Nor 1804
5. Full Name of Mother, Elisabeth Gere
6. Mother's Maiden Name, Reichart
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ebenis Gere
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Maria Emma Major Biddle Dr. 1933

Address,

Remarks, 6 9 1 0 0 0 1 9 2 5

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 30965.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	5
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	white
3. *Date of Birth*,	June 4th 1851
4. *Place of Birth*, (*Street and Number*)	No 417 Madison st
5. *Full Name of Mother*,	Kathrin Marayman
6. *Mother's Maiden Name*,	Skinnsky
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*.	John M Merryman
9. *Father's Occupation*,	Laborer
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah P Harrington
Address,	cor E & Bonney st
Remarks,	

8 9 1 0 0 0 1 9 2 6

month, and shall set forth the full name and residence of the parent or parents of such child, the date and place of birth, the sex, and whether it be the first and only child or twin or triplet, or other issue of the birth, and if not the first child born of the mother, the number of such child; and if a certificate has been theretofore delivered, duly signed and attested as aforesaid, stating the particulars required to be set forth in the certificate to be delivered, he shall state no other person he is able to name who can make the return, or reason why he cannot name such person; and every practicing physician, midwife or other person who shall be in attendance upon the birth of any child, or any person having charge of such child, shall, within the time above specified, make return of such birth to the Commissioner of Health, in the manner above specified, or in default thereof, or neglect or refusal to make such return, shall be subject to the fine of ten (10) dollars for each offense. Penalties and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

30966

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2nd) Living

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 4th 1911

4. Place of Birth, (Street and Number) 1112 Weber St

5. Full Name of Mother, Ida Elizabeth Ritter

6. Mother's Maiden Name, Ida Elizabeth Workizer

7. Mother's Birthplace, Baltimore County Md

8. Full Name of Father, Charles Henry Ritter

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return C. C. Bowman

Address, 212 N. Paca St

Remarks,

B 9 1 0 0 0 1 9 2 7

CITY OF BALTIMORE JUN 2 1911 HEALTH DEPARTMENT

within six days thereafter, stating distinctly the date of birth, sex, color, and number of such child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3?

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Inca
3. Date of Birth, 1st Paul near Franklin
4. Place of Birth, (Street and Number) Nora Harris
5. Full Name of Mother, Rainier
6. Mother's Maiden Name, Norfolk Va
7. Mother's Birthplace, B. F. Harris Jr.
8. Full Name of Father, Agent
9. Father's Occupation, Balt
10. Father's Birthplace, H. McGinn

Name of Medical Attendant, or other person who makes this Return. 100 E Mai Pl

Address,

Remarks, 8910001928

CITY OF BALTIMORE 1891

BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 30968.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d. 3d. &c.)	The 9th Child.
1. Sex (state whether male or female),	male.
2. Race or Color (if not of the white race),	White
3. Date of Birth.	June 4th '91.
4. Place of Birth (Street and Number).	925 Eastern Ave.
5. Full Name of Mother,	Olive Jane Smith
6. Mother's Maiden Name.	= = Dunn
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Henry A Smith
9. Father's Occupation,	Laborer
10. Father's Birthplace.	Germany
Name of Medical Attendant. or other person who makes this Return.	Ludwig Hammer, M.D.
Address,	222 S. High str.
Remarks,	

1891000 1929

RETURN OF A BIRTH. A. 30969

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5-th
2. Sex (state whether Male or Female)	Male
3. Race or Color (if not of the white race)	White
4. Date of Birth	4th June 1891
5. Place of Birth (Street and Number)	655 Mulberry Street
6. Full Name of Mother	Barbara Hohman
7. Mother's Maiden Name	Barbara Litz
8. Mother's Birthplace	Baltimore City Md
9. Father's Occupation	Henry A Hohman Photographer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	A. F. Bell M.D. & E. Read M.D.
Address	
Remarks	8910001930

HEALTH DEPARTMENT CITY OF BALTIMORE JAN 9 1892

...that any person ... any child within the City of Baltimore, shall report to the registrar aforesaid, unless at the birth of any child within the date of birth, sex and color of the child or children within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, name, nativity, and residence of the parents, and the maiden name of the mother.

RETURN OF A BIRTH A. 30970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)
2. Race or Color, (if not of the white race) W
3. Date of Birth, June 4th 1891
4. Place of Birth, (Street and Number) Cor. Index & Monument
5. Full Name of Mother, Mary E. Creamer
6. Mother's Maiden Name, Mary E. Bennett
7. Mother's Birthplace, Balt. Md
8. Full Name of Father, C. Coleman Creamer
9. Father's Occupation, Clerk
10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other person who makes this Return. Dr. S. Latimer

Address, 165 N. Monument St

Remarks, Ins Chloroform; no trouble.

1 8 9 1 0 0 0 1 9 3 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
	Sex, (state whether male or female)	Male
	Race or Color, (if not of the white race)	
	Date of Birth,	June 7th 1891
4.	*Place of Birth, (Street and Number)*	#2131 Hollins St.
5.	*Full Name of Mother,*	Rosa K. Hildebrandt.
6.	*Mother's Maiden Name,*	" " Kuen
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	William F. Hildebrandt
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Carroll Co.
	Name of Medical Attendant, or other person who makes this Return,	Louis Linder
	Address,	#106 S. Howard St.
	Remarks,	

8 9 1 0 0 0 1 9 3 2

CITY OF BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30977

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. *No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) 2
2. *Sex,* (state whether male or female) male
3. *Race or Color,* (if not of the white race)
4. *Date of Birth,* June 5 1940
5. *Place of Birth,* (Street and Number) 371 E. Eutaw
6. *Full Name of Mother,* [illegible] S. [illegible]
7. *Mother's Maiden Name,* [illegible]
8. *Mother's Birthplace,* [illegible]
9. *Full Name of Father,* [illegible]
10. *Father's Occupation,* [illegible]
11. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other Person who makes this Return [illegible] June 21.

Address,

Remarks,

8 9 1 0 0 0 1 9 3 3

HEALTH DEPARTMENT BOARD OF HEALTH BALTIMORE CITY

Date, &c., of filing, and the maiden name of the mother, are indispensable for children of the parents, and the maiden name of the mother, are indispensable for children.

B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH A 30973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race), Mulatto
3. Date of Birth, June 5th 1891
4. Place of Birth, (Street and Number) 617 George St. Balto. Md.
5. Full Name of Mother, Mary Peale
6. Mother's Maiden Name, Mary Gardner
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Peale
9. Father's Occupation, Sugar Baker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Irvine Gaf

Address, 1029 N Saratoga St

Remarks,

8910001934

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 2nd Child

1. Sex (state whether male or female), Male - Poland
2. Race or Color (if not of the white race), White,
3. Date of Birth, June 5 1891
4. Place of Birth (Street and Number), 1211. N. Ann st.
5. Full Name of Mother, Minnie. Eddlinger.
6. Mother's Maiden Name, " Gernand.
7. Mother's Birthplace, Baltimore city.
8. Full Name of Father, Albert. Eddlinger.
9. Father's Occupation, Shoe Fitter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. J. Heard M.D.

Address, 202 Aisquith. St.

Remarks, Given name of child added by father 7-5 appearing in a transcript Albert Eddlinger Father C. Wm. Leith Index Clerk

August 14-1931.

CITY OF BALTIMORE

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 30975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex, (state whether male or female)	Girl.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	5th of June 1891
4. Place of Birth, (Street and Number)	1902 East Fayette street
5. Full Name of Mother,	Jinnie Trauty
6. Mother's Maiden Name,	Jinnie Schmitt.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Kuhn Trauty
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Baltimore
Name of Medical Attendent, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st per Justina Kunkel
Remarks,	Healthy

8910001936

...ment and shall set forth as far as the same can be ascertained the date and place of the birth, the name, sex, color, the fully signed name of the parents, and such other facts as may be required by the Board of Health. In case the child is born dead, a certificate between the fifth and seventh month of gestation shall be given by the physician or midwife in attendance upon the mother, if there be one, and if not, then by the person who shall have charge of the body before burial or removal from the city. In case the child is born alive, and shall die before the return of birth is made, a certificate of the fact shall be given by the physician or midwife in attendance upon the mother, if there be one, and if not, then by the person or parents of such child to report its birth as herein required, which certificate shall be delivered to the Registrar of Vital Statistics within twenty-four hours after the death of such child, and before the burial or removal from the city thereof. Any person who shall neglect or refuse to make such return or certificate as herein required, shall be subject to the fine of ten (10) dollars for each offense. In addition to the penalties and forfeitures hereinbefore provided, any such person who shall neglect or refuse to make such return or certificate as herein required, shall be subject to the fine of ten (10) dollars for each offense. In addition to the penalties and forfeitures hereinbefore provided, any such person who shall neglect or refuse to make such return or certificate as herein required, shall be subject to the fine of ten (10) dollars for each offense. In addition to the penalties and forfeitures are recoverable.

...ORE, J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Friday 5th June 189

4. Place of Birth, (Street and Number) Baltimore 915 Concord st

5. Full Name of Mother, Mrs Mary Snyder

6. Mother's Maiden Name, Mary Fellenz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Michael Snyder

9. Father's Occupation, Brass Finisher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Fowler

Address, No 936 Greenmount Ave

Remarks,

1 8 9 1 0 0 0 1 9 3 7

month, and shall set forth as far as known the full name and occupation of the father, and the full maiden name and birthplace of the mother, and the name and place of birth, and the been conferred, in sex, colored, duly signed by the practitioner or midwife, if any, present at the birth, and said return shall state whether the child was born alive or dead, and shall also state the birth of any child said return of each and every month to the office of the Commissioner of Health, in the City of Baltimore, and shall no other person be in like manner required to make return of such birth. Any physician or midwife, or other person who shall neglect or refuse to make return of such shall occur without the attendance of a physician or midwife, the householder or person in charge of the house in which such birth occurs shall make return of such birth, in the manner required of physicians and midwives by this section. Within ten days after the occurrence of any birth attendance upon the mother, the return of such birth shall be made by the physician or midwife in attendance upon the mother. In case of the birth of any child without the attendance of a physician or midwife, the return of such birth shall be made by the householder or person in charge of the house in which such birth occurs. Any physician, midwife, householder or person who shall hereafter fail to make return of any birth as required by this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & BRO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 3c 977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th,
1. Sex, (state whether male or female)	Female,
Race or Color, (if not of the white race)	White,
Date of Birth.	June 6th 1891,
4. Place of Birth, (Street and Number)	1807 E. Eager st,
5. Full Name of Mother.	Emma Martin,
6. Mother's Maiden Name,	Emma Latham,
7. Mother's Birthplace.	Baltimore,
8. Full Name of Father.	Wm John Worth Martin
9. Father's Occupation.	Paperhanger,
10. Father's Birthplace.	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Chas B Leigh M.D
Address,	920 N Broadway
Remarks,	

1 8 9 1 0 0 0 1 9 3 8

HEALTH DEPARTMENT CITY OF BALTIMORE JUN 1891

ascertained the full name of each child, the said schedule shall be filled out and signed by the attendant in the form of a certificate, and delivered to the parent or person having charge of such child, who shall forward the same to the Office of Registrar of Vital Statistics, Board of Health. In case the parents of any child shall refuse or neglect to furnish the information required by this section, the physician, midwife or other person in attendance shall report the case to the Registrar of Vital Statistics, Board of Health, within the time above prescribed, and in default thereof shall be liable to a penalty of five (5) dollars for each case reported. Any person who shall wilfully make any false statement in the certificate required by this section, shall be subject to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH A 30978.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
Date of Birth,	June 6 1891
Place of Birth, (Street and Number)	304 W Fayette St
Full Name of Mother,	Flemmy Brager
Mother's Maiden Name,	Friedenwald
7. Mother's Birthplace,	U. S
8. Full Name of Father,	Albert Brager
9. Father's Occupation,	Merchant
10. Father's Birthplace,	U. S.
Name of Medical Attendant, or other person who makes this Return,	A Friedenwald MD
Address,	310 N Eutaw St
Remarks,	1891 0001939

CITY OF BALTIMORE 1891

month, and shall set forth as far as is known to him the name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and the number of such children then living, and the number born between the first and been conferred) its sex, color, the fact of its having been born alive, and the date of birth. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be [illegible] such child to report the same to the Registrar of Vital Statistics within ten days after the birth, and in default thereof such person shall be subject to a penalty of ten (10) dollars for each offense. The Registrar of Vital Statistics is required, and any other person who shall have been present at the birth is requested, to report to him any such birth which may have occurred without the attendance of a physician or midwife, and to state in such report the name and residence of the person to whom a certificate has been issued, or to whom the fee mentioned in this section has been paid. Any midwife who shall neglect or refuse to report as herein required shall be subject to a penalty of ten (10) dollars for each offense. All penalties provided for violations of this section shall be recovered as debts and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be asce[illegible]d place of birth; and the
been conferred) its sex, color, the full name and occupa[illegible]ate between the first and
said schedule shall be delivered, duly signed by the pra[illegible]e the birth of any child
third day of each and every month to the office of the [illegible]ld no other person be in
shall occur without the attendance of a physician or [illegible]rson or parents of such
attendance upon the mother, immediately thereafter [illegible]riod above required, and
child to report its birth to the Commissioner of Health, [illegible] this section shall be sub-
any such person or persons who shall hereafter fail to [illegible] forfeitures are recoverable.
jected to the fine of ten (10) dollars for each offense, to be

RETURN OF A BIRTH

L. 30979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d "

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 6 - 1891
4. *Place of Birth, (Street and Number)* 1643 Thames st
5. *Full Name of Mother,* Mary McGreay
6. *Mother's Maiden Name,* " " Gann
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Cornelius McGreay
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. P. G. Donohue

Address, 1729 E. Balto. st.

Remarks,

1891000 1940

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30980.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 6th 8.A.M.
4. *Place of Birth (Street and Number),* 1936 Baltimore St. East
5. *Full Name of Mother,* Fannie Murphy
6. *Mother's Maiden Name,* Fannie Mace
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* Jim Murphy
9. *Father's Occupation,* Mason Driver
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return. Emma C. Driscoll M.D.

Address, 1701 Baltimore St. East

Remarks,

1891000194 1

CITY OF BALTIMORE

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Anna Borkemann

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 6th, 1891
4. Place of Birth (Street and Number)	1107 Cookie St. Locust Point
5. Full Name of Mother	Bertha Burkmann Borkemann
6. Mother's Maiden Name	Bertha Wtkowski
7. Mother's Birthplace	Germany
8. Full Name of Father	Frederick Burkmann
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	John H. Rehberger
Address	1709 Alice Anna St
Remarks	1891000194 2

...ician or midwife in attendance upon the case, or the registrar aforesaid, ...advise of the birth of any child within the City of Baltimore, ... of the child or children ...within six days thereafter, stating distinctly the date of birth, ... sex of the child or children born (or if not, the fact that such information cannot be obtained), the full maiden name of the mother, her nativity, and residence of the parents, and the maiden name of the mother and ... full name of the father.

JUN 1891 CITY OF BALTIMORE

RETURN OF A BIRTH

31957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th V 5th June 7 mo.

1. Sex, (State whether male or female) Males
2. Race or color, (~~if not~~ of the white race)
3. Date of Birth, June 7th 1891
4. Place of Birth, (Street and Number) 617 Columbia Ave
5. Full Name of Mother, Maggie Leuthiem
6. Mother's Maiden Name, Whitaker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George W Leuthiem
9. Father's Occupation, Veterinary Surg
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elias L Price M.D.

Address, 953 Madison St

Remarks, 18910001943

BALTIMORE

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: William O. McGill 6th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, June 7th 1891
4. Place of Birth, (Street and Number) 320 E. Hamburg. St
5. Full Name of Mother, Sallie (Talley) (Magill) McGill
6. Mother's Maiden Name, (Talley) Timmons
7. Mother's Birthplace, Richmond. Va
8. Full Name of Father, James. W. (Magill) McGill
9. Father's Occupation, Glass fitter
10. Father's Birthplace, Baltimore. Md

Name of Medical Attendant, or other person who makes this Return. Ellenora E. Anderson

Address, 1434 Patapsco. St

Remarks,

1891000 1944

CITY OF BALTIMORE

register of such births. It shall be the duty of the Registrar to furnish to midwives and physicians, upon application, blank forms for the return of births required by this section to be registered, and to instruct them in the proper method of making such returns. Every midwife or physician who shall have attended upon a birth shall obtain a list of the names authorized by the parents of the child, if any shall have been conferred, and shall certify to the same, and return such list to the Registrar of Vital Statistics of the Board of Health. The certificate shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth, and the number of the child if born alive at a single birth, or if one of twins, triplets, or other plural births, and shall be delivered or transmitted by mail to the Registrar within ten days after the birth. In case the birth of any child shall occur without the attendance of a physician or midwife, then the parent or parents of such child shall report the birth to the Registrar within the period above required, and in default thereof shall be subject to the penalty provided in this section for the violation of the provisions of this section in cases where no attendance upon the mother, the Commissioner of Health may require the testimony of any person who shall have been present at the birth of any child to report his or her knowledge of the facts required to be reported by the parents of such child, and may enforce the attendance of such person for that purpose by the same process as is provided by law for enforcing the attendance of witnesses before the Criminal Court of Baltimore; and any such person who shall neglect or refuse to appear and report as required by the Commissioner of Health shall be subject to the penalties provided by this section for the violation of the provisions of this section in cases where no other penalties are prescribed. Any midwife or physician who shall neglect or refuse to make the return required by this section shall be subject to the fine of ten dollars for each offence. Any person who shall wilfully make a false return of any birth required to be registered under this section, or who shall wilfully make a false statement in relation to any matter required to be reported to the Registrar of Vital Statistics, shall be subject to the penalties provided by this section for the violation of the provisions of this section in cases where no other penalties are prescribed.

FROM J. D. ULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth its [illegible]
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner [illegible] should no other person be in
attendance upon the mother, immediately thereafter it shall [illegible] person or parents of such
child to report its birth to the Commissioner of Health, in the [illegible] above required, and
any such person or persons who shall hereafter fail to com[illegible] this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be re[illegible] are recoverable.

HEALTH DEPARTMENT, CITY OF BALTIMORE. JUN 9 1891

A 30982

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. [illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, June 7th 1891
5. Place of Birth, (Street and Number) 650 W. Lexington St.
5. Full Name of Mother, Mattie Burrell
6. Mother's Maiden Name, Mattie Kaufman
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Austin Burrell
9. Father's Occupation, Artist
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Addison E. [illegible]

Address, 508 W. Fayette St.

Remarks, 8910001945

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

3098

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth. June 6 1891
4. Place of Birth, (Street and Number) 2008 E. Lombard St.
5. Full Name of Mother. Mrs. Bettie Bassett Thurlow,
6. Mother's Maiden Name. Miss " Bassett,
7. Mother's Birthplace. Matthews County Virginia
8. Full Name of Father. William P. Thurlow
9. Father's Occupation. Carpenter
10. Father's Birthplace. Matthews County Virginia

Name of Medical Attendant, or other Person who makes this Return. G. C. Rust M.D.
Address. 2000 E. Lombard St.
Remarks. Maternal deceased

B 1000 1943

...HER & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

3098.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),
2. Race or Color (if not of the white race),
3. Date of Birth,
4. Place of Birth (Street and Number),
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 1 9 4 7

BALTIMORE MD.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 30987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~ 2d, 3d, &c.) Second (2d)

1. Sex, (state whether ~~male~~ or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, June (8th) Eight 1891
4. Place of Birth, (Street and Number) No. 625 South Bond Street
5. Full Name of Mother, Mrs. Margaret Dorothea Eder
6. Mother's Maiden Name, Miss M. D. Wetzel
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. Joseph Francis Eder
9. Father's Occupation, Broom Maker
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Wm. H. Clendinen, M.D.

Address. No. 201 North Broadway

Remarks. 6910001948

CITY OF BALTIMORE JUN 1891

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, &c.)

Sex, (~~State whether~~ male ~~or female~~)

Race or color, (~~if not~~ of the white race)

Date of Birth, June 8 1891

Place of Birth, (Street and Number) 1205 E North Ave

1. Full Name of Mother, Florence Eugenia Coale

6. Mother's Maiden Name, Meyer Ball

7. Mother's Birthplace, Balt

8. Full Name of Father, Jos G Coale

9. Father's Occupation, Lumber Merchant

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Elias L Price M D

Address, 953 Madison Ave

Remarks, 1891 0001949

Health Office, Baltimore City, ss: I, ... Registrar of Vital Statistics of Baltimore City, do hereby certify that the above is a true copy of the return of the birth of the child therein named, as the same is recorded in my office.

Witness my hand and the seal of the Board of Health of Baltimore City, this ..... day of ..... 19..

.....
Registrar of Vital Statistics.

NEW DEPARTMENT JUN 1891 CITY OF BALTIMORE

J. C. BULLARY & SO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30989.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	June 8
4. *Place of Birth, (Street and Number)*	No 11 East Eager St
5. *Full Name of Mother,*	Amanda Heffner
6. *Mother's Maiden Name,*	Amanda Bartlett
7. *Mother's Birthplace,*	Missouri
8. *Full Name of Father,*	John Heffner
9. *Father's Occupation.*	Laborer
10. *Father's Birthplace,*	Baltimore City and
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Dinton
Address,	No 1422 Hanover St
Remarks.	8910001950

month, and shall set forth as far as it can and occupation of the parents; and the place of birth; and the ... shall be signed by the practitioner in attendance upon the birth, or by the ... and ... between ... of any child ... no other person be in ... or parents of such ... such ... shall be sub- ... forfeits are recoverable.

... J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 30990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	* 6th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Blk.
3. *Date of Birth,*	June 9 1891
4. *Place of Birth, (Street and Number)*	532 Fawn but st.
5. *Full Name of Mother,*	Fannie Kellum,
6. *Mother's Maiden Name,*	Collins,
7. *Mother's Birthplace,*	Virginia.
8. *Full Name of Father,*	Levi Kellum,
9. *Father's Occupation,*	Fireman on Steamboat
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	E. F. Engle M.D.
Address,	1007 Fawn st
Remarks,	* One of Twins — other reported as a "Still birth" 1000195 1

CITY OF BALTIMORE

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set [illegible] h as far as the same can be ascertained [illegible] the date [illegible] th; and the
been conferred) its sex, color, the full name and occupation of its p[illegible] the first and
said schedule shall be delivered, duly signed by the practitioner in the [illegible] of any child
third day of each and every month to the office of the Commissioner [illegible] other person be in
shall occur without the attendance of a physician or practitioner of m[illegible] or parents of such
attendance upon the mother, immediately thereafter it shall become the [illegible] above required, and
child to report its birth to the Commissioner of Health, in the manner [illegible] with [illegible] provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with [illegible] other fines and forfeitures are recoverable
jected to the fine of ten dollars for each offense, to be recovered as

A. 30991

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color. (if not of the white race) White

3. Date of Birth. June 9, 1891

4. Place of Birth, (Street and Number) Baltimore University Hospital

5. Full Name of Mother. Ellen Reed

6. Mother's Maiden Name. Ellen Endley

7. Mother's Birthplace. Baltimore City

8. Full Name of Father. Thomas P. Conroy

9. Father's Occupation. Driver of O. C. Apparatus

10. Father's Birthplace. Baltimore City

Name of Medical Attendant, or other person who makes this Return. Arthur Somers M.D.

Address. Baltimore University Hospital

Remarks. 8 9 1 0 0 0 1 9 5 2

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	June 10th 1891
4. Place of Birth, (Street and Number)	N.W. Cor Pratt & Ann sts.
5. Full Name of Mother.	Harriet A Kennard
6. Mother's Maiden Name.	" " Sutherland
7. Mother's Birthplace.	New York City. N.Y.
8. Full Name of Father.	John R Kennard
9. Father's Occupation,	Marine Engineer
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	D.W. Cathell M.D.
Address,	
Remarks,	18910001953

... month, and shall set forth as far as the same ... date and place of birth, and the ... been conferred; its sex, color, if ... certificate be with ... of any child ... said schedule shall be every month to the ... or child; and no other person be in ... third day of each month, and ... of the person or parents of such ... shall over each and every neglect ... within the period above ... such person shall be sub- ... attendance upon the mother, ... exclusions of this section ... child to report its birth as ... other fines and forfeitures are recoverable. ... any such person who shall ... jected to the fine of ten (10) dollars for each offence.

... O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name. Elmer Howard Josselyn Jr.

1. Child of Mother. (state whether 1st, ~~2d, 3d, &c.~~)
2. (state whether male or female) Male
3. Color. (if not of the white race) White
4. Date of Birth, June 2/91
5. Place of Birth, (Street and Number) 575 Aisquith-St
6. Full Name of Mother. Sadie Josling Swinger
7. Mother's Maiden Name. Maryland
8. Mother's Birthplace. Elmer Josling
9. Father's Occupation, Bakers Compositor
10. Father's Birthplace, Maine

Name of Medical Attendant, or other Person who makes this Return Geo F. Taylor M. D

Address, 1284 N. Broadway

Remarks,

1891000954

within six days thereafter, stating distinctly the date of birth, sex, and color of the child, the maiden name, nativity, and residence of the parents, and the maiden name of the mother of such child, whether still-born or not, the full name, nativity, and residence of the physician, midwife or other person who attended at the birth, and the cause of death of any child born dead or dying before the return of birth is made.

RECEIVED JUN 1 1891 REGISTRAR'S DEPARTMENT CITY OF BALTIMORE

...ORE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

38992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 Child
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* Color
4. *Date of Birth,* June 2
5. *Place of Birth, (Street and Number)* 409 State st
6. *Full Name of Mother,* Jennie Jones
7. *Mother's Maiden Name,* Jennie Maddy
8. *Mother's Birthplace,* Tappanock Virginia
9. *Full Name of Father.* Milton Jones
10. *Father's Occupation,* Cochman
11. *Father's Birthplace,* Bolgine Virginia

Name of Medical Attendant, or other person who makes the Return. Celiste Cook

Address, No - 1008 Sheilas alley

Remarks, 8 9 1 0 0 0 1 9 5 5

CITY OF BALTIMORE 1891

Health. This schedule shall be filled out as far as the same can be ascertained (the full name of each child, and the month, and if not born in a hospital, the number of the house in which it was born, and the name of the street in which its parents live, the date and place of birth, and the sex, color, the full name and occupation of the parents, the date and place of their marriage, and the number of children born to the present mother, and no other person (ie in charge of any child shall schedule shall be delivered, duly filled out, at the office of the Commissioner of Health, in the third day of each and every month, immediately thereafter, in the absence of a physician or practitioner, any such child to report its birth to the Commissioner of Health, in the manner aforesaid, the mother, immediately thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

30995

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2nd 1891
4. Place of Birth, (Street and Number) 1703 N. Bond st.
5. Full Name of Mother, Teresa Blumenauer
6. Mother's Maiden Name, " Huber
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Chas. Blumenauer
9. Father's Occupation, Tailor
10. Father's Birthplace, Illinois

Name of Medical Attendant, or other Person who makes this Return, E. B. Fenby, M.D.

Address, 1201 N. Eden st.

Remarks, 8910001956

HEALTH DEPARTMENT CITY OF BALTIMORE JUN 11 1891

RETURN OF A BIRTH A 30496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

f Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
ex, (state whether male or female)	male
Race (white or, if not of the white race)	White
Date of Birth,	June 3d 1891
Place of Birth, (Street and Number)	910 W Baltimore St
Full Name of Mother,	Barbara Battiger
Mother's Maiden Name,	Barbara Buttner
Mother's Birthplace,	Germany
Full Name of Father,	Georgh W Battiger
Father's Occupation,	shaemaker
Father's Birthplace,	Virginnia
Name of Medical Attendant, or other person who makes this Return,	Susan Rinker
Address,	23 N Pompeton St
Remarks,	

1891000 1957

XIV PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 30997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
Race or Color. (if not of the white race)	White
Date of Birth,	June 5th 1891
Place of Birth, (Street and Number)	No 1017 Alley alley
5. *Full Name of Mother,*	Mary Moon
6. *Mother's Maiden Name,*	Mary Green
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Moon
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Hornung
Address,	No 1517 Byrd st
Remarks,	

1891000958

RECEIVED JUN 1891 REGISTRAR OF VITAL STATISTICS CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 30998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	June the 6 1891
4. Place of Birth, (Street and Number)	Poppleton N 203 St
5. Full Name of Mother.	Emmery Fowlkes
6. Mother's Maiden Name,	Emmery Selley
7. Mother's Birthplace.	Baltimore md
8. Full Name of Father.	Will Fowlkes
9. Father's Occupation.	Carpenter
10. Father's Birthplace.	Baltimore md
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address.	23 N Poppleton St
Remarks,	1891000959

Health. This schedule shall contain a full and accurate statement of each child, if one shall have been born alive, and the sex, color, date and place of birth; and the name, residence, occupation and birthplace of each parent; and the name and address of the person making the return; and shall be signed by the attendant, if there be one, and if not, by the mother, father or other person who shall be present at the birth. Such certificate between the first and tenth days of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, or should no other person be present at the birth, the mother, father or other person who shall be present at the birth of such child, or in case the mother shall be the only person present, then she herself, shall within the period above required, and in the manner above specified, report the same to the Commissioner of Health, and shall state in such report the reason why the certificate of a physician is not furnished. Any physician or midwife who shall hereafter attend upon any case of birth, and any undertaker who shall bury any child without a certificate of birth, as required by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	June 6th 1891.
4. Place of Birth, (Street and Number)	1217 W Lanvale St.
5. Full Name of Mother,	Pauline G Earle
6. Mother's Maiden Name,	Pauline G Gause.
7. Mother's Birthplace,	Georgia.
8. Full Name of Father,	John S Earle
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return.	John S Pennington M.D.
Address,	804 N Carrollton Ave
Remarks,	

1891000001960

CITY OF BALTIMORE

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31000

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One Living
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	(Year) April (Month) 23 (Day) 1891 (Hour) 6 A.M.
4. *Place of Birth* (Street and Number)	1811 Druid Hill Ave.
5. *Full Name of Mother*	Josephine E. Carroll
6. *Mother's Maiden Name*	Josephine E. Watts
7. *Mother's Birthplace*	Anne Arundel Co. Md.
8. *Full Name of Father*	Nathaniel Conrad Carroll
9. *Father's Occupation*	Minister
10. *Father's Birthplace*	Calvert Co. Md.
Name of Medical Attendant, or other Person who makes this return	Caroline Jones
Address	1811 Druid Hill Ave.
Remarks Y	1891 0001961

That any physician, midwife or other person who shall neglect or refuse to report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, the sex, color of the child or children within six days thereafter, stating distinctly the number of children born, the sex, color of the child or children born, its or their physical condition, whether single birth, twins, triplets, &c., nativity, and residence of the parents, and the maiden name of the mother, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not more than Fifty Dollars for each and every such offence.

HEALTH DEPARTMENT JUN 1891 CITY OF BALTIMORE

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 31001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	June 7 1891
Place of Birth, (Street and Number)	No 215 Fairapoo st
Full Name of Mother,	Rosa Haneschlager
6. Mother's Maiden Name,	Rosa Windelberger
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Frank Haneschlager
9. Father's Occupation,	Glass cutter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Catherine Hornung
Address,	No 1517 Byrd St
Remarks,	1891000 1962

HEALTH DEPARTMENT JUN 1891 CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 31002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female Child
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1891000 1963

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

31003

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8th June 1891

4. Place of Birth, (Street and Number) 613 Port Alley

5. Full Name of Mother, Veronica Scherrer

6. Mother's Maiden Name, Veronica Ruas

7. Mother's Birthplace, Germany

8. Full Name of Father, William Scherrer

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendent, or other person who makes this Return. Ascentia Kunkel

Address, 213 North Chapel St. per Justina Kunkel

Remarks, Healthy

8910001964

HEALTH DEPARTMENT, CITY OF BALTIMORE. JUN 11 1891

Health. This schedule shall contain [illegible] can be ascertained the full name of each [illegible] place of birth; and the
month, and shall set forth as far as the same and occupation of its parents, the date and [illegible] between the first and
been conferred) its sex, color, the full name [illegible] in the form of a certificate [illegible] birth of any child
said schedule shall be delivered, duly signed by the practitioner [illegible] Health. In case the [illegible] person be in
third day of each and every month to the office of the [illegible] ery, or should no other person of such
shall occur without the attendance of a physician or [illegible] of the person or parents required, and
attendance upon the mother, immediately thereafter [illegible] the period above [illegible] shall be sub-
child to report its birth to the Commissioner of [illegible] ons of this section [illegible] are recoverable.
any such person or persons who shall hereafter [illegible] and forfeitures
jected to the fine of ten (10) dollars for each offen[ce]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

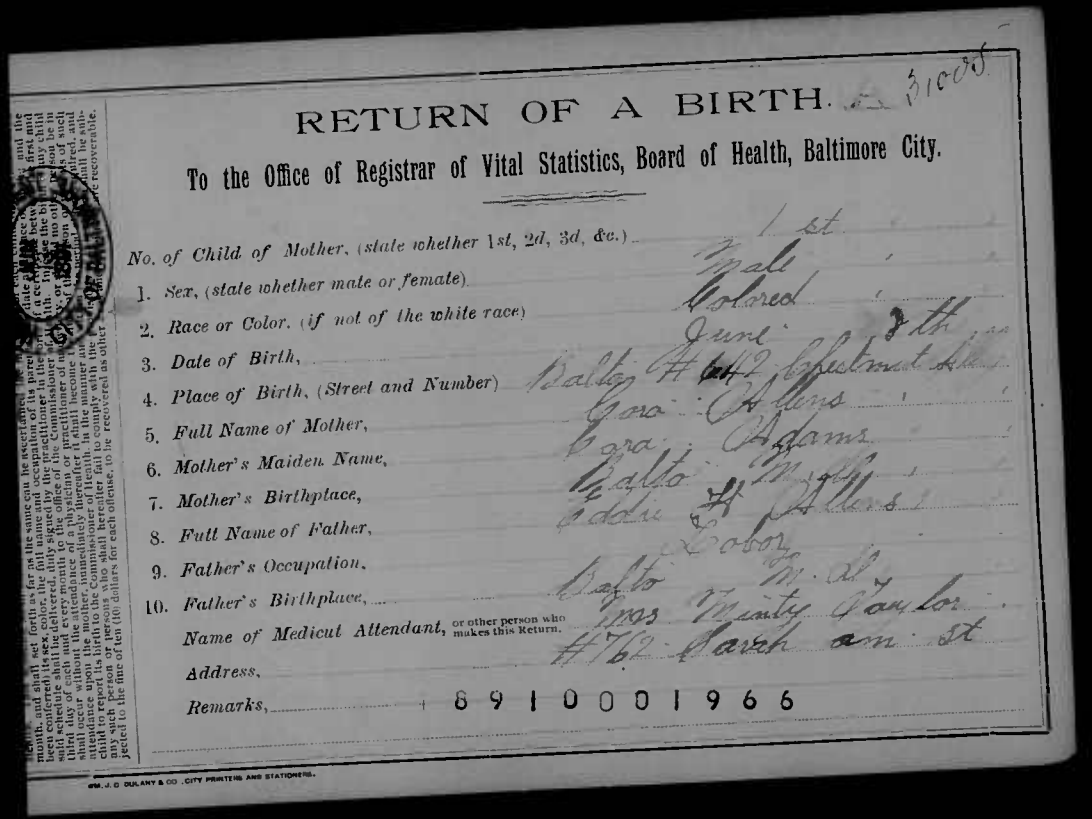
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 1-31 1900
4. Place of Birth, (Street and Number) 1531 E Eager St Baltimore
5. Full Name of Mother, Mary Russell
6. Mother's Maiden Name, Mary Cook
7. Mother's Birthplace, Baltimore City Md
8. Fult Name of Father, Joseph Russell
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. Dr. Frank Fleming

Address, 1424 E Eager St Baltimore Md

Remarks, The cause of this child death was Premature not full time 691009 1-31-900 653 Cook 1006 W Eutaw

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 24th
4. *Place of Birth, (Street and Number)*	Balto # 44 Lafayette Ave
5. *Full Name of Mother,*	Cora Adams
6. *Mother's Maiden Name,*	Cora Adams
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Eddie H Allen
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Minty Taylor
Address,	#762 Sarah ann st
Remarks,	8 9 1 0 0 0 1 9 6 6

STM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 3100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child.
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	June 3 ed 1891
4.	*Place of Birth, (Street and Number)*	13 Paultney st.
5.	*Full Name of Mother,*	Minna Astman
6.	*Mother's Maiden Name,*	Presser
7.	*Mother's Birthplace,*	America
8.	*Full Name of Father,*	John Astman
9.	*Father's Occupation,*	Boxmaker
10.	*Father's Birthplace,*	America
	Name of Medical Attendant, or other person who makes this Return,	J. Lohvasser. Midwife.
	Address,	1032 Hanover st.
	Remarks,	1891000 1967

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 3100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Negro
3. *Date of Birth,*	2 June
Place of Birth, (Street and Number)	Thames St 1504
Full Name of Mother,	Fredricka Fever
5. *Mother's Maiden Name,*	Fredricka Fryers
7. *Mother's Birthplace,*	Md. Baltimore
8. *Full Name of Father,*	Peter Fever
9. *Father's Occupation,*	Sea faring
10. *Father's Birthplace,*	Md Baltimore
Name of Medical Attendant, or other person who makes this Return,	Marie Heath
Address,	Balto
Remarks,	1 8 9 1 0 0 0 1 9 6 8

CITY OF BALTIMORE 1891

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child.
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	
	Date of Birth,	June 4th – 91
	Place of Birth, (Street and Number)	Emilia Sigward
5.	*Full Name of Mother,*	Stockhausen
6.	*Mother's Maiden Name,*	America
7.	*Mother's Birthplace,*	Arnold Sigward
8.	*Full Name of Father,*	Glassblower
9.	*Father's Occupation,*	Germany
10.	*Father's Birthplace,*	No. 1713 ½ Eutaw St.
	Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser Midwife.
	Address,	1032 Hanover St.
	Remarks,	1891000 1969

HEALTH DEPARTMENT BALTIMORE CITY OF BALTIMORE

THE J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color. (if not of the white race)	White
Date of Birth.	June 5th 1877
Place of Birth. (Street and Number)	1312 N Central Ave
Full Name of Mother.	Nellie F. Merritt
6. Mother's Maiden Name.	Nellie F Asher
7. Mother's Birthplace.	Balto Co Md.
8. Full Name of Father.	Jesse J Merritt
9. Father's Occupation.	Bookkeeper
10. Father's Birthplace.	Balto Co Md.
Name of Medical Attendant, or other Person who makes this Return	A Watson
Address.	1307 N Central Ave
Remarks.	8910001970

HEALTH DEPARTMENT CITY OF BALTIMORE 1897

during the month, and shall set forth as far as the same can be ascertained, the full names, sex, color, the full particulars of birth of each child born alive, the name and residence of the parents, the occupation of the father, and the time and place of the birth of each child, in the form of a return to be furnished by the said Board of Health, to be kept by the Registrar of Vital Statistics in a permanent record book. And it shall be the duty of every person who shall become the parent of any child born alive within the limits of Baltimore city, after the passage of this ordinance, to report the birth of such child to the Registrar of Vital Statistics, in the manner, and within the time, prescribed by the rules and regulations of the Board of Health, and in the absence of other persons required to report, except in the case of still-births, the physician or midwife in attendance upon the mother shall report the birth of such child; and any person or persons who shall neglect or refuse to report the birth of any child as required by this section, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense. [illegible] the provisions of this section [illegible] to a fine of ten dollars for each offense.

THE A. [illegible] PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex. (state whether male or female) Male

2. Race or Color. (if not of the white race) White

3. Date of Birth. June 5th 1871

4. Place of Birth. (Street and Number) 1817 E. Chester St.

5. Full Name of Mother. Christine E. Kruse

6. Mother's Maiden Name. Christine E. Schmidt

7. Mother's Birthplace. Washington D.C.

8. Full Name of Father. Alois E. Kruse

9. Father's Occupation. Machinist

10. Father's Birthplace. Fort Smith Co. Md

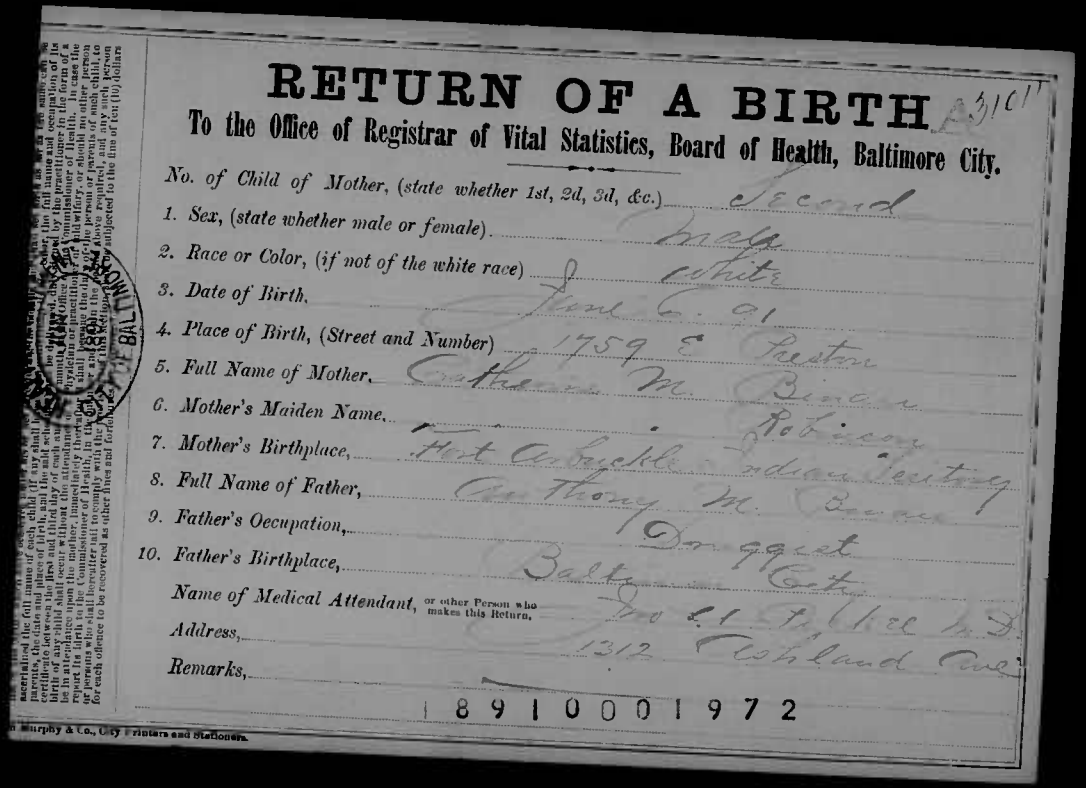
Name of Medical Attendant, or other Person who makes this Return. A. G. Watson

Address. 1507 N. Central Ave

Remarks. 1 8 9 1 0 0 0 1 9 7 1

CITY OF BALTIMORE HEALTH DEPARTMENT 1891

...ING CO., PRINTERS AND STATIONERS.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female).* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth.* June 6. 91
4. *Place of Birth, (Street and Number)* 1759 E Preston
5. *Full Name of Mother.* Catherine M. Bivan
6. *Mother's Maiden Name.* Robison
7. *Mother's Birthplace,* Fort Garfield Indian Territory
8. *Full Name of Father,* Anthony M. Bivan
9. *Father's Occupation,* Dr. 9 Ward
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Dr A. F. Ulrich M.D.

Address, 1312 Eastland Ave

Remarks,

8910001972

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, June 7th 1911
4. Place of Birth (Street and Number), 1946 Hanover st
5. Full Name of Mother. Mary Vogel
6. Mother's Maiden Name, Mary Smith
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Vogel
9. Father's Occupation, Painter
10. Father's Birthplace. Baltimore Md

Name of Medical Attendant, or other person who makes this Return. M. L. Hooper M.D.

Address, 1327 Hanover st

Remarks,

1 8 9 1 0 0 0 1 9 7 3

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 5101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child.
1.	*Sex, (state whether male or female)*	male
	Race or Color, (if not of the white race)	
	Date of Birth,	June 8 — 91
	Place of Birth, (Street and Number)	1038 Hanover st
	Full Name of Mother,	Lizzie Schafferman
6.	*Mother's Maiden Name,*	Rose
7.	*Mother's Birthplace,*	Germany.
8.	*Full Name of Father,*	Herrman Schafferman
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Germany.
	Name of Medical Attendant, or other person who makes this Return,	J. Schwasser. Midwife.
	Address,	1032 Hanover st.
	Remarks,	6 9 1 0 0 0 1 9 7 4

CITY OF BALTIMORE 1891

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A.2101V.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of children born, its or their physical condition, whether still born or not, the full name of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT CITY OF BALTIMORE JUN 13 1891

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	Sixth
2. *Sex (state whether male or female)*	Female
3. *Race or Color (if not of the white race)*	White
4. *Date of Birth*	June 5th
4. *Place of Birth (Street and Number)*	1529 Druid Hill Avenue
5. *Full Name of Mother*	Sarah M. Phelan Garvey
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Rhinebeck, New York State
8. *Full Name of Father*	Chas. A. Phelan
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	St. Croix West Indies
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. Fellenkamp
Address	1216 Baker St.
Remarks	

E. E. 8 9 1 0 0 0 1 9 7 5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
Sex, (state whether male or female)	Female.
Race or Color, (if not of the white race)	Colored
Date of Birth,	June 8th 1891
4. Place of Birth, (Street and Number)	Balto Harwood, East #20
5. Full Name of Mother,	Bell Lyde Hartless
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Jones Co.
8. Full Name of Father,	Robert F. Hartless
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Queen Anne Co. Md.
Name of Medical Attendant, or other person who makes this Return.	Mary Tarah
Address,	#722
Remarks,	8910001976

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 310 16.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and State, set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive), sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case or person or parents of such third day of each and every month to the office of the Registrar of Vital Statistics, as aforesaid, and the Health Officer within the limits of which such birth shall occur, and to which such schedule is herein required to be delivered, shall issue to the father (if living) thereof, or to the mother (if the father be dead), a certificate of the birth of such child, to report its birth to the Commissioner of Health, as aforesaid, and the name given to such child; and any such person or persons who shall neglect or refuse to report such birth as aforesaid, shall be subjected to the fine of ten (10) dollars for each offence. The recovery of the said penalties and forfeitures are recoverable

HEALTH DEPARTMENT RECEIVED JUN 12 1916 CITY OF BALTIMORE

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	Negro
3.	*Date of Birth*	8 June 1916
4.	*Place of Birth, (Street and Number)*	Easton Avenue 914
5.	*Full Name of Mother*	Marie Bell
6.	*Mother's Maiden Name*	Marie Pigel
7.	*Mother's Birthplace*	Richmond
8.	*Full Name of Father*	Herman Bell
9.	*Father's Occupation*	Mer. Baltimore
10.	*Father's Birthplace*	Baltimore
	Name of Medical Attendant, or other person who makes this Return	Marie Pigel.
	Address	Bond 838
	Remarks	1 8 9 1 0 0 0 0 1 9

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH E 3101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, June 9th 1891.
4. Place of Birth, (Street and Number) No 19 Bay Rlane.
5. Full Name of Mother, Ellenora F. Cahill
6. Mother's Maiden Name, " " Jones,
7. Mother's Birthplace, Balto City
8. Full Name of Father, Michael J Cahill
9. Father's Occupation, Crockery
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return. J. Ridgway Hedrick M.D.

Address, 1123 E Balto St

Remarks,

1891000197 8

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 81018.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1 C

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) Black
3. *Date of Birth*, June 11 91
4. *Place of Birth*, (*Street and Number*) 340 N. Fitzhugh
5. *Full Name of Mother*, Mary E.
6. *Mother's Maiden Name*, [illegible] Smith
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Isaac Fisher
9. *Father's Occupation*, Painter
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible] N. Fitzhugh

Remarks,

1891000197 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) F
2. Race or Color, (if not of the white race) W
3. Date of Birth, June 12-91
4. Place of Birth, (Street and Number) 82 Eiller H
5. Full Name of Mother, Elija Lundberg —
6. Mother's Maiden Name, Bare
7. Mother's Birthplace, Md —
8. Full Name of Father, Chas Lundberg —
9. Father's Occupation, Baker
10. Father's Birthplace, Norway

Name of Medical Attendant, or other person who makes this Return. Thomas Miller

Address, 1207 E. Monument St

Remarks,

1 8 9 1 0 0 0 1 9 8 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

31022.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First, (1st)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Friday 12th June 1891
4. Place of Birth, (Street and Number) No. 1609 East Monument Street
5. Full Name of Mother, Mrs. Elizabeth Johnson
6. Mother's Maiden Name, Miss Elizabeth Klein
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. Albert Johnson
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wm. H. Clendinen, M.D.

Address, 201 North Broadway

Remarks, Seven months Child (Premature Birth)

891000198 1

HEALTH JUN 15 1891 CITY OF BALTIMORE

GEO. W. C. CULLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 3102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 tes
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	4th of June 1891
4. Place of Birth (Street and Number),	Fairmount Ave 2226
5. Full Name of Mother,	Elisabeth Schneider
6. Mother's Maiden Name,	Elisabeth Rily
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Johann Schneider
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs Ida Hill Md.
Address,	207. N Castle St. Baltimore Md.
Remarks,	

8 9 1 0 0 0 1 9 8 2

RETURN OF A BIRTH. 31072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 12th 91
4. *Place of Birth, (Street and Number)* 1121 Washington Ave.
5. *Full Name of Mother,* Rose Griffin
6. *Mother's Maiden Name,* Rose Rice
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* William Griffin
9. *Father's Occupation,* Teamster
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Henry C. Tille M.D.

Address, 1203 West Fayette St.

Remarks,

8 9 1 0 0 0 1 9 8 3

ENGRAVED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

31023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex.* (state whether male or female) Female
2. *Race or Color.* (if not of the white race) White
3. *Date of Birth.* 2 June 1891
4. *Place of Birth.* (Street and Number) 626 W. Fayette St
5. *Full Name of Mother.* Yetta Siegel
6. *Mother's Maiden Name.* Cohen
7. *Mother's Birthplace.* Russia
8. *Full Name of Father.* Max Siegel
9. *Father's Occupation.* Salesman
10. *Father's Birthplace.* Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address. 42 Albemarle St

Remarks. 1891000198 4

(each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, and place of birth; and the said schedule shall be delivered, duly signed by the ... to the ... Commissioner of Health, within ... days after the birth of such child, and every month to the office of the ... Commissioner of Health, a like schedule of all births that shall occur in a like manner, under the penalty of ... dollars for each offense; and the ... shall receive from the Health Commissioner ... for each certificate of birth so returned. Any person or persons who shall hereafter fail to report the birth of any child as herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recovered.

BOARD OF HEALTH BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 June 1891
4. Place of Birth, (Street and Number) 815 E. Pratt St
5. Full Name of Mother, Shani Segel
6. Mother's Maiden Name, Karatkin gen
7. Mother's Birthplace, Russia
8. Full Name of Father, Serial Segel
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Albemarle St

Remarks, 691000 1985

...shall have been delivered. Duty signed by the proper officer in charge of the ... shall be delivered within ten days after the birth, and the ... third day of each and every month to the office of the ... shall occur within the city of Baltimore, and the ... attendance upon the mother immediately thereafter, ... child to report its birth to the Commissioner of Health, ... any such person or persons who shall hereafter fail ... fected to the fine of ten (10) dollars for each offense, to be ... and forfeitures are recoverable.

BOARD OF HEALTH BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 310 26

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 7th Male

1. *Sex, (state whether male or female)* Negro Female
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* June 14th 1926
4. *Place of Birth, (Street and Number)* 201 [illegible]
5. *Full Name of Mother,* Annie [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendent, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, 8910001986

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 31026.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4th 1891
4. Place of Birth, (Street and Number) 247 Smith Ave
5. Full Name of Mother, Mary Manning
6. Mother's Maiden Name, Mary Mitch
7. Mother's Birthplace, Balto Co Md
8. Full Name of Father, Frank Manning
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto Co Md

Name of Medical Attendent, or other person who makes this Return. Wm P Goodwin

Address, 111 E Lombard

Remarks,

8 9 1 0 0 0 1 9 8 7

month, and shall set forth as far as the same can be ascertained the full name, sex, color, the date, place of birth, and the full name and occupation of its parents. In the case of any child born out of wedlock, the name of the father shall not be entered on the certificate of birth of any child unless the mother shall request the same to be done in writing, and in the presence of the person making the return. If the mother of any child shall neglect or refuse to make the return required by this section, the person in charge of the house in which the birth occurs shall make the return, and if there be no person in charge of the house, or if the person in charge shall neglect or refuse to make the return, then the person or persons in charge of such child shall make the return. Any person who shall neglect or refuse to make the return required by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 31077.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	June 4th 1891
4. Place of Birth, (Street and Number)	232 E. Church St.
5. Full Name of Mother,	Rosa Jelly
6. Mother's Maiden Name,	Fitzpatrick
7. Mother's Birthplace,	Balto. City
8. Full Name of Father,	Saml Jelly
9. Father's Occupation,	Black Smith
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	R. C. Lee
Address,	Hanover St.
Remarks,	

month, and shall set forth as far as the same [illegible] name of each child, if any; and the been conferred, its sex, color, the full name [illegible] the date and place of birth; and the said schedule shall be delivered, duly signed [illegible] of a certificate between the first and third day of each and every month to the [illegible] Health. In case the birth of any child shall occur without the attendance of a physician [illegible], or should no other person be in attendance upon the mother, immediately [illegible] of the person or parents of such child to report its birth to the Commissioner [illegible] within the period above required, and any such person or persons who shall hereafter [illegible] provisions of this section shall be subjected to the fine of ten (10) dollars for each offence [illegible] fines and forfeitures are recoverable.

1891000[illegible]

RETURN OF A BIRTH

over 31078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harry Edward ~~Sullivan~~

No. of Child of Mother, (State whether 1st, 2d, 3d, &c.)	4th
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	June 5th 1891
4. Place of Birth, (Street and Number)	112 W. Hill St.
5. Full Name of Mother,	Amanda Sullivan
6. Mother's Maiden Name.	Greider
7. Mother's Birthplace,	Lancaster Co. Pa
8. Full Name of Father,	Edward Sullivan
9. Father's Occupation,	Hucksters
10. Father's Birthplace,	Carroll Co. Md
Name of Medical Attendant, or other person who makes this Return.	R. L. Lee
Address,	Hanover St
Remarks,	

1891000 1989

month and shall set forth as far as the same can be ascertained the name and surname of the child, if any given; the sex and color; the place of birth; and the name, residence and occupation of each parent; and the certificate shall be signed by the person in charge of the case. Where a birth has been conferred the attendance of a physician or practitioner, the certificate shall be signed by such physician or practitioner, and the said schedule shall be delivered, duly filled out, to the Commissioner of Health within the first and third days of each and every month to the office of the Commissioner of Health. Where a birth has occurred without the attendance of a physician or practitioner, it shall be the duty of the person or persons in charge of the case within the first and third days of each and every month to the office of the Commissioner of Health. Where a birth has occurred without the attendance of a physician or practitioner, it shall be the duty of the person or persons in charge of the case within the first and third days of each and every month to the office of the Commissioner of Health, and the child to report its birth to the Commissioner of Health, and the parent or parents of such child shall be required to report the birth of any child born in a city or county other than the city or county in which the parent or parents of such child may reside, within the first and third days of each and every month to the office of the Commissioner of Health in the city or county in which such birth occurred, and any such Person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY OF BALTIMORE

RETURN OF A BIRTH

A 31039.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6th 1891
4. Place of Birth, (Street and Number) 1045 E. Sharp
5. Full Name of Mother, Sara Charlotte Brannock
6. Mother's Maiden Name, Bryant
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, Thos F Brannock
9. Father's Occupation, Carpenter
10. Father's Birthplace, Cecil Co. Md

Name of Medical Attendant, or other person who makes this Return. J B Schwatka M.D.

Address, 1103 N. Broadway

Remarks,

1891000 1990

month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been conceived, and the name, occupation, residence and place of birth; and the said certificate shall be delivered, duly signed by the attendant, to the parent, if living, within the third day of each and every month to the office of the Registrar of Vital Statistics; and the certificate shall state the time of birth of each child born alive, or stillborn, or should no other person be in attendance upon the birth, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health within the period above required, and shall incur the penalties hereinafter provided for the neglect of the same; and it shall be the duty of any such person or persons who shall hereafter fail to make the report as herein required, to be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 31030

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2nd

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* June 7th 91.
4. *Place of Birth,* (*Street and Number*) 2008 Eastern ave
5. *Full Name of Mother,* Sofhia Honke
6. *Mother's Maiden Name,* " " Batzner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Honke
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Golfke

Address, 1114 S Bond St

Remarks,

8 9 1 0 0 0 1 9 9 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 31031.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 7th 1891.
4. Place of Birth (Street and Number)	723 Burns
5. Full Name of Mother	Clara Sturgell
6. Mother's Maiden Name	Toledo.
7. Mother's Birthplace	Frederick
8. Full Name of Father	Wm Sturgell,
9. Father's Occupation	Tailor Carrier.
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	St Geo H. Travers Md.
Address	502 Park Ave.
Remarks	Natural Labor Head Position
	Duration 5 hours

8911000192

CITY OF BALTIMORE JUN 15 1891

...ndivisions at the birth of any child within the City ... to the registrar aforesaid, within six days thereafter, stating distinctly the ... of the child or children born, its or their physical condition, whether still ... or ... nativity, and residence of the parents, and the maiden name of the mother ...

RETURN OF A BIRTH. A 31037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — —

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 June 1891
4. Place of Birth, (Street and Number) 202 N. James St
5. Full Name of Mother, Rebecca Goldstone
6. Mother's Maiden Name, " Herzberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Samuel Goldstone
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Herman

Address, 42 Aisquith St

Remarks,

1891000199 3

CITY OF BA

WM J C DULANY CO CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 2-26-57

RETURN OF A BIRTH. A 31033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward Christian ~~Hasselhoff~~ Hasselhoff

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9th 1944
4. Place of Birth, (Street and Number) 601 S Washington St
5. Full Name of Mother, Emma ~~Hasselhoff~~ Hasselhoff
6. Mother's Maiden Name, " " Mauer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Christ ~~Hasselhoff~~ Hasselhoff
9. Father's Occupation, Hurdler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr Goetzke

Address, # 114, S Bond St.

Remarks,

8910001994

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1.	*Sex, (state whether male or female)*	Female.
2.	*Race or Color, (if not of the white race)*	White, Race.
3.	*Date of Birth,*	January 7th 1871
4.	*Place of Birth, (Street and Number)*	No. 244 Hanover St.
5.	*Full Name of Mother,*	Maggie Haggiston Hartlage
6.	*Mother's Maiden Name,*	
7.	*Mother's Birthplace,*	Baltimore Md.
8.	*Full Name of Father,*	Michael Haggiston
9.	*Father's Occupation,*	Tailor
10.	*Father's Birthplace,*	Baltimore Md
	Name of Medical Attendant, or other person who makes this Return,	Louis Geuss
	Address,	1005 St. Paul St.
	Remarks,	Twins Fraternal

8910001995

CITY OF BALTIMORE

WM J. D. DULANY CO. CITY PRINTERS AND STATIONERS

month, and shall set forth as to the same the date and place of birth; that the said child is living at the time of such return, or if dead, that it has been registered, duly signed and sworn to, and shall be delivered, duly signed, to the person required by law to register the birth of any child born during the month next preceding the date of such return, on or before the third day of each and every month to the person or persons authorized by law to receive the same, and that no other person be by him or her employed or authorized to make such return; and that no return shall occur without the attendance of the person or parents of such child, if required by the Commissioner of Health, unless the absence of such attendance be explained to the satisfaction of the Commissioner of Health; and shall report its birth to the Commissioner of Health, which duties of this section shall be subject to the fine of ten dollars for each such child not reported, and to the fine of ten dollars for each and every such person or persons who shall neglect or refuse to perform the duties and forfeitures are recoverable

RETURN OF A BIRTH. A 31033.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	June 2th 1891
4.	*Place of Birth, (Street and Number)*	No. 1830, Light, St.
5.	*Full Name of Mother,*	Maggie Keis
6.	*Mother's Maiden Name,*	" Ludwig
7.	*Mother's Birthplace,*	Baltimore, Md
8.	*Full Name of Father,*	George Keis
9.	*Father's Occupation,*	Brickmaker
10.	*Father's Birthplace,*	Baltimore Md.
	Name of Medical Attendant, or other person who makes this Return,	Annie Groom
	Address,	1693. South Charles St.
	Remarks,	Grocery Saloon

691000 1996

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* [illegible] White
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 16th 91
4. *Place of Birth, (Street and Number)* 272 E Bond St
5. *Full Name of Mother,* Emily Fritz
6. *Mother's Maiden Name,* " " Williams
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jno Fritz
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Germany

Name of Medical Attendant or other person who makes this Return. Mrs Getzke

Address, # 114. E Bond St

Remarks,

1891000199 7

Health. This schedule shall contain a list of the births which shall occur during the month, and shall set forth as far as the same can be ascertained, the name of each child born, the date of birth, and the name, residence, and occupation of the parents; and the number of children born to the mother, and the number of children born between the first child and the last child; and shall be delivered, duly signed by the practicing physician, midwife or other person in attendance upon the birth, to the office of the Commissioner of Health, in the form prescribed by the Commissioner of Health, within the first ten days of each and every month; and every practicing physician, midwife or other person in attendance upon any birth which shall occur without the attendance of a physician or midwife, shall report the same within the time aforesaid, in the form prescribed by the Commissioner of Health. In the event that any midwife or physician shall hereafter fail to comply with the requirements of this section, as above required, such midwife or physician shall be subject to the penalties and forfeitures as provided by law, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

BOARD OF HEALTH JUN 1891 BALTIMORE

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. Sex, (state whether male or female) Male. — Lee Davidson
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 10th 1891. 5. P. M.
4. Place of Birth, (Street and Number) 405 W. Saratoga St Baltimore
5. Full Name of Mother, Adele Pollack Davidson
6. Mother's Maiden Name, Adele Pollack
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Isaac Davidson
9. Father's Occupation, Merchant.
10. Father's Birthplace, Helmarshausen, Germany.

Name of Medical Attendant, or other person who makes this Return, Flora Pollack M. D.

Address, 1112 N. Eutaw St.

Remarks. Full name of child added by mother May 10-1932.
Adele P. Davidson Mother [illegible]

month, and shall set forth as far as the same can be ascertained, the full name, sex, color, the full name and occupation of each parent, and the date and place of birth; and the said schedule shall be delivered, duly signed, by the person making the return, to the Registrar of Vital Statistics, within ten days after the birth of any child shall occur without the attendance of a physician, midwife or other person, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, and in default thereof each parent shall be liable to a penalty of ten dollars; and if any person who shall be required by the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense. The penalties and forfeitures are recoverable

CITY OF BALTIMORE 1891

WM. J. O. SULLANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31038.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16 1851
4. Place of Birth, (Street and Number) No. 906 Bimney st
5. Full Name of Mother, Mary E Long
6. Mother's Maiden Name, Grover
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Long
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah A Harrington

Address, No 120 Bimney st

Remarks,

8 9 1 0 0 0 1 9 9 9

month, and shall set forth as far as the same can be ascertained the name (if any) sex, color, date and place of birth, name and residence of parents, and number of children born to the mother, and the number of such children living, and the name, residence and occupation of the informant; and the said schedule shall be delivered, duly signed by the person giving the information, to the Registrar of Vital Statistics, or to such person as he may appoint for the purpose, on the third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. And the said Registrar, with the assistance of a physician or [illegible] shall cause the birth of any child still-born without the attendance of a physician or midwife to be investigated, and shall require the attendance upon the said investigation of the person or persons who should have reported the birth of such child to the Commissioner of Health. In default of the delivery of such schedule, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

GIVEN NAME ADDED 4-6-59

31039.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

James Vernon Ware

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)	
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	June 11th. 1891.
4. Place of Birth (Street and Number)	216 N. Liberty St.
5. Full Name of Mother	Ethel Ware.
6. Mother's Maiden Name	Lewis
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	James Ware. *
9. Father's Occupation	Clerk.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Dr. Gaither, M.D.
Address	702 East Ave.
Remarks	Natural Labor. L.O.A. Cord twice.

8910002000

Duration 10 hours

MAY 13 1891 CITY OF BALTIMORE

...advise at the birth of any child within the City ... shall report to the registrar aforesaid, within six days thereafter, stating distinctly the ... of birth, ... of the child or children born at ... or their physical condition, whether ... name, nativity, and residence of the parents, and the maiden name of the mother ... children

RETURN OF A BIRTH A 31477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 11th 1891
4. Place of Birth, (Street and Number) 902 Fulton Avenue
5. Full Name of Mother, Elizabeth Hoffman
6. Mother's Maiden Name, Elizabeth Spicer
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, David P. Hoffman Jr
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, D. P. Hoffman M. D.

Address, 702 West Fayette

Remarks,

1891000201

month's and shall not exceed ten dollars for each offense. If any child born in said city shall have been conferred its sex, color, the name and residence of its parents, the number of its birth; and the said schedule shall be delivered, duly signed by the physician or midwife in attendance upon the birth, or by the father or mother of such child, within ten days after the birth, and the third day of each and every month to the office of the Commissioner of Health, and all persons who shall be in attendance at the birth of any child as physician or midwife shall report the birth of such child to the Commissioner of Health, in the manner required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

CITY OF BALTIMORE

PRS. J. C. QUILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 31041.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12th 91
4. Place of Birth, (Street and Number) 337 S Caroline st
5. Full Name of Mother, Maggie Fairbairn Gerhardt
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Gerhardt
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Gerke

Address, 1114 S Bond st

Remarks,

1891000002

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 31072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 12 91
4. Place of Birth, (Street and Number) 333 S Bond St
5. Full Name of Mother, Mary Claus
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Germany
8. Full Name of Father, John Claus
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md White

Name of Medical Attendant, or other person who makes this Return.

Address, 333 S Bond St

Remarks, 8910002003

CITY OF BALTIMORE

JAN 19 1891

HEALTH DEPARTMENT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31043.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13 1891
4. Place of Birth, (Street and Number) 7026 Keyser
5. Full Name of Mother, Teresa Cutter
6. Mother's Maiden Name, Boedeker
7. Mother's Birthplace, City
8. Full Name of Father, Geo. D. Cutter
9. Father's Occupation, Brickburner
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. J. B. Schwatka M.D.

Address, 1003 N. Patterson

Remarks,

8910002004

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 310 VL

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* June 12 1891
4. *Place of Birth, (Street and Number)* 1953 Hanover St
5. *Full Name of Mother,* Mary Elizabeth Johnson
6. *Mother's Maiden Name,* Mary Elizabeth Weaver
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* James B Johnson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other person who makes this Return, C A Tull

Address, 525 Light St

Remarks, Dismissed

1 8 9 1 0 0 0 2 0 0 5

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 3104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2 th 1941
4. Place of Birth, (Street and Number) 1514 Byrd St
5. Full Name of Mother, Emma Marie Liddle
6. Mother's Maiden Name, Emma Marion Lewis
7. Mother's Birthplace, Virginia
8. Full Name of Father, John Thomas Liddle
9. Father's Occupation, machinist
10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return, C L Tull

Address, 525 Light St

Remarks, Single Well

8910002006

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5 th 1891
4. Place of Birth, (Street and Number) 518 William St
5. Full Name of Mother, Anna Mary Kimbel
6. Mother's Maiden Name, Anna Mary Wally
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Hedrick Kimbel
9. Father's Occupation, Coach Painter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. C J Dulany

Address, 1525 Light St

Remarks, Living Well

8 9 1 0 0 0 2 0 0 7

...mona, and shall set forth as far as known, the time and place of birth, the full name and occupation of its parents, the color, the full name and occupation of its physician or midwife, and the said schedule shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately thereafter, if there be no such practitioner, then by the first and third days of each and every month to the office of the Commissioner of Health, in the manner and within the time prescribed by the Commissioner of Health of any child shall neglect within the time aforesaid to deliver such schedule, or any person in attendance upon the mother, immediately thereafter, if there be no such practitioner, shall become liable to the penalty hereinafter provided, and the parent of any such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 7-24-52

A 31047

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Barbara Loeffler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 17
4. Place of Birth, (Street and Number)	179 Charles St
5. Full Name of Mother.	Eva Feller
6. Mother's Maiden Name,	Eva Schroeder
7. Mother's Birthplace,	Germany
8. Full Name of Father,	George Feller
9. Father's Occupation,	Hair Dresser
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	C. J. Fuller Jr
Address,	1228 Light St
Remarks,	Living Well

+ 0 9 1 0 0 0 2 0 0 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 310 48.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 7th 1891
4. *Place of Birth, (Street and Number)* 1418 Covington St
5. *Full Name of Mother,* Sarah Lotterman
6. *Mother's Maiden Name,* Sarah Reider
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* William Lotterman
9. *Father's Occupation,* Brakeman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. C A Tull

Address, 1[illegible] Light St

Remarks, Saint Well

8 9 1 0 0 0 2 0 0 9

month, and shall set forth as far as the same can be ascertained, the full name and occupation of each parent, and the place of birth; and the said schedule shall be delivered to the Registrar of Vital Statistics, or to such person as he may appoint to receive the same, within the first and third day of each and every month to the office of the Registrar of Vital Statistics, at the City Hall; and it shall be the duty of every person in charge of any house or tenement in which a birth shall occur to cause the birth of any child therein to be reported as aforesaid, if the parents of such child reside in such house or tenement, and in default thereof, or if the parents of such child do not reside in such house or tenement, then it shall be the duty of the person in charge of such house or tenement in which the confinement of the mother of such child occurs to cause the birth of such child to be reported as aforesaid; and any person or persons who shall hereafter fail to make the report required by this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Estella Marie

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8th 1891
4. Place of Birth, (Street and Number) 1271 Johnson St
5. Full Name of Mother, Sarah Elizabeth Turke
6. Mother's Maiden Name, Sarah Elizabeth Joyner
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Francis George Turke
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, C. A. Tully

Address, 1325 Light St

Remarks, Dunge Hall

6910002010

month, and shall set forth as far as the same can be ascertained [illegible] full name of each child if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner [illegible] form [illegible] between the first and third day of each and every month to the office of the Commissioner of Health [illegible] birth of any child shall occur without the attendance of a physician or practitioner [illegible] other person be in attendance upon the mother, immediately thereafter it shall become [illegible] or parents of such child to report its birth to the Commissioner of Health, in the manner and above required, and any such person or persons who shall hereafter fail to comply with [illegible] of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9th 1891
4. Place of Birth, (Street and Number) Patapsco St 1st 35
5. Full Name of Mother, Lizzie Viddilla Carroll
6. Mother's Maiden Name, Lizzie Viddilla Pickett
7. Mother's Birthplace, Howard Co Md
8. Full Name of Father, Albert Isaac Carroll
9. Father's Occupation, Fireman 1st C
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, C A Lulls

Address, 825 Light St

Remarks, Doing well

8 9 1 0 0 0 2 0 1 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 31 cor 1.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 16 1891
4. *Place of Birth, (Street and Number)* 416 Hanover St
5. *Full Name of Mother,* Bell Lingerman
6. *Mother's Maiden Name,* Bell Love
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Henry Lingerman
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* [illegible] Md

Name of Medical Attendant, or other person who makes this Return, C. A. Tully

Address, 125 Light St

Remarks, Living Well

6 9 1 0 0 0 2 0 1 2

months and shall set forth as far as the same can be ascertained [illegible] each [illegible] shall have been conferred) its sex, color, the full name and occupation of [illegible] of birth; and the said schedule shall be delivered, duly signed by the [illegible] between the first and fifth days of each month, to the officer of the Commissioner of Health [illegible] person or parcels of such shall occur without the attendance of a physician or practitioner [illegible] of neither person shall attend upon the mother, immediately thereafter it shall become the duty of [illegible] person or parcels of such child to report its birth to the Commissioner of Health, in the manner and [illegible] the period above required, and any such person who shall neglect or refuse to comply with the [illegible] of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. Birth.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 6 A 91
4.	*Place of Birth, (Street and Number)*	1101 Hanover St
5.	*Full Name of Mother,*	Adda Collins
6.	*Mother's Maiden Name,*	Adda Reid
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Virgil Collins
9.	*Father's Occupation,*	Painter
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	C A Tully
	Address,	523 Light St
	Remarks,	Living Well

8 9 1 0 0 0 2 0 1 3

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31023.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 10 1891
4. Place of Birth, (Street and Number) Watts Court
5. Full Name of Mother, Susan Stevenson
6. Mother's Maiden Name, Susan Bates
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Geo Stevenson
9. Father's Occupation, Laborer
10. Father's Birthplace, North Hamilton Eastern Shore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mary Ann Stevenson

537 9 9 a 1 9 0 0 2 8 6 4

month, and shall not defray its expense cannot be incorporated [illegible] and place of birth; and the said [illegible] been conferred) its sex, color, the [illegible] and place of birth; and the said [illegible] shall be delivered, duly signed by the [illegible] shall occur within [illegible] attendance upon the mother [illegible] child to report its birth to the Commissioner of Health [illegible] and [illegible] jected to the fine of ten (10) dollars for each offense, to be [illegible] become the duty of the person or parties in [illegible] within the period above required, and [illegible] of this section shall be subject to a fine of ten (10) dollars for each offense, to be [illegible] of which fines are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 310524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	The 1st
1. *Sex.* (state whether male or female)	Female
2. *Race or Color,* (if not of the white race)	White
3. *Date of Birth,*	The 11 of June 1891
4. *Place of Birth,* (Street and Number)	No 1326 Holbrook St
5. *Full Name of Mother,*	Anna Kupfel
6. *Mother's Maiden Name,*	Anna Kupfel
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Louis Kupfel
9. *Father's Occupation,*	Saloon
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Jno Chr Lauer
Address,	No 1059 Hanford Ave
Remarks,	Bal. Md.

8910897015

month, and shall set forth, as far as the same can be ascertained, the name, sex, color, date and place of birth, and the full name and birthplace of the father and maiden name and birthplace of the mother; and the certificate shall be delivered, duly signed by the practitioner in the case, or by the person who shall have been conferred with as aforesaid, to the Registrar of Vital Statistics, at the office of the Commissioner of Health, within the first week after the birth, and every month to the office of the Commissioner of Health, at the end of each and every month to the office of the Commissioner of Health, and no other person be in default unless it shall appear that the certificate required to be given by the physician or midwife has been duly given as aforesaid, and that the omission to register such birth has been occasioned by the neglect or refusal of such physician or midwife. It shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and shall incur the same penalty for failure to do so as is above provided in the case of physicians and midwives, unless any such person or persons, who shall hereafter fail to comply with the provisions of this section, shall satisfy the Commissioner of Health that a certificate has been duly given as aforesaid. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31093.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 11 1897
4. Place of Birth, (Street and Number) 624 walnut alley
5. Full Name of Mother, mary Gross
6. Mother's Maiden Name, mary Dorsey
7. Mother's Birthplace, Charles county Md.
8. Full Name of Father, James Gross
9. Father's Occupation, waiter
10. Father's Birthplace, Charles Co. Md

Name of Medical Attendant, or other person who makes this Return. Mary Ann Mason

Address, 624 walnut alley

Remarks,

0910002016

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 12 1
4. *Place of Birth, (Street and Number)*	835 Mingo St
5. *Full Name of Mother.*	Anna Dimmer
6. *Mother's Maiden Name.*	Anna Adey
7. *Mother's Birthplace.*	Baltimore
8. *Full Name of Father.*	Henry H. Dimmer
9. *Father's Occupation.*	Moulder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Kellyanda Clyfe
Address,	646 Ramsay St
Remarks,	8910006017

KODAK

month, and shall set forth as far as the same can be use[illegible] [illegible] child, if any shall have been conferred) its sex, color, the full name and occupa[illegible] place of birth; and the said schedule shall be delivered, duly signed by the prac[illegible] between the first and third day of each and every month to the office of the [illegible] the birth of any child shall occur without the attendance of a physician or pr[illegible] no other person be in attendance upon the mother, immediately thereafter it [illegible] person or parents of such child to report its birth to the Commissioner of Health. In [illegible] period above required, and any such person or persons who shall hereafter fail to com[illegible] this section shall be subjected to the fine of ten (10) dollars for each offense, to be rec[illegible] and forfeitures are recoverable.

A 31005

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12th
4. Place of Birth, (Street and Number) 401 W Baltimore St
5. Full Name of Mother, Louise Voelman
6. Mother's Maiden Name, Louise Priesetjohn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Carl Voelman
9. Father's Occupation, Jeweller
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Hellyonda Cliefer

Address, 644 Co. Road

Remarks, 1 8 9 1 0 0 0 2 0 1 8

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex. (state whether male or female) Male

2. Race or Color. (if not of the white race) —

3. Date of Birth. June 13. 91

4. Place of Birth. (Street and Number) 1912 Eutaw [illegible]

5. Full Name of Mother. Mrs. Elizabeth Cooke Brown Nicol

6. Mother's Maiden Name. Wife " "

7. Mother's Birthplace. Balt Md " Baltimore

8. Full Name of Father. Frank George Nicol

9. Father's Occupation. Boot Maker

10. Father's Birthplace. Balt Md

Name of Medical Attendant, or other Person who makes this Return. G. G. Rock M.D

Address. 1910 E. Balt. St.

Remarks. 89100 2 0 1 9 Library

T & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-28-56

RETURN OF A BIRTH. 31059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Viola Elizabeth Miller	
1.	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
2.	Sex, (state whether male or female)	Female
3.	Race or Color, (if not of the white race)	White
4.	Date of Birth,	June 15th 1911
5.	Place of Birth, (Street and Number)	18 E West St
6.	Full Name of Mother,	Margret Miller
7.	Mother's Maiden Name,	Margret Peel
8.	Mother's Birthplace,	Wilmington
9.	Full Name of Father,	Edward L Miller
10.	Father's Occupation,	Engineer
	Father's Birthplace,	Virginia
	Name of Medical Attendant, or other person who makes this Return.	C J Gill
	Address,	528 Light St
	Remarks,	Twins

1891000 2020

CITY OF BALTIMORE

and J.C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2nd 1891
4. Place of Birth, (Street and Number) 416 3rd St.
5. Full Name of Mother, Mary E. Owens
6. Mother's Maiden Name, " Gipson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph L. Owens
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M. D.

Address, 811 Jefferson Ave. Balto. Md.

Remarks,

8910002021

CITY OF BALTIMORE 1891

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. E 31061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5th 1891
4. Place of Birth, (Street and Number) 621 Madison St. Annex
5. Full Name of Mother, Mary C. F. Linthicum
6. Mother's Maiden Name, Glenn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Oliver R. Linthicum
9. Father's Occupation, Machenist
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M.D.

Address, 811 Jefferson Ave. Balto. Md.

Remarks, 1891000 2022

CITY OF BALTIMORE 1891 JUN 22 HEALTH DEPARTMENT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7th 1891
4. Place of Birth, (Street and Number) #51 Wolfert Ave.
5. Full Name of Mother, Mary E. Sweeten
6. Mother's Maiden Name, " " Harrod
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Howard M. Sweeten
9. Father's Occupation, Hatter
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. R. L. Rankin M.D.

Address, 811 Jefferson Ave Balto. Md.

Remarks, 8910002023

RECEIVED JUN 10 1891 REGISTRAR OF VITAL STATISTICS CITY OF BALTIMORE

...ation is false, or if any person or persons shall neglect or refuse to make the return of any birth required by this section, or shall neglect or refuse to attend before the Commissioner of Health, when required by him, and give information touching any birth required to be returned, such person or persons shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 31663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9th 1891
4. Place of Birth, (Street and Number) No 120 Hanson St
5. Full Name of Mother, Margaret Schulz
6. Mother's Maiden Name, Margaret Krieg
7. Mother's Birthplace, Germany
8. Full Name of Father, George Schulz
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 2 0 2 4

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 5-18-56

A 31062

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Caroline Virginia Eisinger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10th 1891
4. Place of Birth, (Street and Number) 303. 11th Street
5. Full Name of Mother, Carrie Eisinger Witzel
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Leonard P. Eisinger
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. R. H. Rawlins M.D.

Address, 811 Jefferson Ave Baltimore

Remarks,

1891 0002025

CITY OF BALTIMORE JUN 1891 REGISTRAR'S DEPARTMENT

month, and shall set forth as far as the same can be ascertained, the name and residence of the parents of such child, the date and place of birth, and the name, if any, and the sex of such child, and whether it be the first, second or other child born of the mother, and such other particulars as may be required by the Commissioner of Health for the proper registration of such birth; and the certificate herein required to be given by the physician, midwife or other person in attendance upon the mother, shall be signed by the person giving the same, with his or her usual business address, and shall contain a statement of the number of visits made by him or her during the pregnancy of the mother, and the date of each visit, and the date when and the circumstances under which he or she was last in attendance upon the mother, and the date when and the circumstances under which he or she first saw such child. And every person who shall be required by this section to register the birth of any child shall make such registry within ten days after the birth of such child, and every such person who shall neglect or refuse to register such birth within the time aforesaid, or who shall refuse or neglect to furnish any information required of him or her by the Commissioner of Health touching any birth which it is the duty of such person to register, and every physician, midwife or other person who shall refuse or neglect to furnish the certificate herein required to be given by him or her, shall be subject to the fine of ten (10) dollars for each offense, to be recovered, with costs, in the manner that fines and forfeitures are recoverable.

876 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 12 14 June 1891
4. Place of Birth, (Street and Number) 26 Bodmans Court
5. Full Name of Mother, Nancy Green
6. Mother's Maiden Name, Nancy Green
7. Mother's Birthplace, Virginia
8. Full Name of Father, unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return. Sarah Lazear Midwife

Address, 723 Grundler Court City

Remarks,

8 9 1 0 0 0 2 0 2 6

list of the births which have occurred under his or her ... and shall set forth, as far as he can be ascertained the full name of each child (if any shall ... sex, color, the full name and residence of its parents, the date and place of birth of each child, and ... certificate of each birth shall be signed by the attendant ... birth of any child shall occur without the attendance ... be in attendance upon the mother, immediately ... report the birth as required by this section, ... or neglect to comply with the provisions of this section ... for each offence to be recovered as other fines and ... as provided by ordinance.

CITY OF BALTIMORE

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 31661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)*
2. *Race or color, (if not of the white race)* Black
3. *Date of Birth,* 6. 4. 91.
4. *Place of Birth, (Street and Number)* 109 N. Amity Pl
5. *Full Name of Mother,* Catherine Sherrard
6. *Mother's Maiden Name,* McQuaide
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Mathew Sherrard
9. *Father's Occupation,* Garbage-man
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Dr. Eastman

Address, 922 E. Lexington

Remarks, Natural Labor

8 9 1 0 0 0 2 0 2 7

HEALTH DEPARTMENT JUN 15 1891 CITY OF BALTIMORE

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or certificated midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or persons residing in the house where such child is born to report its birth to the commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, which fine and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. S 31067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 1. 1891.
4. *Place of Birth, (Street and Number)*	425 E. Baltimore St.
5. *Full Name of Mother,*	Julia Isenbruger
6. *Mother's Maiden Name,*	Hinter
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Wm. Isenbruger
9. *Father's Occupation,*	Cigar maker
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Caroline Hitter
Address,	603 Watton St.
Remarks,	

1 8 9 1 0 0 0 2 0 2 8

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health Office, Baltimore City, ... 1891
Received the ... day of ... 1891
Registered in Book ... Page ...
Clerk

... been entered in the ... sex, color, the full name and ... date and place of birth; and the ... shall enter a full record of ... certificate between the first and ... third day of each and every month to the ... shall occur without the attendance of a ... attendance upon the mother, immediately ... duty of the person or parents of such ... duty such person or persons who shall hereafter fail to comply with the provisions of this section shall be ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 31068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* June 3. 1891.
4. *Place of Birth,* (*Street and Number*) 408. Madison St.
5. *Full Name of Mother,* Josephine Murphy
6. *Mother's Maiden Name,* Dorf
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Robert Murphy
9. *Father's Occupation,* Cattle dealer
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 405 Madison St.

Remarks,

8 9 1 0 0 0 2 0 2 9

ORIGINAL

...month, and not more than ten days after the date and place of birth; and the said Registrar shall be delivered, duly signed by the person in charge of the case, and the said Registrar shall not grant a certificate between the first and tenth day of any month to the effect that the birth of any child shall occur without the certificate of attendance upon the mother, immediately before and within the period above required, and within the period above required, and ... shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...PUBLISHED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 31069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 4/91
4. *Place of Birth, (Street and Number)*	1010 Mc Cullough St
5. *Full Name of Mother,*	Rachel Diffenderfer
6. *Mother's Maiden Name,*	Spurrier
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James P Diffenderfer
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Thomas Opie MD
Address,	000 N. Howard St.
Remarks,	1891000 2030

...been delivered, duly signed by the attending physician or midwife, or should no other person be ... said schedule shall be delivered, duly signed by the ... Third day of each and every month, a like report ... shall cause to be made out a like schedule ... upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Health, ... any such person or persons shall ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 6 1891.
4. Place of Birth, (Street and Number) 1536 E. Monument St
5. Full Name of Mother, Gertrude Burke
6. Mother's Maiden Name, Mayer
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William Burke
9. Father's Occupation, Railroad Clerk
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 605 Walker St.

Remarks, 8 9 1 0 0 0 2 0 3 1

Health Office, the full name and residence of the father, and the date and place of birth, and the name and residence of the attending physician or midwife, if any, within ten days after the birth, and every midwife or other person who shall assist at a birth, shall, within ten days after the birth, report the same to the Health Office, with the full name and residence of the parents. In case the birth occurs in a hospital, institution or boarding house, the person in charge thereof shall report the birth as herein required. In case the child is still-born, a certificate to that effect, signed by the attending physician or midwife, shall be given to the parents, and a duplicate thereof shall be forthwith sent to the Health Office. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report the birth as herein required. Any person who shall refuse or neglect to report, as herein required, any such birth, or who shall report any false statement touching any birth, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 3107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	Col
3. Date of Birth,	June 8th 1891
4. Place of Birth, (Street and Number)	906 Peach Al
5. Full Name of Mother,	Ella Young
6. Mother's Maiden Name,	Ella Morrill
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles E Young
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Caroline Moore
Address,	# 49 W. West st Balto
Remarks,	1891000 2032

CITY OF BALTIMORE

J. C. MILANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 310725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 6, 1891.
4. *Place of Birth, (Street and Number)* 213 N. Caroline St.
5. *Full Name of Mother,* Sara E. Schrier
6. *Mother's Maiden Name,* Stahl
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* William Schrier
9. *Father's Occupation,* Tinner & Plater
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St.

Remarks,

8910002033

896. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31043

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT RECEIVED JUN 18 1891 CITY OF BALTIMORE

Return to be made within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or living, and the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1. *Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* June 9th 1891
5. *Place of Birth, (Street and Number)* 1917 Frederick Avenue
6. *Full Name of Mother,* Rosa B Hush
7. *Mother's Maiden Name,* Rosa B Ebberts
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* Wm J Hush
10. *Father's Occupation,* Cooper
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Saml L Powell MD

Address, 217 Aisquith Street

Remarks,

8 9 1 0 0 0 2 0 3 4

RETURN OF A BIRTH

3107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	3ed
1. *Sex,* (*State whether male or female*)	Female
2. *Race or color,* (*if not of the white race*)	Col
3. *Date of Birth.*	June 10th 1891
4. *Place of Birth.* (*Street and Number*)	1201. Clarkson St
5. *Full Name of Mother.*	Penelope Johnson
6. *Mother's Maiden Name.*	Penelope Creech
7. *Mother's Birthplace,*	Edenton N. Carolina Chowan Co
8. *Full Name of Father.*	Charles Johnson
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Danville Virginia
Name of Medical Attendant, or other person who makes this Return.	Caroline Moore
Address,	1149 W. West st Balto
Remarks.	1891000 2035

CITY OF BALTIMORE

J. C. PULLEY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. E 3107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. Child
Sex, (state whether male or female)	Girl
Race or Color, (if not of the white race)	White Race
Date of Birth,	Born June 10th 1891
Place of Birth, (Street and Number)	at 548 Frederick Ave
5. Full Name of Mother,	Mrs Mary Eber
6. Mother's Maiden Name,	Mrs " Nikalis
7. Mother's Birthplace,	Bayern Germany
8. Full Name of Father,	Mr Andreas Eber
9. Father's Occupation,	Labor
10. Father's Birthplace,	Hessen Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hallar
Address,	2127 W Pratt St
Remarks,	8 9 1 0 0 0 2 0 3 6

month, and shall set forth as far as the same can be ascertained the full name of each child of any, shall have been registered, his sex, color, the full name and occupation of its parents, the date and place of birth, and if subsequent to the first child, the number of such child to the mother, and every such certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the householder or owner or agent of the house in which such birth occurs shall report the same to the Commissioner of Health within the period above required, and attendance upon the mother immediately thereafter, shall report the same to the Commissioner of Health as aforesaid. Any such person or persons who shall hereafter fail to report births with which they are connected, in accordance with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 3107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary R. Parks

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 11th 1891
4. Place of Birth, (Street and Number) No 1239 Bayard Street
5. Full Name of Mother, Lydia A. Parks
6. Mother's Maiden Name, Lydia A. Wilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James L. Parks
9. Father's Occupation, Caster by trade
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Masters

Address, 1c No 1748 Carroll Street

Remarks,

1 8 9 1 0 0 0 2 0 3 7

mouth, and shall set forth as far as the same [illegible] the full name of each child, (if any shall have been conferred) its sex, color, the full name and residence of the parents, date and place of birth; and the said schedule shall be delivered, duly signed by [illegible] to the officer or person appointed to receive the same, at the time he shall occur without the city limits; in case the birth of any child shall occur within the city limits, the said schedule shall be delivered to the officer or person appointed to receive the same within [illegible] days after the occurrence of such birth; and in case the birth of any child shall occur in any hospital, infirmary, or other institution, or in any almshouse upon the mother, immediately thereafter, the manager and officer of the person or parents of such child to report its birth to the Commissioner of Health, to the manner and with the particulars required and set forth in this section; and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BLANEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born June 11th 1891
4. Place of Birth, (Street and Number)	# 1805 Dover Str
5. Full Name of Mother,	Mrs Katie Riessmann
6. Mother's Maiden Name,	Maiss " Eichner
7. Mother's Birthplace,	Wurtemberg Germany
8. Full Name of Father,	Mr George Riessmann
9. Father's Occupation,	Labor
10. Father's Birthplace,	Bayern Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Heller
Address,	2122 W Balt St
Remarks,	8 9 1 0 0 0 2 0 3 8

HEALTH DEPARTMENT JUN 1891 CITY OF BALTIMORE

1891. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Christian Henry Charles Ruemenapp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), White Race,
3. Date of Birth, June 11 St 1914
4. Place of Birth (Street and Number), 153 Hanover St.
5. Full Name of Mother, Louise (Ruemenapp) Ruemenapp,
6. Mother's Maiden Name, Louise (Rossell) Ross
7. Mother's Birthplace, Province Hanover Germany
8. Full Name of Father, Wm (Ruemenapp) Ruemenapp,
9. Father's Occupation, Keeps Restaurant
10. Father's Birthplace, Saxony Lübmer Germany

Name of Medical Attendant, or other person who makes this Return, Hermann Loeb

Address, 1703 Hanover St

Remarks, Ballo 9/14

1 3 0 1 0 0 3 0 3 9

Baltimore Printing Co. City Printers and Stationers

RETURN OF A BIRTH. A 31079.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born June 11th 1891
4. Place of Birth, (Street and Number) # 1112 Lemmon Court
5. Full Name of Mother, Mrs Frances Weigman
6. Mother's Maiden Name, Nois Strasser
7. Mother's Birthplace, Bayern Germany
8. Full Name of Father, Mr John Weigman
9. Father's Occupation, Shoe maker
10. Father's Birthplace, Bayern Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Hallia

Address, 2127 W Pratt St

Remarks,

8 9 1 0 0 0 2 0 4 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. E 31080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE JUN 7 1891

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	6 Child
1. *(state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born June 12th 1891
4. *Place of Birth, (Street and Number)*	# 2102 Prince St
5. *Full Name of Mother,*	Mrs Mary Knacke
6. *Mother's Maiden Name,*	Meifo " Lamm
7. *Mother's Birthplace,*	Hessen Germany
8. *Full Name of Father,*	Mr William Knacke
9. *Father's Occupation,*	Cigar maker
10. *Father's Birthplace,*	Hessen Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Heiller
Address,	2127 N Pratt St
Remarks,	1 8 9 1 0 0 0 2 0 4 1

...shall be the duty of the attending physician or midwife, or in case there be no physician or midwife in attendance, then the duty of the householder or owner of the premises where the birth occurs, to report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth, and the Registrar shall thereupon issue a certificate of such birth, which certificate shall be prima facie evidence in all courts of the facts therein stated. The certificate shall be in the form prescribed by the Board of Health, and shall state the name, if any has been conferred, sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children to which the mother has been delivered, and shall be duly signed by the practitioner in the form of a certificate where the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth, and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the householder or owner of the premises where such birth shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth, and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the householder or owner of the premises where such birth shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the time specified in this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable. And any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. E 31081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore Md June 13th 1897
4. Place of Birth, (Street and Number) Baltimore Md 207 Parkin
5. Full Name of Mother, Adele Romanska
6. Mother's Maiden Name, Adele Pitkowski
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Romanski
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Kinney

Address, 412 S Dithmar St Baltimore Md

Remarks, Mother and Child Well

1891000 2042

PM. J.C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 310927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color. (if not of the white race)*	White Race
3. *Date of Birth,*	Born June 13th 1891
4. *Place of Birth, (Street and Number)*	#209 Fulton St.
5. *Full Name of Mother,*	Mrs Annie Witte
6. *Mother's Maiden Name,*	Wife Annie Wolk
7. *Mother's Birthplace,*	Saxony Germany
8. *Full Name of Father,*	Mr August Witte
9. *Father's Occupation,*	Brick Kiefer
10. *Father's Birthplace,*	Vienna Germany
Name of Medical Attendant, or other person who makes this Return.	Mr Heiller
Address,	2127 W Pratt St
Remarks,	+ 8 9 1 0 0 0 2 0 4 3

month, next ensuing, such child, as far as the same can be ascertained, and the name, if any, color, the full name of the father, and the maiden name of the mother in the form of a certificate between the first and tenth days of each and every month of a physician, midwife or other person who shall have attended upon the mother, immediately after the birth of such child, shall be delivered, duly signed by the said physician, midwife or other person, to the City Commissioner of the district in which such birth shall occur within the period above required, and the City Commissioner shall, within ten days after the receipt of the same, report its birth to the Commissioner of Health, in the form prescribed by him; and any such person or persons who shall neglect or refuse to make such report, or who shall violate any of the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense. other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31053.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11th 1891
4. Place of Birth, (Street and Number) No. 1508 Brevard St Rutter &
5. Full Name of Mother, Mary Richardson
6. Mother's Maiden Name, " Hard
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Richardson
9. Father's Occupation, Watchman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 1024 Park Ave

Remarks, 8 9 1 0 0 0 2 0 4 4

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	June 15 1911
4. *Place of Birth, (Street and Number)*	#1171 Shields Alley East Mt
5. *Full Name of Mother,*	Lucy Morris Tilghman
6. *Mother's Maiden Name,*	Lucy M. Wise
7. *Mother's Birthplace,*	Balto MD.
8. *Full Name of Father,*	James Mathews Tilghman
9. *Father's Occupation,*	Grocers Driver
10. *Father's Birthplace,*	Balt MD.
Name of Medical Attendant, or other person who makes this Return.	Mrs. Mintie Taylor
Address,	#762 Sarah Ann. St
Remarks,	1891000 2045

been omitted the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be filled out by the person or one of the persons required to report the birth of each child as aforesaid, to the Registrar of Vital Statistics of Baltimore City, within the first ten days of each and every month. In case the birth of any child shall occur without the attendance of a physician or midwife, and the parents or other person required to report the birth of such child shall be unable to procure the certificate hereinbefore required, then the duty of reporting such birth shall devolve upon the next person in the following order, viz: the householder in whose house the child was born, the nearest relative present at the birth, the owner of the house in which the child was born, the agent of such owner, the nearest resident relative of the parents, the overseer of the poor of the district in which the child was born, the nearest neighbor, or any such person or persons who shall hereafter come to reside in such house during the period elsewise required, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable. And forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 16. 91
4. Place of Birth, (Street and Number) No. 1. Watts St Bal Md
5. Full Name of Mother, Clara Hall
6. Mother's Maiden Name, Clara Jane Little
7. Mother's Birthplace, Owings Mills Bal Co.
8. Full Name of Father, Robt Thomas Hall
9. Father's Occupation, Laborer
10. Father's Birthplace, Bal City

Name of Medical Attendant, or other person who makes this Return. Elizabeth Sykes

Address, 1006 Sterling St

Remarks,

8 9 1 0 0 0 2 0 4 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...month, and if [illegible] as to the same of ... been conferred) his sex, color, the full name and ... said place of birth; and the ... shall occur without the ... attendance upon the mother, immediately thereafter, ... shall report the birth to the Commissioner of Health, ... jected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 31086.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 16th 1891
4. Place of Birth, (Street and Number) 810 Aisquith
5. Full Name of Mother, Catherine Gilmore Casey
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, Edward E. Gilmore
9. Father's Occupation, Waiter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Dr. Edwards

Address, 1 E Lexington St

Remarks,

8910002047

CITY OF BALTIMORE

4M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1th 1891
4. Place of Birth, (Street and Number) N Castle St 130
5. Full Name of Mother, Mary Zdarazak
6. Mother's Maiden Name, Zdarazak
7. Mother's Birthplace, Bohemian
8. Full Name of Father, John Zdarazak
9. Father's Occupation, Taylor
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Koptis

Address, N Washington St 905

Remarks, 8910002048

... sex, color, the full name [illegible] the date and place of birth; and the said schedule shall be delivered, duly signed [illegible] in the [illegible] of a certificate between the first and third day of each and every month to the [illegible] the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician [illegible] or [illegible] midwifery, or should no other person be in attendance upon the mother, immediately [illegible] it shall be the duty of the person or parents of such child to report its birth to the Commissioner [illegible] within the period above required, and any such person or persons who shall hereafter [illegible] provisions of this section shall be subjected to the fine of ten (10) dollars for each offence [illegible] other fines and forfeitures are recoverable

JUN 1891 CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31088.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2
2. *Sex, (state whether male or female)* Boy
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth* June 6th 1891
5. *Place of Birth, (Street and Number)* N Washington Ave 206
6. *Full Name of Mother,* Mary Augusta
7. *Mother's Maiden Name,* Lafayette
8. *Mother's Birthplace,* Virginia
9. *Full Name of Father,* John Lafayette
10. *Father's Occupation,* Tinner
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, N Washington Ave 206

Remarks,

8 9 1 0 6 0 2 0 4 9

CITY OF BALTIMORE REGISTRATION DEPARTMENT JAN 13 1892

been registered in the ... the full name and occupation of the parents of such child, the ... and the ... shall forthwith make a certificate of such birth, and the ... shall deliver, duly signed by the ... to the office of the Commissioner of Health, within the ... third day of each month, a ... of such births ... shall occur without the attendance of a ... the ... shall ... upon the mother, immediately ... to the Commissioner of Health, ... any such person or persons shall ... child to report ... Commissioner of Health, ... shall ... any such person or persons shall thereafter fail to ... within the ... fined to the fine of ten (10) dollars for each offense, to be ... of ... section shall be and ... penalties are recoverable

894 J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1.	*Sex, (state whether male or female)*	Boy
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 2 1891
4.	*Place of Birth, (Street and Number)*	1 Hoffstat 1103
5.	*Full Name of Mother,*	Annie Klika
6.	*Mother's Maiden Name,*	Klika
7.	*Mother's Birthplace,*	Bohemia
8.	*Full Name of Father,*	John Klika
9.	*Father's Occupation,*	Baker
10.	*Father's Birthplace,*	Bohemia
	Name of Medical Attendant, or other person who makes this Return,	Mary Kaplan
	Address,	1 Washington Court
	Remarks,	1 8 9 1 0 0 0 2 0 5 0

been conferred); (4) sex; (5) color; (6) date of birth; and (7) number of child born to the mother. Any physician, midwife or other person who shall neglect or refuse to make such return as required by this section shall be guilty of a misdemeanor and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offense. And it shall be the duty of the Commissioner of Health to cause the provisions of this section to be enforced, and for that purpose he is hereby authorized to appoint such agents as he may deem necessary, who shall have power to enter any house, building or other place where they have reason to believe that a birth has occurred, and to examine any person in regard to any birth which they have reason to believe has occurred, and any person who shall refuse to answer any question put to him by any such agent of the Commissioner of Health, touching any birth which has occurred, shall be guilty of a misdemeanor and subject to a fine of not less than five dollars nor more than fifty dollars for each offense.

BOARD OF HEALTH BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A31090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3 -
4. Place of Birth, (Street and Number) 775 Canton Ave -
5. Full Name of Mother, Lizzie Lindemann
6. Mother's Maiden Name, " Keppler
7. Mother's Birthplace, a
8. Full Name of Father, Aug - Lindemann
9. Father's Occupation, Machinist
10. Father's Birthplace, a

Name of Medical Attendant, or other person who makes this Return, J. O'Brien

Address, Dundalk.

Remarks,

8910002051

CITY OF BALTIMORE JUN 1891 REGISTRAR OF VITAL STATISTICS

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31091.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 5, 1891
4. *Place of Birth, (Street and Number)*	1103 Russell St
5. *Full Name of Mother,*	Martha Pembleton
6. *Mother's Maiden Name,*	Martha Robinson
7. *Mother's Birthplace,*	Balto, City
8. *Full Name of Father,*	William Pembleton
9. *Father's Occupation,*	Porter in Store
10. *Father's Birthplace,*	Balto, City
Name of Medical Attendant, or other person who makes this Return.	Abilla Brooks
Address,	1132 Warner St
Remarks,	Doing well.

1 8 9 1 0 0 0 2 0 5 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 5th 1891
4. *Place of Birth, (Street and Number)*	2048 E. Hoffman St
5. *Full Name of Mother,*	Dora K. Hirschbuler
6. *Mother's Maiden Name,*	Schwartz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Hirschbuler
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	S. H. Sellman M.D.
Address,	100 E. Eager St
Remarks,	8910002053

Item numbered 1 is SEX; color, the full name and occupation of the father; and the place of birth; and the said schedule shall be delivered, duly signed by the [illegible] certificate between the first and third day of each and every month, to the Commissioner of Health, or to such person as he may appoint to receive the same; and no other fees or charges shall occur within the first month after the birth of any child [illegible] the mother, immediately thereafter [illegible] period above required, and shall report its birth to the Commissioner of Health, [illegible] ns of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered [illegible] ties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 5 th 1891
4. *Place of Birth, (Street and Number)* Langester No 806
5. *Full Name of Mother,* Mary Zerosh
6. *Mother's Maiden Name,* Zerosh
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Frank Zrogan
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return. Mary Koftis

Address, N Washington St 822

Remarks, 8910002054

said schedule shall be delivered, duly signed by the [illegible] certificate between the first and third day of each and every month to the office of [illegible] in case the birth of any child shall occur without the attendance of a physician [illegible] or should no other person be in attendance upon the mother, immediately thereafter [illegible] of the person or parents of such child to report its birth to the Commissioner of Health [illegible] within the period above required, and any such person or persons who shall hereafter fail to com[illegible] provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

CITY OF BALTIMORE 1891

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 31094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Sylvan Hamburger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1-

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6 -
4. Place of Birth, (Street and Number) 1604 E Pratt -
5. Full Name of Mother, Minnie Hamburger
6. Mother's Maiden Name, Israel
7. Mother's Birthplace, E-
8. Full Name of Father, Samuel H -
9. Father's Occupation, Collector
10. Father's Birthplace, a -

Name of Medical Attendant, or other person who makes this Return. Dr Bowler

Address, Bank St

Remarks,

1 8 9 1 0 0 0 2 0 5 5

JUN 1891 CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24
4. Place of Birth, (Street and Number) 2025 E Baltimore
5. Full Name of Mother, Dale Buckner
6. Mother's Maiden Name. Miller
7. Mother's Birthplace, Md
8. Full Name of Father. Edward Buckner
9. Father's Occupation. Barber
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr. Gaby

Address, 1112 E Baltimore St

Remarks,

8 9 1 0 0 0 2 0 5 6

been conferred) its sex, color, the full name and occupation of its parents, and the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant or some other person present at the birth, to the parent or parents of such child, or within three days thereafter. In case the birth of any child shall occur without the attendance of a physician or midwife, the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or parents who shall refuse or neglect to make such report shall be subjected to the fine of ten dollars for each offense. Sections and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

B1576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	6th
1.	*Sex*, (*state whether male or female*)	Female
2.	*Race or Color*, (*if not of the white race*)	White
3.	*Date of Birth*,	9th day of June
4.	*Place of Birth*, (*Street and Number*)	City - 329 Pearl Street
5.	*Full Name of Mother*,	Mary Ellen O'Brien
6.	*Mother's Maiden Name*,	M - E - McGuire
7.	*Mother's Birthplace*,	Baltimore
8.	*Full Name of Father*,	James Co. O'Brien
9.	*Father's Occupation*,	Painter
10.	*Father's Birthplace*,	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
	Address,	23 N. Poppleton St
	Remarks,	8910002057

been registered its sex, color, the full name and residence of the parents, and the date of birth; and the said schedule shall be delivered, duly signed by the attending physician or midwife, or by the father or mother of such child, within ten days after the birth. In case the birth of any child shall occur without the city, immediately thereafter, or should no other person be required to report its birth to the commissioner of the district wherein such birth occurs, it shall be the duty of the person above required, and any such person or persons who shall neglect or refuse to make such report, shall be subject to the fine of ten (10) dollars for each offense. All penalties and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)— Second

1. Sex, (State whether ~~male or~~ female) white
2. Race or color, (if not of the white race) June 9 1891
3. Date of Birth. 188 Falls Road
4. Place of Birth, (Street and Number) Eliza Jane Mc Dillard Cowley
5. Full Name of Mother, " " "
6. Mother's Maiden Name, Balt Md
7. Mother's Birthplace, Samuel J Cowley
8. Full Name of Father, Sailor
9. Father's Occupation, Balt Md
10. Father's Birthplace, Dr Edmund Mc Carthy
Name of Medical Attendant, or other person who makes this Return. 2100 Md Ave
Address,
Remarks, 8 9 1 0 0 0 2 0 5 8

Note.—The first place of birth, and the full name and occupation of the father, and the maiden name of the mother, must be given in every certificate; and the first and last names of the child, if it has been named. In case the birth of any child shall occur without the attendance of a physician or midwife, the householder or other person in attendance upon the mother, immediately thereafter, shall report the birth to the Registrar of Vital Statistics, and in default thereof shall be subject to the penalty prescribed by law. Every certificate of birth must be signed by the person who shall hereafter furnish the information required by this section, and any such person who shall hereafter furnish any false information, or who shall neglect to report the birth as required by this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other forfeitures are recovered, &c.

CITY OF BALTIMORE

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 31098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10th, 1891
4. Place of Birth, (Street and Number) 7 S. Fremont
5. Full Name of Mother, Elizabeth Hewitt
6. Mother's Maiden Name, " McMaines
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. C. Hewitt
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Pappelton St

Remarks,

8910002059

CITY OF BALTIMORE

894 J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31099.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 11th 1871
4. *Place of Birth, (Street and Number)* 1740 Montpelier
5. *Full Name of Mother,* Emma Smith
6. *Mother's Maiden Name,* Emma Jones
7. *Mother's Birthplace,* Eastern Shore Md
8. *Full Name of Father,* George Smith
9. *Father's Occupation,* Railroad
10. *Father's Birthplace,* Eastern Shore Md

Name of Medical Attendant, or other person who makes this Return. Eliza Jane Mc Brown

Address, 24 Iron alley

Remarks,

1891000 2060

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

£ 31100.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1.	*Sex, (state whether male or female)*	Boy
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 11th 1871
4.	*Place of Birth, (Street and Number)*	41 Pulham St 111
5.	*Full Name of Mother,*	Mary Ortia
6.	*Mother's Maiden Name,*	Pulsa
7.	*Mother's Birthplace,*	Bohemian
8.	*Full Name of Father,*	Jos Kafernick
9.	*Father's Occupation,*	Tiller
10.	*Father's Birthplace,*	Bohemian
	Name of Medical Attendant, or other person who makes this Return.	Mary Pulsa
	Address,	111 Washington
	Remarks,	8910002061

RECEIVED JUN 13 1889 CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

F 3110

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1.	*Sex, (state whether male or female)*	Girl
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 11th 1891
4.	*Place of Birth, (Street and Number)*	S Washington Ave 616
5.	*Full Name of Mother,*	Annie E Clarke
6.	*Mother's Maiden Name,*	Clarke
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	James Clarke
9.	*Father's Occupation,*	Tailor
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return.	Mary Ryles
	Address,	S Washington Ave 616
	Remarks,	

1891000 2062

BALTIMORE CITY

JUN 1891

BOARD OF HEALTH

Any person who shall refuse or neglect to give the name and occupation of the parents, sex, color, time and place of birth, and the residence of the mother, of any child born within the limits of Baltimore City, between the first and third day of each month, when required by the physician or midwife in attendance, or by the undertaker employed to bury the body of such child, or by the person who shall secure the interment of such child, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars, or by imprisonment not exceeding thirty days, or both, at the discretion of the court. Any person who shall refuse or neglect to give the name and occupation of the parents, sex, color, time and place of birth, and the residence of the mother, immediately thereafter, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars, or by imprisonment not exceeding thirty days, or both, at the discretion of the court. Any midwife who shall refuse or neglect to report the birth of any child to the Commissioner of Health, shall forfeit and pay for each offence the sum of ten dollars, to be recovered as debts of like amount are recoverable by law. Any such person who shall refuse or neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable by law.

BRE. J. D. GULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 31102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12th 1891
4. Place of Birth, (Street and Number) 1630 E Lombard St
5. Full Name of Mother, Laura V. Smith
6. Mother's Maiden Name, Laura V. Smith
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Smith
9. Father's Occupation, Cooper.
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return Georgianna Brooks

Address, 20 Grove Alley

Remarks, Healthy Born.

8 9 1 0 0 0 2 0 6 3

been conferred) its sex, color, the full name and occupa... place of birth; and the ... shall subscribe and he delivered, duly signed by the ... third day of each and every month of the calendar year ... shall cover within twenty-four hours after the ... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Health ... any such person or persons who shall neglect or refuse to ... jected to the fine of ten (10) dollars for each offense, to be ... ...ate between ... of live child ... ...ight no other person be li... ...person or parents of such ... ...duty ... ...this section shall be ... forfeitures are recoverable.

...OF BALTIMORE...

...ORE, J. D. GULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 3110 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16th 1891.
4. Place of Birth, (Street and Number) N. Washington st. 224
5. Full Name of Mother, Catarina Baumer
6. Mother's Maiden Name, Baumer
7. Mother's Birthplace, German
8. Full Name of Father, John Baumer
9. Father's Occupation, Tayler
10. Father's Birthplace, German

Name of Medical Attendant, or other person who makes this Return, Mary Koplis

Address, N. Washington.

Remarks, 8 9 1 0 0 9 2 0 6 4

been conferred as to sex, color, the full name and occupation of the father, and the maiden name of the mother, and the place of birth and the residence of each parent, and the number of children born to the mother, including the present birth, and the number of children of the mother now living. Every person who shall have charge of any child for whose birth a certificate is required by this section shall cause the birth of such child to be registered as herein provided, and in default thereof, and in the absence of the parents, or if the parents shall be unable to make such registration, then every person having knowledge of the facts shall report the birth to the Commissioner of Health, and in default thereof, and in the absence of such report, every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 2d Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth. 12 June 1891
4. Place of Birth, (Street and Number) #797 Mulberry St
5. Full Name of Mother, Paulena Lurr
6. Mother's Maiden Name, Eberhardt
7. Mother's Birthplace, Germany.
8. Full Name of Father, G. Joseph Lurr.
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Susan Hinton

Address. 23 N Pappellon St

Remarks, 6910002065

been conferred) its sex, color, the full name and ... date and place of birth; and the said scheinfe shall be delivered, duly signed by ... A certificate between the first and third day of each and every month to the office ... In case the birth of any child shall occur within the limits of any city ... shall come the ... of such child to report its birth to the Commissioner of ... in the ... the period above required, and any such person or persons who shall ... tions of this section shall be subjected to the fine of ten (10) dollars for each offense ... forfeitures are recoverable

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 31105.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	14 June
4.	*Place of Birth, (Street and Number)*	1515 Riggs bv
5.	*Full Name of Mother,*	Maarey Agnes Sheehan
6.	*Mother's Maiden Name,*	Maarey " Dolan
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Wm Sheehan
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Susan F. Foster
	Address,	23 N Payson St
	Remarks,	8910002066

WM. J. C. BULLEY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31106.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) Third (3rd)

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15th 1891
4. Place of Birth, (Street and Number) Nr. 2049 East Monument St.
5. Full Name of Mother, Mrs. Anna Margaret Hohman
6. Mother's Maiden Name, Miss Anna M. Pochlman
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Mr. George Adam Hohman
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Wm H. Clendiner, M.D.

Address, 201 North Broadway

Remarks, 8910002067

been conferred) its sex, color, the full name and ... date and place of birth; and the ... certificate between the first and ... In case the birth of any child ... or should no other person ... of such ... shall occur without the ... immediately thereafter, ... the period above required, and ... shall be subject to the fine of ten (10) dollars for each offense. ... fines and forfeitures are recoverable.

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS 1891

SM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color. (if not of the white race) White
3. Date of Birth, 4 June, 1891
4. Place of Birth, (Street and Number) 812 Albemarle Ste
5. Full Name of Mother, Fdor Mendelson
6. Mother's Maiden Name, Nash ~~Stab~~ Abramowitz
7. Mother's Birthplace, Lodzewe Russia
8. Full Name of Father, Mosses Mendelson
9. Father's Occupation, Sub Mocker
10. Father's Birthplace, Beuske Russia

Name of Medical Attendant, or other person who makes this Return. Dr Klawansky

Address, 1177 E. Lombard Ste

Remarks, 8 9 1 0 0 0 2 0 6 8

been registered its sex, color, the full name and occupation of its parents, and the date and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] certificate between the first and third day of each and every month to the office of Health. In case the birth of any child shall occur without the limits of the city, the person or persons required to report such birth shall immediately thereafter [illegible] the date of the period above required, and shall report such birth to the Commissioner of Health in the manner prescribed by the rules of this section shall be subject to the fine of ten (10) dollars for each offense. Collectors [illegible] any such person or persons who shall [illegible] fines and forfeitures are recoverable.

GEO. W. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31108.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 9th. 1891
4. Place of Birth, (Street and Number) #532 Oxford St
5. Full Name of Mother, Malinda Washington
6. Mother's Maiden Name, Malinda Lyle
7. Mother's Birthplace, Lexington Va.
8. Full Name of Father, George Washington
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. J. H. Bennett M.D

Address, #1025 N. Caroline St

Remarks, Baltimore Md

8 9 1 0 0 0 2 0 6 9

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex. (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth.*	11 June 1891
4. *Place of Birth. (Street and Number)*	1130 Lafayette st
5. *Full Name of Mother.*	Mary White
6. *Mother's Maiden Name.*	Mary Allen
7. *Mother's Birthplace.*	Baltimore City Md
8. *Full Name of Father,*	John White
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Cornelia Allen
Address,	1130 Lafayette Street
Remarks.	

8 9 1 0 0 0 2 0 7 0

CITY OF BALTIMORE

J. D. TILLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

31110.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ord

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 of June
4. Place of Birth, (Street and Number) No 304 Schuler St
5. Full Name of Mother, Mary Last
6. Mother's Maiden Name, Wood
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return.

Address, [illegible]

Remarks,

8 9 1 0 0 0 2 0 7 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-4-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Edith Victoria Burkmanbad 2nd
1. Sex. (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 12th 1891
4. Place of Birth, (Street and Number)	75Y St. Peter st.
5. Full Name of Mother.	Maria V. Burkman
6. Mother's Maiden Name.	" " Bade
7. Mother's Birthplace,	Balto.
8. Full Name of Father.	George C. Burkman
9. Father's Occupation.	Laborer
10. Father's Birthplace.	Balto.
Name of Medical Attendant, or other Person who makes this Return	C. L. Braddock
Address.	418 S. Paca st.
Remarks.	6 7 1 0 0 0 2 0 7 2

CITY OF BALTIMORE

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1st, 2d, 3d, *&c.*)	3rd
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth.*	June 12th
4. *Place of Birth.* (*Street and Number*)	1448 Lexington st.
5. *Full Name of Mother.*	Mary Allen
6. *Mother's Maiden Name.*	" Moore
7. *Mother's Birthplace.*	Ireland
8. *Full Name of Father.*	Jeremiah Allen
9. *Father's Occupation.*	Laborer
10. *Father's Birthplace.*	Rockland Maine
Name of Medical Attendant, or other Person who makes this Return	L. L. Baldenhofer
Address.	418 S. Paca st.
Remarks.	6910002073

A. 3114

A. CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 31113.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 5th 1891
4. Place of Birth, (Street and Number) 1821 Hartshall Place
5. Full Name of Mother, Sylvia Jewell
6. Mother's Maiden Name, Polson
7. Mother's Birthplace, Virginia
8. Full Name of Father, Charles A Jewell
9. Father's Occupation, Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this return. John C Both

Address, 1009 Light St

Remarks,

8910002074

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said Bureau shall be delivered, duly signed by the person required to make the return, within ten days after the birth. In case the birth of first and third children of one marriage shall occur within less than ten days of each other, or should no other person qualified to make the return as herein required shall occur without the attendance of a physician or midwife, the person in charge of the house in which the birth occurs, or the person in charge of the house in which the mother is at the time of the birth, shall make the return required by this section. In the case of any child found exposed, the person finding such child shall report the birth to the Commissioner of Health, and the Commissioner shall thereupon cause the return required by this section to be made. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense; and midwives and physicians who shall neglect or refuse to make the returns required as aforesaid shall forfeit for each offense ten dollars as a penalty to be recovered as other penalties and forfeitures are recoverable.

CITY OF BALTIMORE

MD. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 31114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3-tt
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 15 th 1891
4. *Place of Birth, (Street and Number)*	№ 134. Lelouse st
5. *Full Name of Mother,*	Lena Daily
6. *Mother's Maiden Name,*	Leana Peters
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Peter Daily
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Horning
Address,	№ 15-17 Byrd st
Remarks,	8910002075

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-4-56

RETURN OF A BIRTH A31116.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rosie Liberto

No. of Child of Mother, (*state whether* 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (*state whether* ~~male~~ *or female*)

2. *Race or Color,* (*if not of the white race*)

3. *Date of Birth.* June 15th 1891

4. *Place of Birth,* (*Street and Number*) #509 Marion St.

5. *Full Name of Mother.* Russcla Liberto

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Chevalo Italy

8. *Full Name of Father,* Sebarto Liberto

9. *Father's Occupation,* Peddler

10. *Father's Birthplace,* Chevalo Italy

Name of Medical Attendant, or other person who makes this Return. John G. Huck

Address, #647 Lafayette Ave (West)

Remarks,

8910002076

[illegible] been conferred) its sex, color, the full name and [illegible] occupation [illegible] its par[illegible] date and place of birth; and the said schedule shall be delivered, duly signed [illegible] practi[illegible] in th[illegible] of a certificate between the first and third day of each and every month to the [illegible] C[illegible] birth. In case the birth of any child shall occur without the attendance of a phys[illegible] [illegible]ery, or should no other person be in attendance upon the mother, immediately the[illegible] duty of the person or parents of such child to report its birth to the Commissioner of He[illegible] and within the period above required, and any such person or persons who shall hereafter fail [illegible] the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

GIVEN NAME ADDED 11-18-66

A 3116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ruby Moore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 1 [illegible] 1891
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible] Moore
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Germany
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible]

8 9 1 0 0 0 2 0 7 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2nd)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, June 11th 11 P. M. 1891
4. Place of Birth, (Street and Number) 512 Clifford St.
5. Full Name of Mother, Mary Thomas
6. Mother's Maiden Name,
7. Mother's Birthplace, Accomac Co. Va.
8. Full Name of Father, Andrew Jones.
9. Father's Occupation, Waiter
10. Father's Birthplace, Eastern Shore Md.

Name of Medical Attendant, or other person who makes this Return, Flora Pollack M. D.

Address, 1112 N. Eutaw St

Remarks. Eastern inferior incisors cut hanging on a shred of tissue. Superior maxilla slightly cleft

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17th
4. Place of Birth, (Street and Number) * Jenkins Lane
5. Full Name of Mother, Annie Sadler
6. Mother's Maiden Name, Annie Grambolz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Sadler
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Adelgonda Olefer

Address, 6 & 7 Lombard

Remarks, * The houses has no number on them

5

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th of June 1891
4. Place of Birth, (Street and Number) 925 North Chapel st.
5. Full Name of Mother, Lizzie Pop
6. Mother's Maiden Name, Lizzie Snaman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Pop
9. Father's Occupation, Laborman
10. Father's Birthplace, Baltimore County.

Name of Medical Attendent, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel st per Justina Kunkel

Remarks, Healthy

8 9 1 0 0 0 2 0 8 0

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* 1st child Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 18th June
4. *Place of Birth, (Street and Number)* 514 Stockholm Street
5. *Full Name of Mother,* Laurencia Maylock
6. *Mother's Maiden Name,* Laurencia Campbell
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* George Maylock
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Middle River Neck

Name of Medical Attendant, or other person who makes this Return, Laurencia Mills

Address, 1443 Ward Street

Remarks, Doing along very well

6910020081

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 31131

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Thursday June 18th 1891
4. *Place of Birth (Street and Number)*	304 S. Fulton St.
5. *Full Name of Mother*	Gertrude Mary Scott
6. *Mother's Maiden Name*	" " Shukells
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Henry Lee Scott
9. *Father's Occupation*	Dairyman
10. *Father's Birthplace*	Prince Georges Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Charles Gelly M.D.
Address	312 N. Carey St.
Remarks	

8 9 1 0 0 0 2 0 8 2

...ssue at the birth of any child, within ... of Baltimore, ... shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, ... and color of the child or children born, its or their physical condition, whether ... full name, nativity, and residence of the parents, and the maiden name of the ... or children.

CITY OF BALTIMORE

RETURN OF A BIRTH 31122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 18 - 1891
4. Place of Birth, (Street and Number) No 1429 Patapsco st
5. Full Name of Mother, Annie Ruff
6. Mother's Maiden Name, Annie Helm
7. Mother's Birthplace, Ellicott city md
8. Full Name of Father, Daniel Ruff
9. Father's Occupation, Store Keeping
10. Father's Birthplace, Baltimore Co md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hinton

Address, No 1422 Hanover st

Remarks,

8 9 1 0 0 0 2 0 8 3

been conferred) its sex, color, the full name and occupation of its parents, the place and date of birth, and the said schedule shall be delivered, duly signed by the attendant or person making the return, to the Registrar of the district in which the birth occurred, within ten days after the occurrence of the birth; and the Registrar shall deliver to the person making such return a certificate containing a copy of the said schedule, and a request that the same be preserved for the information of the family. Any physician or midwife who shall attend upon any case of birth, and any person who shall assume the duties of attendant without the attendance of a physician or midwife, and any person having charge of any child to which birth has occurred, and who shall neglect or refuse to comply with the requirements of this section, shall be subject to the fine of ten dollars for each offense, to be recovered before any court of competent jurisdiction. All fines and forfeitures are recoverable.

GUARD J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 31123.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 18th
4. Place of Birth, (Street and Number) 934 Columbia Ave
5. Full Name of Mother, Elizabeth Herion
6. Mother's Maiden Name, Elizabeth Weinrich
7. Mother's Birthplace, Germany
8. Full Name of Father, William J Herion
9. Father's Occupation, Black-Smith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Stella Goda Klafer

Address, 646 Pacca St

Remarks, 8 4 6 0 0 2 0 8 4

been conferred; its sex, color, the full name and residence of the parents, and the date and place of birth; and the said schedule shall be delivered to the officer of the Board of Health, or to the Commissioner of Health, or to the Registrar of Vital Statistics, who shall issue the certificate between the first and tenth days of each month. To ease the burden of any person required to report the birth of a child, the attendance of a physician or midwife upon the mother, immediately before or after the birth, or the certificate of the person or parents of such child to report its birth to the Registrar of Vital Statistics, shall be sufficient evidence that such birth has occurred, and the provisions of this section shall be enforced. Any person who shall hereafter neglect or refuse to make such report, as required by this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered before any justice of the peace, and all fines and forfeitures are recoverable

THE J. D. SULLIVAN CO. CITY PRINTERS AND STATIONERS

A 31170

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 17 1891
4. *Place of Birth, (Street and Number).* 1144 Druid
5. *Full Name of Mother,* Anna Hicks
6. *Mother's Maiden Name,* Anna Howard
7. *Mother's Birthplace,* Balto Co
8. *Full Name of Father,* Louis H Hicks
9. *Father's Occupation.* Laborer
10. *Father's Birthplace.* Howard Co

Name of Medical Attendant, or other person who makes this Return. Jones

Address, 1324 Madison Ave

Remarks,

1 8 9 1 0 0 0 2 0 8 5

been conferred) its sex, color, the full name and residence of its parents, the date and place of birth, and the name of each child previously born to the mother, and the date of birth of each such child, if any, and the name and residence of the person making the certificate, and the date of the certificate, which shall be between the first and tenth day after the birth, and shall be made on the blank furnished by the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall become the duty of the person having charge of such child to report the particulars required by this section to the Registrar of Vital Statistics, within the time above specified; and any person who shall neglect or refuse to perform the duties required of him by the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. Other fines and forfeitures are recoverable.

CITY OF BALTIMORE

ON J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. E 31175.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Birth
1. *Sex. (state whether male or female)*	2 Boy Twins
2. *Race or Color. (if not of the white race)*	White
3. *Date of Birth,*	19th of June
4. *Place of Birth, (Street and Number)*	226 North Wolf st.
5. *Full Name of Mother,*	Mary Schimmy
6. *Mother's Maiden Name,*	Mary Graney
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Schimmy
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendent, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st per Justina Kunkel
Remarks,	Healthy.

8910002086

CITY OF BALTIMORE

Section 3. And be it further enacted, That the name and residence of the physician, midwife or other person in attendance upon the mother, immediately thereafter, shall be reported to the Commissioner of Health, who shall cause the first visit of the physician to be made within twenty-four hours after the birth is reported, and in case the birth of any child shall occur without the attendance of a physician, midwife or other person, then the parent or parents of such child shall report its birth to the Commissioner of Health within ten days after the birth shall occur, and in default of such report, the parent or parents of such child shall be liable to a penalty of ten dollars for each offense, to be recovered before any justice of the peace in the city of Baltimore, in the manner prescribed by the 4th section of this article; and no other person shall be subject to the penalty of this section who shall be able to show that he has reported the birth as required by the provisions of this section. All penalties and forfeitures are recoverable.

JOHN C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) F.
2. Race or Color, (if not of the white race) W -
3. Date of Birth, June 19-91 -
4. Place of Birth, (Street and Number) 2015 Eastern Ave -
5. Full Name of Mother, Violet O'Keefe -
6. Mother's Maiden Name, Hurnad -
7. Mother's Birthplace, B.C.
8. Full Name of Father, Wm J O'Keefe -
9. Father's Occupation, Wood worker -
10. Father's Birthplace, B.C

Name of Medical Attendant, or other person who makes this Return, Irving Miller MD

Address, 1207 E. Monument St

Remarks,

8 9 1 0 0 0 2 0 8 7

Section 2. And be it further enacted, That the full name and legal residence of the parents, and the full name and place of birth; and the full name and legal residence of the person making the return, and the date of the return, shall be entered by the Registrar in a book to be kept for that purpose, which book shall be open to public inspection at all reasonable hours; and the Registrar shall give a certificate of the birth and return, if required, to any person who shall pay him fifty cents therefor.

Section 3. And be it further enacted, That it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, or to the person appointed by him to receive such returns, within ten days after the birth, and the Commissioner of Health shall cause the provisions of this section to be enforced, and the neglect to make such return, or the making of a false return, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Section 4. And be it further enacted, That it shall be the duty of the physician or midwife in attendance upon the mother, immediately thereafter, to report the birth to the Commissioner of Health, or to the person appointed by him to receive such returns, and the Commissioner of Health shall cause the provisions of this section to be enforced, and the neglect to make such return, or the making of a false return, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. E 31177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June th 12 - 1891
4. Place of Birth, (Street and Number) at 804 Harris al
5. Full Name of Mother, Mary Manning
6. Mother's Maiden Name, Lafty
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michal Manning
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Sarah P Harrington

Address, 824 Binney st

Remarks, 5 9 1 0 0 0 2 0 8 8

been entered in a book provided for the purpose, the full name and occupation of the father, and the maiden name of the mother, the color, the full name and occupation of the father, and the maiden name of the mother, and the place of birth; and the said book shall be delivered, duly signed by the practicing physician or midwife, or other person who made a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person as aforesaid make a certificate of such birth, then it shall become the duty of the parent or other person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attend to all the requirements of this section in relation thereto. In this city the provisions of this section shall be enforced by the police, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 2, 1891.
4. Place of Birth, (Street and Number) No. 301 N. Fulton ave
5. Full Name of Mother, Ellen Rimbach.
6. Mother's Maiden Name, Ellen O'Connor.
7. Mother's Birthplace, Ireland.
8. Full Name of Father, Louis Rimbach.
9. Father's Occupation, Confectioner.
10. Father's Birthplace, Maryland.

Name of Medical Attendent, or other person who makes this Return. Eug. A. Cloud M.D.

Address, 1741 Harford ave

Remarks, 8 9 1 0 0 0 2 0 8 9

been conferred its sex, color, the full name and ... date and place of birth; and the said schedule shall be delivered, duly signed by ... certificate for ... of each child ... shall ... of a physician ... certificate ... midwife ... or should no other person be in attendance upon the mother immediately thereafter, ... the person or parents of such child to report its birth to the Commissioner of Health ... the period above required, and any such person or parents who shall refuse or neglect ... shall be ... jected to the fine of ten (10) dollars for each offense. ... dues and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

$1136

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
2. Sex (State whether ~~Male~~ or Female)
3. Race or Color (if not of the white race)
4. Date of Birth: June 5th
5. Place of Birth (Street and Number) No 436 Fourth st
6. Full Name of Mother Sallie F. Wilson
7. Mother's Maiden Name Sallie F. Conoley
8. Mother's Birthplace Baltimore County
9. Full Name of Father John Harrison Wilson
10. Father's Occupation Rail Roading his last occupation, (also Shoe Maker & House Carpenter)
11. Father's Birthplace Baltimore County (Near Monkton)

Name of Medical Attendant, or other Person who makes this Return, D. J. Hall

Address no 2022 N. Charles St

Remarks Should have been earlier returned but was overlooked

Mother and child doing well

84 10002 0 19 0 Respectfully R. J. Hall

I certify that I have this day received from the Attending Physician or Midwife, or other person having charge of the case, a return of the birth of a child, within the City of Baltimore, and that I will transmit the same to the registrar aforesaid, within six days thereafter, stating distinctly the date of such birth, the name and surname of the child or children born, its or their physical condition, whether still born or alive, and residence of the parents, and the maiden name of the mother.

Registrar's Office JUN 22 1891 CITY OF BALTIMORE

RETURN OF A BIRTH A 31130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ninth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1897
4. *Place of Birth, (Street and Number)* 1 [illegible]
5. *Full Name of Mother,* Eliza Wright
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* Robert Jackson
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mary E. Jones

Address, 1121 Eutaw St

Remarks, 5 9 1 0 0 0 2 0 9 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31131.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8910002092

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 31137

CERTIFICATE CORRECTED 5-3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 22 1891 CITY OF BALTIMORE

Name: Rose Ruth Hall

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 4, 1891

4. Place of Birth, (Street and Number) 1021 Johnson St.

5. Full Name of Mother, Ella (~~Hall~~) Hall

6. Mother's Maiden Name, Ella (~~Hall~~) Hyde

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Sewell (~~Hall~~) Hall

9. Father's Occupation, Tinner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. R. Easley

Address, 2136 S. Sixth St.

Remarks, Living Well

8910002093

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...shall be the duty of the father of such child, if living in the city of Baltimore, and if he be dead, absent or unable to act, then the duty devolves upon the mother, to report to the Commissioner of Health, the name and surname of such child, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name conferred by the parents, if any, within ten days after such birth, and to procure a certificate from the Commissioner of Health. In case the birth of any child shall occur without the city of Baltimore, it shall become the duty of the father of such child, if living in the city of Baltimore, and if he be dead, absent or unable to act, then the duty devolves upon the mother, immediately thereafter to report the birth of such child to the Commissioner of Health, and to procure a certificate from him. Any person who shall neglect or refuse to comply with the provisions of this section, or who shall knowingly make any false statements relative to the premises aforesaid, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are collected.

RETURN OF A BIRTH. 31133.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Ferdinand George Williams Laux

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendent, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 2 0 9 4

...tion and place of birth; and the ...certificate between the first and ...the births of any child ...of the person or parents of such ...the period above required, and ...sions of this section shall be sub- ...ivers and forfeitures are recoverable.

...ien conferred, its sex, color, the full name and ...shall be delivered, duly signed by ...ther, to the Registrar of Vital Statistics ...shall occur without the attendance of a physician or ...attendance upon the mother, immediately thereafter, ...child to report its birth to the Commissioner of Health ...mes with the name of the child, if named, and the ...jected to the fine of ten (10) dollars for each offence.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 3112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Robert N. W. Madeira
4. Place of Birth, (Street and Number) June 14th 1891
5. Full Name of Mother, Anna L. Smyth
6. Mother's Maiden Name, " " Whitehall
7. Mother's Birthplace, Chicago, Ills.
8. Full Name of Father, William H. Smyth
9. Father's Occupation, Merchant
10. Father's Birthplace, Rhode Island -

Name of Medical Attendant, or other person who makes this Return, J Harvey Hill MD

Address, 807 N. Arlington Ave

Remarks,

1 8 9 1 0 0 0 2 0 9 5

...per conferred in the case; the full name ... patient is to be given; the date and place of birth, and the said school shall be entered in the register ... certificate shall be forwarded ... the first and third day of each and every month to the ... case of twins, triplets, &c., a ... shall occur without the attendance of a ... or should no other person be in ... child to report the birth as herein ... sky of the person or parents of such ... within the period above required, and any such person or persons who shall hereafter ... as other fines and forfeitures are recoverable Jected to the fine of ten (10) dollars for each offence, to be ...

J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Child.
1.	*Sex, (state whether male or female)*	Female
	Race or Color, (if not of the white race)	
	Date of Birth,	June 14 1891.
	Place of Birth, (Street and Number)	145 Henriette
5.	*Full Name of Mother,*	Christine Diener.
6.	*Mother's Maiden Name,*	Kramer.
7.	*Mother's Birthplace,*	Germany.
8.	*Full Name of Father,*	John Diener.
9.	*Father's Occupation,*	Cabnet maker.
10.	*Father's Birthplace,*	Germany.
	Name of Medical Attendant, or other person who makes this Return,	J. Lohwasser Midwife.
	Address,	1032 Hanover st.
	Remarks,	8 9 1 0 0 0 2 0 9 6

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 31136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. Sex, (state whether male or female) F Female
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, June 16/1891
4. Place of Birth, (Street and Number) No 1937 Light St.
5. Full Name of Mother, Elizabeth Hamlen
6. Mother's Maiden Name, " Elliottmeen
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Charles Hamlen
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Annie Jeems

Address, No 1603 S Charles St

Remarks, Yours Respectfully

8 9 1 0 0 0 2 0 9 7 J

month, and shall set forth as far as the same shall be known to the informant, the name, sex, color, the full name of the father, the maiden name of the mother, the date and place of birth, and the number of children born to the mother, including the child last born, and the number of such children now living; and the certificate shall be signed by the person giving the information. In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, the parent or parents of such child shall, within the period above required, and under the penalties and forfeitures of this section shall be subjected to the fine of ten (10) dollars for each offense.

WM J O DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 3113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 & 3 Twins
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
3. Date of Birth,	June 16, 1871
4. Place of Birth, (Street and Number)	Highage St. 414
5. Full Name of Mother,	Rachell Reynolds
6. Mother's Maiden Name,	Rachell Preston
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Reynolds
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	M. R. Eddskey
Address,	218 E. Heath St
Remarks,	Downy Hall

1 8 9 1 0 0 0 2 0 9 8

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31138.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 8 9 1 0 0 0 2 0 9 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 31139.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	7th of June 1891
4. Place of Birth, (Street and Number)	No 1015 Forest Place
5. Full Name of Mother,	Kate Kennan
6. Mother's Maiden Name,	Kate Fitzgerald
7. Mother's Birthplace,	Texas But County
8. Full Name of Father,	Philip E. Kennan
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. Ellen Lennon
Address,	No 1059 Hartford Ave Balt Md
Remarks,	1891 0007 2100

1891.

CITY OF BALTIMORE

BY J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 311 00

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child.
1.	*Sex, (state whether male or female)*	Male.
	Race or Color, (if not of the white race)	
3.	*Date of Birth,*	June 16 — 1891
4.	*Place of Birth, (Street and Number)*	164 West st.
5.	*Full Name of Mother,*	Mary Davis
6.	*Mother's Maiden Name,*	Veth.
7.	*Mother's Birthplace,*	America.
8.	*Full Name of Father,*	George Davis
9.	*Father's Occupation,*	Ship carpenter.
10.	*Father's Birthplace,*	America.
	Name of Medical Attendant, or other person who makes this Return,	J. Lohwasser Midwife.
	Address,	1032 Hanover st.
	Remarks,	8 9 1 0 0 0 2 1 0 1

HENRY J. WALTHER REGISTRAR JAN 20 1891 CITY OF BALTIMORE

been conferred; its sex, color, the full name and occupation of its parents, the correct date of birth, and the said schedule shall be delivered, duly signed by the certificate of the Commissioner of Health. In case the birth of any child third day of each month the attendance of a physician or person in charge of the case is required with the attendance upon the mother, immediately thereafter, a certificate of the birth of such child, with the particulars required, and child to report its birth to the Commissioner of Health within the period above required, and any such person who shall neglect or refuse to make such report or certificate, or who shall make any other false report or certificate, shall be subject to the fine of ten (10) dollars for each offense. Secrecy, with the penalty of this section shall be subject to the fine of ten (10) dollars for each offense, and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child.
1.	*Sex, (state whether male or female)*	Male.
	Race or Color, (if not of the white race)	
	Date of Birth,	June 16 1891.
	Place of Birth, (Street and Number)	214 Grinnel st.
	Full Name of Mother,	Annie Faber.
6.	*Mother's Maiden Name,*	Rochmer.
7.	*Mother's Birthplace,*	America.
8.	*Full Name of Father,*	Charles Faber.
9.	*Father's Occupation,*	Can maker.
10.	*Father's Birthplace,*	Germany.
	Name of Medical Attendant, or other person who makes this Return,	J. Schwasser. Midwife.
	Address,	1032 Hanover st.
	Remarks,	5 9 1 0 0 0 2 1 0 2

CITY OF BALTIMORE

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and the name of the physician or midwife present at the birth, if any; and in case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the parent or parents, or in the absence of the parents, the person having charge of such child, to report its birth to the Commissioner of Health within ten days after the occurrence thereof, and in case of the neglect or refusal of any person to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense. [illegible] covered by this section shall be subject to other penalties and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 31142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 11th 1891
4. Place of Birth, (Street and Number) 1102 Thaubert Street
5. Full Name of Mother, Bridget Thaubert
6. Mother's Maiden Name, Barrett
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Thaubert
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Ethe

Address, No 1669 Eden St

Remarks,

691000210 3

REGISTERED JUL 22 '89 REGISTRAR CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-10-57

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hattye Louise Gunther

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendent, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 2 1 0 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 31164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 22 1891 CITY OF BALTIMORE

1. No. of Child of Mother, (~~state whether~~ 1st. ~~2d, 3d, &c.~~) ...
2. Sex, (~~state whether male or female~~) ...
3. Race or color, (~~if not of the white race~~) ...
4. Date of Birth, June 18th 946 P.M.
5. Place of Birth, (Street and Number) 215 President St
6. Full Name of Mother, Margarette Ritter
7. Mother's Maiden Name, " Madder
8. Mother's Birthplace, Balto City
9. Full Name of Father, John H. Ritter
10. Father's Occupation, Candy Maker
11. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other person who makes this Return. A. Irvg Wherley M.D.

Address, 1102 S. Bond Balto St

Remarks.

8 9 1 0 0 0 2 1 0 5

been conferred. Its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attending physician or midwife, if there was one, within thirty days after such birth, and if there was no physician or midwife in attendance, then within five days after the birth, and within the same time the death of any child without a birth certificate. The certificate required to be given by this section shall be delivered, duly signed by the physician or midwife in attendance, or by the father or mother of such child, to the Registrar of Vital Statistics of the district in which the birth occurred, within ten days after the birth, and a neglect to deliver such certificate for each month shall be punished by a fine of not more than fifty dollars. It shall be the duty of the Commissioner of Health to furnish blank certificates to such physicians and midwives as may apply for the same. Any person who shall hereafter fail to report the birth of a child as required by this section shall be liable to a penalty of ten dollars for each offence. In the case of the absence of the father and mother from the house at the time of the birth of a child, the occupant of the house in which such birth occurs shall report the same within the time and subject to the penalty above prescribed. Any person who shall wilfully make a false report of the birth of a child shall be liable to a penalty of fifty dollars.

J. C. DU. ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, 19 day of June 1891
4. Place of Birth, (Street and Number) 1131 Hull St
5. Full Name of Mother, Rosie Schmidt
6. Mother's Maiden Name, Rosie Maurer
7. Mother's Birthplace, Germany
8. Full Name of Father, August Wilhelm Schmidt
9. Father's Occupation, Engineer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr Ettel

Address, 1131 Hull St

Remarks, No 6619660621 06

JUN 22 1891 REGISTRAR OF VITAL STATISTICS OF BALTIMORE

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col.

3. Date of Birth. June 19/99

4. Place of Birth, (Street and Number) 2 58 S. Bethel

5. Full Name of Mother, Laura V. Cuskins

6. Mother's Maiden Name. " Fields

7. Mother's Birthplace, B. C.

8. Full Name of Father, Edw. R. Cuskins

9. Father's Occupation. Waiter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Geo. L. Wilkins M.D.

Address, 2 26 S. Broadway

Remarks,

1 8 9 1 0 0 0 2 1 0 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 3114 91.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Child.
1.	*Sex, (state whether male or female)*	Female.
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	June 19 — 1891.
4.	*Place of Birth, (Street and Number)*	1039 Goodmans Alley
5.	*Full Name of Mother,*	Maggie Hirschmann.
6.	*Mother's Maiden Name,*	Krieg
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	John Hirschmann
9.	*Father's Occupation,*	Arab
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser Midwife
	Address,	1032 Hanover st.
	Remarks,	691000208

been conferred) its sex, color, the full name and o... child, and the full name and ... said schedule shall be delivered, duly signed by ... third day of each and every month to the ... shall cause such certificate of a physician or ... attendance upon the mother immediately thereafter ... child to report its birth to the Commissioner of ... any such person or persons shall ... jected to the fine of ten (10) dollars for each offense, ... and forfeitures are recoverable

CITY OF BALTIMORE

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 31164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* 21 of June 1891
4. *Place of Birth,* (*Street and Number*) Hulbert St
5. *Full Name of Mother,* Mary McGovern
6. *Mother's Maiden Name,* McDade
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thomas McGovern
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Ethel

Remarks, No 1669 Hulbert St 0 9

RECEIVED JUN 22 1891 REGISTRAR OF BALTIMORE CITY

WM. J. O. SULLANY OC CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 311 19

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	June 3rd 1891.
4. *Place of Birth, (Street and Number)*	937 E. Madison str.
5. *Full Name of Mother,*	Madeline Lamp
6. *Mother's Maiden Name,*	Madeline Caruthers
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	William A. Lamp
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Baltis H. A. Heyer M.D.
Address,	1019 N. Caroline str.
Remarks.	8910002110

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race). Colored
3. Date of Birth. June 10 1891
4. Place of Birth (Street and Number), 920 Whatcoat St
5. Full Name of Mother, Harriet Williams
6. Mother's Maiden Name, H. Banks
7. Mother's Birthplace. Balto
8. Full Name of Father, Albert Banks
9. Father's Occupation, Laborer
10. Father's Birthplace. Balto

Name of Medical Attendant, or other person who makes this Return. Francis Walker

Address, 923 Whatcoat St

Remarks,

8 9 1 0 0 0 2 1 1 1

Penalty. Sec. 1080. Any person who shall neglect or refuse to make the return required by this article, or shall make a false return of any birth, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not more than one hundred dollars for each offence. Sec. 1081. Any midwife who shall neglect or refuse to make the return required by this article, or shall make a false return of any birth, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not more than one hundred dollars for each offence.

RETURN OF A BIRTH A 31151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 17 14
4. Place of Birth, (Street and Number) 809 n Penn St
5. Full Name of Mother, nellie V. Constance
6. Mother's Maiden Name, nellie V. Gorden
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John L. Constance
9. Father's Occupation, Paper Hanger
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Walter

Address, 428 n Bond St.

Remarks, † 8910002112

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 51102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Collard
3. Date of Birth, June the 15
4. Place of Birth, (Street and Number) brewerstal 11-16
5. Full Name of Mother, Hopkon mack
6. Mother's Maiden Name, Henken hall
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William mack
9. Father's Occupation, carver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Leverster Crook

Address, 1008 Shreets al

Remarks, 1 8 9 1 0 0 0 2 1 1 3

6M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 13th 1891
4. Place of Birth, (Street and Number) No: 20 London Ave
5. Full Name of Mother, Emilia Miller
6. Mother's Maiden Name, Emilia Klopfer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Emil Miller
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 2 1 1 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 311622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex,* (state whether male or female)	female
2. *Race or Color,* (if not of the white race)	Color.
3. *Date of Birth,*	17th June.
4. *Place of Birth,* (Street and Number)	914 little fine street
5. *Full Name of Mother,*	Lucia Brown Wilson
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Frederick Town
8. *Full Name of Father,*	Eli Wilson.
9. *Father's Occupation,*	Tailor.
10. *Father's Birthplace,*	Canton
Name of Medical Attendant, or other person who makes this Return.	Mrs. Cook.
Address,	108 Shields alley.
Remarks,	8 9 1 0 0 0 2 1 1 5

...ing to the best of his knowledge and belief, the name and place of birth and the ...been conferred) its sex, color, the full name and ... of the mother, and the ...said schedule shall be delivered, duly signed ... of the Commissioner of Health. In case the birth of any child ...third day of such child's existence, or stillbirth, or should no other person ...shall have attended at the confinement of the mother, it shall be the duty of ...attendance upon the mother, immediately thereafter, to report the birth ...child to report its birth to the Commissioner of Health, in the manner ...any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recoverable, other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)
2. Race or color, (if not of the white race)
3. Date of Birth, 6. 20. 91.
4. Place of Birth, (Street and Number) 611 George St
5. Full Name of Mother, Dennis Beatrice Whitford.
6. Mother's Maiden Name, Ward
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Louis Thomas Whitford
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore Md

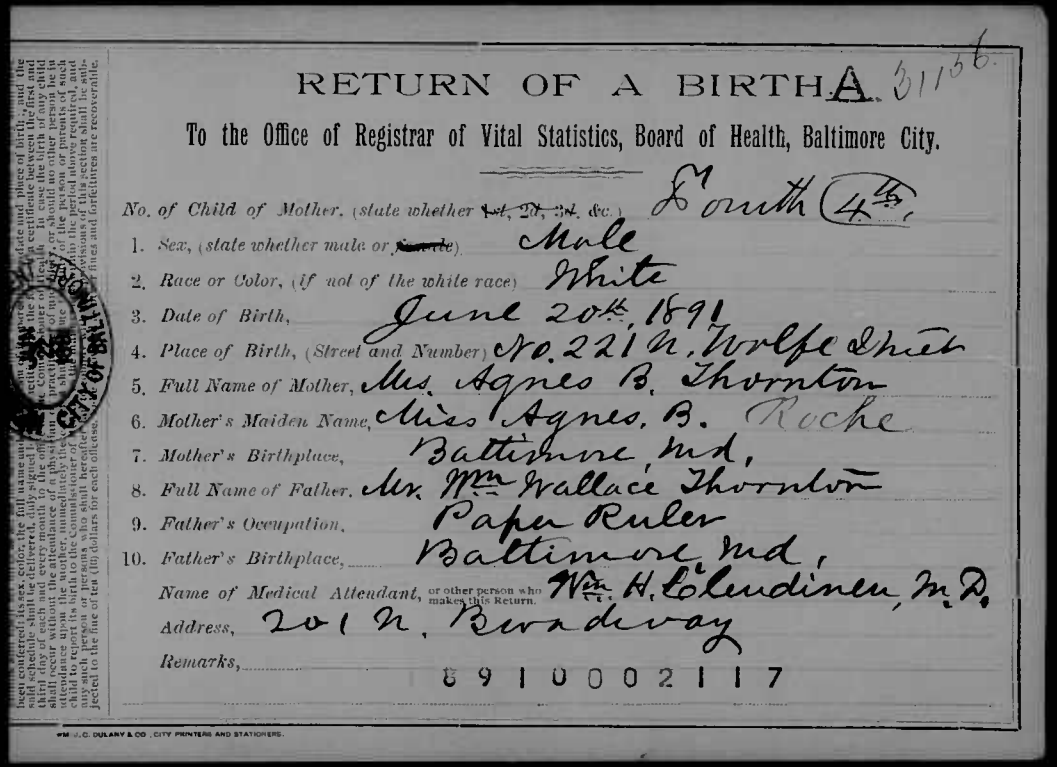
Name of Medical Attendant, or other person who makes this Return. Louis M Eastman

Address, 772 N. Lexington St.

Remarks.

8 9 1 0 0 0 2 1 1 6

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.



RETURN OF A BIRTH A 31156.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) Fourth (4th)

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20th 1891
4. Place of Birth, (Street and Number) No. 221 N. Wolfe Street
5. Full Name of Mother, Mrs. Agnes B. Thornton
6. Mother's Maiden Name, Miss Agnes B. Roche
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. Wm Wallace Thornton
9. Father's Occupation, Paper Ruler
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Wm. H. Clendinen, M.D.

Address, 201 N. Broadway

Remarks, 891000211 7

...been conferred; his sex, color, the full name under which he is to be registered, and the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, to the parent or person in charge of the child, who shall receive therefor a certificate of registry, and thereupon the said parent or person in charge of the child shall report its birth to the Commissioner of Health, and present the certificate of registry, or, should no other person be in attendance upon the mother, immediately thereafter the attendant shall report the birth to the Commissioner of Health, and present the certificate of registry, and the parent or person in charge of the child shall report its birth to the Commissioner of Health, and present the certificate of registry within ... days thereafter, or be subject to the fine of ten (10) dollars for each offense. The fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. 31 [illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21 1890
4. Place of Birth, (Street and Number) No 1431 Hanover st
5. Full Name of Mother. Elizabeth Riggen
6. Mother's Maiden Name. Elizabeth Snyder
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, John Riggon
9. Father's Occupation, Market man
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hinton

Address, No 1422 Hanover Street

Remarks,

1 8 9 1 0 0 0 2 1 1 8

been conferred) its sex, color, the full name of [illegible] date and place of birth; and the said schedule shall be delivered, duly signed by [illegible] certificate between the first and third day of each and every month [illegible] Commissioner [illegible] th. In case the birth of any child shall occur within the limits of a [illegible] Secretary, or should no other person [illegible] such child to report its birth to the Commissioner of [illegible] within the period above required, and any such person or persons [illegible] the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to [illegible] other fines and forfeitures are recoverable.

THE J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-3-56

RETURN OF A BIRTH. A. 31158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elsie Levinia ~~Moorsberger~~ Moersberger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 21 1891
4. Place of Birth, (Street and Number) No. 39 Loudon Ave
5. Full Name of Mother, Nellie V. Moersberger
6. Mother's Maiden Name, Nellie V Gardner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Moersberger
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 2 1 1 9

been conferred) its sex, color, the full name and ... of the parents, ... and place of birth; and the ... shall be delivered, duly signed by the ... third day of ... shall occur without the ... attendance upon the mother, ... child to ... any such ... jected to the fine of ... dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 31159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 22 June 1891
4. Place of Birth, (Street and Number) 428 West 4th St
5. Full Name of Mother, Mrs Hattie E. Givens
6. Mother's Maiden Name, Hattie E. Melvin
7. Mother's Birthplace, Monkton Md
8. Full Name of Father, Chas E. Givens
9. Father's Occupation, Britcher
10. Father's Birthplace, York Pa

Name of Medical Attendant, or other Person who makes this Return. Dr Frederick Atkinson

Address, 210 Maryland Ave

Remarks, Child 7 months - lived only 10 hours

11 of May 1898 0 0 2 1 2 0

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 22nd 1891
4.	*Place of Birth, (Street and Number)*	N. W. Corner Pratt & Chester Sts
5.	*Full Name of Mother,*	Florence Laroque
6.	*Mother's Maiden Name,*	" Dietz
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Regis B. Laroque
9.	*Father's Occupation,*	Pharmacist
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	James E. McShane
	Address,	2 South Patterson Park Ave
	Remarks,	6 9 1 U 0 0 2 1 2 1

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 5 — 1891
4. Place of Birth, (Street and Number) 233 S. Ann St.
5. Full Name of Mother, Fannie Ruly
6. Mother's Maiden Name, Kellenbeck
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Thomas Ruly
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno. Steine

Address, 1427 E. Oral St.

Remarks, 1 8 9 1 0 0 0 2 1 2 2

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3/1/64.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth*	June 8 1891
4.	*Place of Birth, (Street and Number)*	22 N Spring St.
5.	*Full Name of Mother*	Augusta Look
6.	*Mother's Maiden Name*	Kubatzka
7.	*Mother's Birthplace*	Germany
8.	*Full Name of Father*	Charles Look
9.	*Father's Occupation*	Machinist
10.	*Father's Birthplace*	Germany
	Name of Medical Attendant, or other person who makes this Return	Mary Stein
	Address	1429 E Utah St.
	Remarks	

1891000 2123

BOARD OF HEALTH OF BALTIMORE CITY

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 8 - 1891
4. Place of Birth, (Street and Number) 1537 E 32nd St.
5. Full Name of Mother, Kate Henry
6. Mother's Maiden Name, Lyke
7. Mother's Birthplace, Baltimore,
8. Full Name of Father, Henry Hurtz
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E 32nd St.

Remarks,

1 8 9 1 0 0 0 2 1 2 4

been conferred; its sex, color, the full name and occupation of its parents, the date of its birth, and the number of children born to the mother, including the child last born; which said schedule shall be filled out every month to the office of the City Registrar of Vital Statistics, Board of Health. And every person who shall neglect or refuse to give the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the mother, householder or other person having charge of such child, to report to the Registrar of Vital Statistics, Board of Health, the fact of such birth, with the particulars required by this section, within ten days after the birth, and every person who shall hereafter fail to so report shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 31164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.	*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	3
2.	*Sex, (state whether male or female)*	Female
3.	*Race or Color, (if not of the white race)*	
4.	*Date of Birth,*	June 12 - 1894
5.	*Place of Birth, (Street and Number)*	312 S. Bond St.
6.	*Full Name of Mother,*	Annie M. Ludwig
7.	*Mother's Maiden Name,*	Latem
8.	*Mother's Birthplace,*	Franklin Co. Pa.
9.	*Full Name of Father,*	Andrew Ludwig
10.	*Father's Occupation,*	Blacksmith
	Father's Birthplace,	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Mary Stein
	Address,	427 E. Pratt St.
	Remarks,	

691 0002125

CITY OF BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3116

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter stating distinctly the day, month and year of the birth, sex and color of the child, or if twins, triplets, &c., born at one birth, the full name, nativity, and residence or not, the full name of such child or children.
born, its or their physical condition, whether living or dead, and if dead, the cause of death; also the full name, nativity, and residence of the parents, and the maiden name of the mother; also the number of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Female
Sex, (state whether male or female)	Col
2. Race or Color, (if not of the white race)	12th June 91
3. Date of Birth,	Huckins Alley No 28
4. Place of Birth, (Street and Number)	Elizabeth Dorsey
5. Full Name of Mother,	"
6. Mother's Maiden Name,	Eastern Shore Md.
7. Mother's Birthplace,	Matthew Dorsey
8. Full Name of Father,	Race Driver
9. Father's Occupation,	Eastern Shore Md.
10. Father's Birthplace,	Dr Thomas
Name of Medical Attendant, or other Person who makes this Return.	
Address,	
Remarks,	Primiparous Confinement

8 9 12 0 0 2 1 2 6

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH A 31166.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 12 '91
4. Place of Birth, (Street and Number) 1339 Mosher
5. Full Name of Mother, mrs. Annie Manning
6. Mother's Maiden Name, " Pindel
7. Mother's Birthplace, md
8. Full Name of Father, Frank M. Manning
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. T C Worthington

Address, 840 W Lafayette Balto

Remarks, 89.100021 27

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 13 — 1891
4. Place of Birth, (Street and Number) 1410 Canton Ave.
5. Full Name of Mother, Katharine Kapler
6. Mother's Maiden Name, Yager
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. Kapler
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Fait St.

Remarks, 6 9 1 0 0 0 2 1 2 8

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

31168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male

Race or Color, (if not of the white race) White

Date of Birth, June 3rd 1891

Place of Birth, (Street and Number) 1135 Washington Ave.

5. *Full Name of Mother,* [illegible]

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* Baltimore.

8. *Full Name of Father,* [illegible]

9. *Father's Occupation,* Stone cutter.

10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible] Eutaw St.

Remarks,

1891 JUN 25 CITY OF BALTIMORE REGISTRAR OF VITAL STATISTICS

1 8 9 1 0 0 0 2 1 2 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health Law, Sec. 7 and 8 shall contain a list of the births which have occurred under his or her care during the month, and all such lists shall contain the same information ascertained the full name of each child, if any shall have been given, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein set forth, to the Registrar of Vital Statistics within the third day of each and every month to the office of the Registrar of Vital Statistics, and a duplicate thereof shall be delivered, duly signed by the practitioner in the form of a certificate herein set forth, to the Comptroller within the third day of each and every month; and every practitioner who shall neglect or refuse to make the return of births required by this section, or who shall neglect or refuse to report the birth of any child to the Registrar of Vital Statistics, or to the Comptroller, within the period above specified, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 3114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex. (State whether male or female) Male.
2. Race or color. (if not of the white race) Colored
3. Date of Birth. June 13., 1891
4. Place of Birth. (Street and Number) 1706 S. Charles
5. Full Name of Mother. Emma Cage.
6. Mother's Maiden Name. Healy
7. Mother's Birthplace. Maryland.
8. Full Name of Father. J. J. Cage.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. J. M. Lumpkin M.D.

Address, 610 N. Bond St.

Remarks.

1891 0002130

HEALTH DEPARTMENT JUN 23 1891 CITY OF BALTIMORE

No. 2 — C. SULLANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 13th 1891.
4. Place of Birth, (Street and Number) 788 W. Lombard.
5. Full Name of Mother, M. Bigham.
6. Mother's Maiden Name, M. Smith.
7. Mother's Birthplace, Virginia.
8. Full Name of Father, Carl Bigham.
9. Father's Occupation, Painter.
10. Father's Birthplace, Virginia.

Name of Medical Attendant, or other person who makes this Return. [illegible] Jones.

Address, 716 S. Howard St.

Remarks,

8 9 1 0 0 0 2 1 3 1

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3117

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 13 1891
4. Place of Birth, (Street and Number) 506 S. Exeter St.
5. Full Name of Mother, Anna Maria Parmisano
6. Mother's Maiden Name, Cintyre
7. Mother's Birthplace, Italia
8. Full Name of Father, Domina Parmisano
9. Father's Occupation, Arabor
10. Father's Birthplace, Italia

Name of Medical Attendant, or other person who makes this Return, Mary Shin

Address, 1427 E Fra H St.

Remarks,

1891000213 2

Health. — Its section shall contain a list of the ... required by the Commissioner of ... month, and shall set forth as far as the same can be ascertained ... been conferred; its sex, color, the full name and occupation of its parents, ... shall have been delivered, duly signed by the ... shall secure with all the ... shall secure without the attendance of a physician ... child for every neglect ... any such person or persons ... subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 31172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

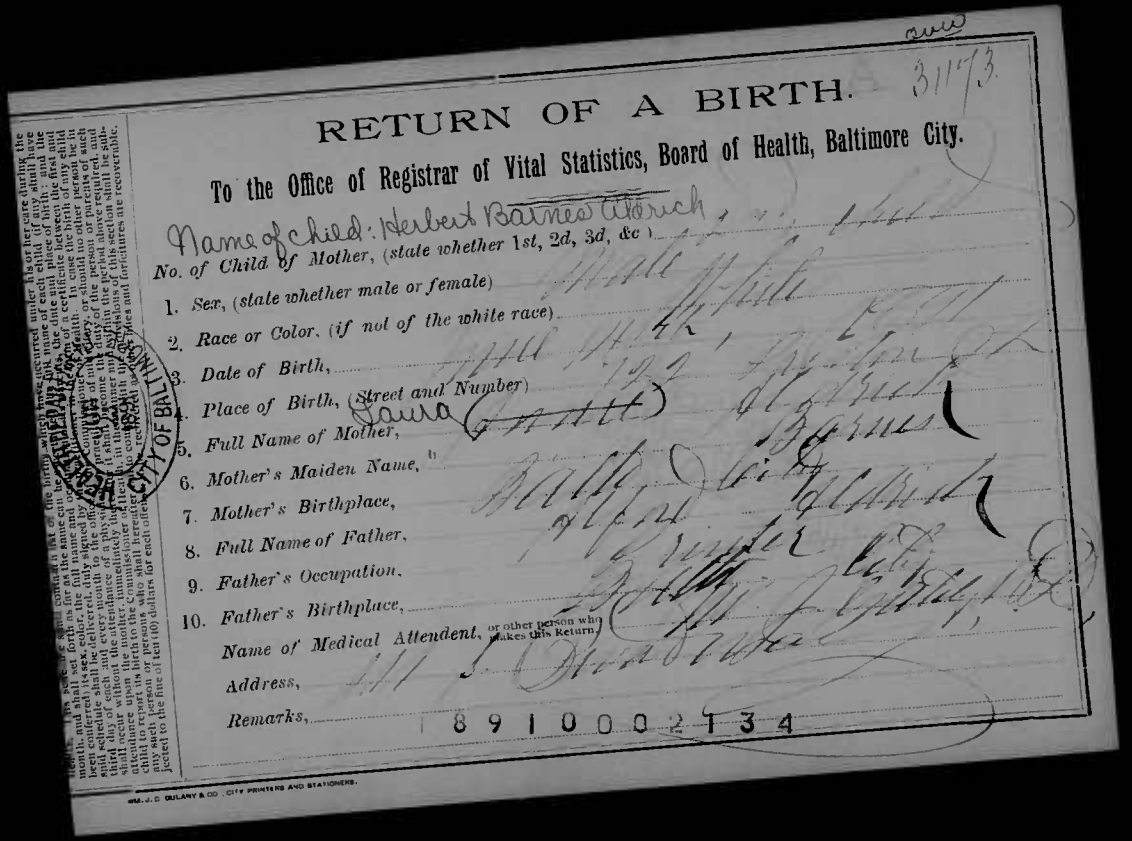
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 13 '91
4. *Place of Birth, (Street and Number)*	841 W Fayette
5. *Full Name of Mother,*	Mrs Maggie Blondel
6. *Mother's Maiden Name,*	" Burk
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John A Blondel
9. *Father's Occupation,*	Agent
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	T C Worthington
Address,	840 W Fayette
Remarks,	Balto

18910002133

...ection 1. ... this schedule shall contain a list of the births which ... month, and shall set forth as far as the same can be ascertained ... been conferred its sex, color, the full name and occupation of ... and the full name and residence of the physician or ... shall occur without the attendance of a physician or ... attendance upon the mother immediately thereafter it shall be ... child or children born during the month, and the ... any such person or persons who shall neglect to comply ... jected to the fine of ten ($10) dollars for each offense, to be recovered ... returns are recoverable.

...ed by the ... between the first and ... Fifth ... above required, and ... or parents of such ...

...ESS. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS



RETURN OF A BIRTH.

31173.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Herbert Barnes Church

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Laura (Barnes)
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8910002134

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16 '91
4. Place of Birth, (Street and Number) 923 W Lexington
5. Full Name of Mother, mrs. Laura Wilbourne
6. Mother's Maiden Name, " Miller
7. Mother's Birthplace, Balto
8. Full Name of Father, Louis D Wilbourne
9. Father's Occupation, Telegraphist
10. Father's Birthplace, D C

Name of Medical Attendant, or other person who makes this Return. T C Worthington
Address, 840 W Fayette
Remarks, Balto

1891 0002135

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A. 3117

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex. (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. June 16th 1891
4. Place of Birth. (Street and Number) 607 S. Carrollton Ave.
5. Full Name of Mother. Mrs. Carrie Brnacher
6. Mother's Maiden Name. Miss Carrie Gable
7. Mother's Birthplace. Baltimore
8. Full Name of Father. William J. Brnacher
9. Father's Occupation. Salesman
10. Father's Birthplace. Md

Name of Medical Attendant, or other Person who makes this Return — C. C. Bidden

Address. 1910 W. Saratoga St

Remarks.

6910002136

...ing the month, and shall set forth, as ... any cause shall have been entered, the ... issued. Any person who shall neglect ... certificate, between the first and third ... birth of any child shall cause or ... should the father, mother, or householder ... within the period above required, except ... any person or persons who shall hereafter ... for a fine of ten dollars for each offence to ...

...ished. The full name of each child of ... occupation of the parents, the day and ... Board of Health. In case the ... or in consequence of midwifery, or ... Health. Physicians in attendance ... deaths of illegitimate children, and ... sections of this section shall be subject ... penalties are recoverable.

...RT & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 31176.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 16 1891
4. Place of Birth, (Street and Number) 2206 E Lombard St.
5. Full Name of Mother, Maggie E. Leitman
6. Mother's Maiden Name, Mahaney
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John A Leitman
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, Mary Steinl

Address, 1127 E Pratt St.

Remarks,

1891000213 7

WM J C BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	June 17 1891
4. Place of Birth (Street and Number),	1092 Low st
5. Full Name of Mother,	Chaja Schulman
6. Mother's Maiden Name,	Chaja Markot
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Louis Schulman
9. Father's Occupation,	Tailor
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	Wm. Wolf
Address,	623 E. Fremont st
Remarks,	Normal Labor.

6910002138

...shall sign such form as for the same ...be necessary, and shall ...the ... of ... month, ... child. If any shall have been ... shall be delivered, the full ... and occupation ... of birth; and the said schedule each and every month to the office of the Commissioner of ... the attendance of a physician or practitioner of ... the Commissioner it shall become the duty of ... Who shall hereafter fail to comply with the provisions ... for each offence, to be recovered as other fines and ... fine of ten (10) dollars

BOARD OF HEALTH BALTIMORE

Williams & Wilkins Co. City Printers and Stationers.

RETURN OF A BIRTH.

A 31178.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 18th 1914.
4. Place of Birth, (Street and Number) 1905 E. Chase St.
5. Full Name of Mother, Virginia Lehmann
6. Mother's Maiden Name, Virginia A. Cox
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Wenger
9. Father's Occupation, Cutter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Jno. Brunst

Address, 1600 Aisquith St.

Remarks,

8 9 1 0 0 0 2 1 3 9

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 31174.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	II
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
Date of Birth,	18 June
Place of Birth, (Street and Number)	1531 Bar Boroughst.
5. *Full Name of Mother,*	Anna Rothe
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	white
8. *Full Name of Father,*	Baltimore
9. *Father's Occupation,*	Theodor Roth
10. *Father's Birthplace,*	Laboar.
Name of Medical Attendant, or other person who makes this Return.	Bairn
Address,	Dr. Sparrow M. Jones
Remarks,	Boosen st. 1421 Locus Point

8 9 1 0 0 0 2 1 4 0

RECORDED IN LIBER No. 1891 FOLIO 214 CITY OF BALTIMORE

SM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any,) which have been born of such mother, the date and place of birth of each child, and the number of children born between the first and last schedule shall be delivered, duly certified, to the officer appointed to receive the same, on or before the third day of each and every month, under the penalty of forfeiting the sum of ten dollars for each and every month such certificate shall be delayed beyond the time herein required, and shall occur when the mother, immediately after the birth of each child, or in the absence or inability of the mother, the person present at the birth, or the father, or the nearest relative present in the city at the time of the birth, or the householder in whose house the birth occurred, or the physician or midwife in attendance, shall report its birth to the Commissioner, and within ten days thereafter shall furnish to the Commissioner a certificate containing the same facts required to be reported by him or her; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence. Fees will be allowed for registering births and forfeitures are recoverable.

RETURN OF A BIRTH. 31180.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The third Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Thursday June the 13th 1901
4. Place of Birth, (Street and Number) Baltimore Md 206 Leonard st
5. Full Name of Mother, Mrs Maggie A. Hughes
6. Mother's Maiden Name, Miss Maggie A Cummings
7. Mother's Birthplace, Easton Talbot County Md
8. Full Name of Father, Clinton H. Hughes
9. Father's Occupation, Public Waiter
10. Father's Birthplace, Westminster Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Sailor

Address, 716 Sasafras st Baltimore Md

Remarks,

1 8 9 1 0 0 0 2 1 4 1

month, and shall set forth as far as the same can be ascertained the name and surname of each child, (if any shall have been conferred) the sex, color, the full name and occupation of the parents, the date and place of birth, and the usual residence of the parents at the time of the birth of each child; and the said return shall be verified by the oath or affirmation of the person making the same. In case the birth of any child shall occur without the attendance of a physician or midwife, the father, or in case of his absence, the mother, shall be required to make the return required by this section; and should no other person be in attendance upon the mother immediately thereafter, the duty of the person or parents of such child to report the birth within the time prescribed in this section shall be absolute. And any such person or persons who shall hereafter neglect or refuse to make the return required by this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before any justice of the peace; and forfeitures are recoverable.

CITY OF BALTIMORE

498 J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 3118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 18 '91
4. Place of Birth, (Street and Number)	3-27 N Fulton ave
5. Full Name of Mother,	Mrs Mary B Oursler
6. Mother's Maiden Name,	" " Ridgley
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Ira Oursler
9. Father's Occupation,	Insurance
10. Father's Birthplace,	Balto Co Md
Name of Medical Attendant, or other person who makes this Return,	T C Worthington
Address,	840 W Fayette St
Remarks,	Balto Md

1 8 9 1 0 0 0 2 1 4 2

Health. This schedule shall contain a list of the births [illegible] and for her entire during the month, and shall set forth as to the mother of each child [illegible] of any child shall have been conferred) its sex, color, the full name and occupation [illegible] the birth of such child, if any shall have said schedule shall be delivered, duly signed by the principal [illegible] the first day of each calendar month, to the Registrar of Vital Statistics, at the office of the Board of Health, and no fee shall be charged for the same. Between the first and tenth days of each calendar month, the Registrar shall receive the births of the preceding month, and shall give a receipt therefor. If any child shall occur without the attendance of a physician or midwife, the parent or parents, or person having charge of such child, shall report its birth to the Commissioner of Health, in the manner above required, and in default thereof shall be liable to a penalty of ten dollars for each offense. If any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 31182

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex, (state whether male or female)	male
Race or Color, (if not of the white race)	white
Date of Birth,	June 20 91
Place of Birth, (Street and Number)	220 Columbia Ave
5. Full Name of Mother,	Kate Balto
6. Mother's Maiden Name,	Louis Stroh
7. Mother's Birthplace,	Md
8. Full Name of Father.	Balto
9. Father's Occupation,	Bricklayer
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Dr Williams
Address,	949 Madison Ave
Remarks,	

1891000243

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 31153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth. June 20 1871
4. Place of Birth, (Street and Number) 244 S. Eutaw St.
5. Full Name of Mother. Emma Siegel
6. Mother's Maiden Name. Mayer
7. Mother's Birthplace. Baltimore
8. Full Name of Father. Frederick Siegel
9. Father's Occupation. Cabinet Maker
10. Father's Birthplace. Germany

Name of Medical Attendant, or other person who makes this Return. Mary D. Stein

Address. 421 E. Pratt St.

Remarks.

1891000214 4

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th June 23. 1891.
4. Place of Birth, (Street and Number) 2017 Eastern ave.
5. Full Name of Mother, Mary Muhlenfeld
6. Mother's Maiden Name, Mary J. Koch.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Fred Muhlenfeld.
9. Father's Occupation, Florist.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Faust

Address, 412 S. Wolfe st.

Remarks,

1891000214 5

311 24

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 31183.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	1st,
1. *Sex.* (*state whether male or female*)	Female,
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth.*	June 22nd 1891
4. *Place of Birth.* (*Street and Number*)	210 S. Shark st.
5. *Full Name of Mother.*	Katie Macelowitz
6. *Mother's Maiden Name.*	Katie Cryob,
7. *Mother's Birthplace.*	Lithuania,
8. *Full Name of Father.*	Charles Macelowitz,
9. *Father's Occupation.*	Tailor
10. *Father's Birthplace.*	Lithuania,
Name of Medical Attendant, or other Person who makes this Return	Chas. B. Lyon M.D.
Address.	920 N. Broadway
Remarks.	

HEALTH DEPARTMENT JUN 24 1891 CITY OF BALTIMORE

8 9 1 0 0 0 2 1 4 6

RETURN OF A BIRTH. A. 31186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22nd of June 1897.
4. Place of Birth, (Street and Number) 2011 Orleans street
5. Full Name of Mother, Lizzie Breidenbach
6. Mother's Maiden Name, Lizzie Hengle
7. Mother's Birthplace, Germany
8. Full Name of Father, Ferdinand Breidenbach
9. Father's Occupation, Tinner & Plummer
10. Father's Birthplace, Germany

Name of Medical Attendent, or other person who makes this Return. Descintha Hunkel

Address, 213 North Chapel st. for Justina Hunkel

Remarks, Healthy

8 9 1 0 0 0 2 1 4 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23rd of June 1891
4. *Place of Birth, (Street and Number)*	2010 Fulton street
5. *Full Name of Mother,*	Annie Zeck
6. *Mother's Maiden Name,*	Annie Schonacke
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Zeck
9. *Father's Occupation,*	Coppel
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendent, or other person who makes this Return,	Crescintia Kunkel
Address,	213 North Chapel st. per Justina Kunkel
Remarks,	Healthy.

8 9 1 0 0 0 2 1 4 8

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 31188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Boy

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Mulatto.
3. Date of Birth, June 24th 1891.
4. Place of Birth, (Street and Number) 625 Eutaw Place
5. Full Name of Mother, Annie L. Jones.
6. Mother's Maiden Name, Annie Lewis.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Wm. H. Jones.
9. Father's Occupation, Day Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Wm. Brown

Address, 1 East Lexington St.

Remarks,

8910002149

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and residence of its parents, the place of birth, and the said schedule shall be delivered, duly signed and verified, to the Commissioner of Health. In case the birth of any child shall occur within the city limits, and no return thereof shall be made as aforesaid within the time above specified, the Commissioner of Health, or such person as he may appoint for the purpose, shall investigate the circumstances of such birth, and may require the attendance upon the Commissioner of Health, at the place named within the period above specified, of any midwife, or physician, or the person or parents of such child to report its birth to the Commissioner of Health. Any person required as aforesaid to report a birth who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, together with costs, before any court of competent jurisdiction, in the name of the City of Baltimore. Any midwife, physician or other person who shall neglect or refuse to make the return required by this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as aforesaid. All fines and forfeitures are recoverable.

CITY OF BALTIMORE

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 17 1896
4. Place of Birth, (Street and Number) 125 Peachalley
5. Full Name of Mother, Frances Peachpole
6. Mother's Maiden Name, Frances Williams
7. Mother's Birthplace, Talbot County
8. Full Name of Father, George Williams
9. Father's Occupation, Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Sarah Jane Allen

Address, No 115 west Henry st

Remarks,

1891000215O

Rev. Ord. The following shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and residence of each child born, and shall have been entered) its sex, color, the full name and occupation of the parents, date and place of birth, and shall have said certificate between the first and third day of each and every month, and shall be entitled to receive for every certificate so signed by the physician or midwife, the sum of fifty cents, which shall occur without the attendance of a physician or midwife, the parent or person in charge of such child shall make a certificate containing the facts required to be stated in this section, and deliver the same to the Commissioner of Health within the period above required, and attendance upon the mother, immediately thereafter, shall make a certificate containing the facts required to be stated in this section, and deliver the same to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or refuse to make and deliver such certificate as herein required, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other forfeitures are recoverable.

CITY OF BALTIMORE

1896. J. C. DILLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 31190.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 7th

1. Sex, (state whether ~~male or~~ female) [illegible]
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 18th 1891
4. Place of Birth, (Street and Number) 1100, N. Amity St
5. Full Name of Mother, Margaret Ann Groh
6. Mother's Maiden Name, " Kinekel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Groh
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm. L. Reese

Address, 903 N. Broadway

Remarks,

1 8 9 1 0 0 0 2 1 5 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 3111

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	June 19
4. *Place of Birth, (Street and Number)*	1045 Stark st.
5. *Full Name of Mother*	Maria Ewald
6. *Mother's Maiden Name*	" Graf
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Aug. L. Ewald
9. *Father's Occupation*	Grocery keeper
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return	G. L. Buddenbaum
Address	418 S. Paca st.
Remarks	

1891000215 2

...HET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20th of June
4. *Place of Birth, (Street and Number)*	Balto 135 Pratt st
5. *Full Name of Mother,*	Consuler Tosz
6. *Mother's Maiden Name,*	Consuler Preden
7. *Mother's Birthplace,*	Italy
8. *Full Name of Father,*	Peter Tolez
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Italy
Name of Medical Attendant, or other person who makes this Return.	Mrs Taylor
Address,	No 41 Guilford alley
Remarks,	

591000 2153

month, and shall set forth as far as the same can be ascertained, the particulars required by this section to be set down in the case of a birth. [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date of birth of the child, (if any child have said schedule shall be delivered, duly signed by the practicing physician, midwife or other person who shall have attended upon the mother, immediately thereafter, or if there be no such attendance, then by the father or mother of such child, or in case the father or mother shall be dead or unable to act, then by the householder of the house in which such birth shall occur, or by the owner of such house, or his agent, to the office of the Commissioner of Health. In the case of the birth of any child [illegible] day of each and every month to the office of the Commissioner of Health a like schedule, duly signed by the person in attendance upon the mother, or by the father or mother of said child, or in case the father or mother shall be dead or unable to act, then by the householder of the house in which such birth shall occur, or by the owner of such house, or his agent, setting forth the particulars required to be reported in relation to births occurring during the month next preceding the making of such report; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] forfeitures are recoverable.

498. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
Race or Color, (if not of the white race)	White
Date of Birth,	June 20
Place of Birth, (Street and Number)	1156 Washington Ave
Full Name of Mother,	Mary Saltzman
6. *Mother's Maiden Name,*	" Trubelich
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	George Saltzman
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Sadie Hampton
Address,	412 Scott St
Remarks,	

B 9 1 0 0 0 2 1 5 4

RECEIVED JUN 1891 REGISTRAR OF VITAL STATISTICS CITY OF BALTIMORE

... of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the following particulars: the full name of each child born, the sex, color, the full name and occupation of the parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner, to the person required to register the birth of such child. Every certificate delivered by a practitioner shall be considered as taking the place of the first and third days of each visit thereafter required to be made by him, and no practitioner shall receive any fee for attendance upon the mother immediately thereafter, unless the certificate aforesaid shall be delivered as aforesaid. Any practitioner who shall neglect or refuse to make the certificate aforesaid, or who shall make a false certificate, or who shall neglect or refuse to deliver the same to the person or parents of such child, or to the Commissioner of Health, as required by this section, shall be subject to the fine of ten (10) dollars for each offense; and any person required to register the birth of a child who shall neglect or refuse to register the same within the period above required, and any such person who shall make a false return, or who shall neglect or refuse to make a return as required by this section, shall be subjected to the fine of ten (10) dollars for each offense; and all fines and penalties for failure or refusal to

JAS. J. O. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

E 31194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 21st of June 1891
5. *Place of Birth, (Street and Number)* 171 N. Fail Ave
6. *Full Name of Mother,* Ida Ford
7. *Mother's Maiden Name,* Hale Cain
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* Roy Ford
10. *Father's Occupation.* Laborer
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Thayer

Address, 711 Linsford Alley.

Remarks,

1 8 9 1 0 0 0 2 1 5 5

CITY OF BALTIMORE 1891

...month, and shall set forth the name and surname, if any, of the child, the full name of each child, if any shall have been previously born to the mother, the full name and occupation of its parents, the date and place of birth, and the legal residence of the parents at the time of the birth of the child, and the name and address of the physician, midwife or other person in attendance at the birth of any child which shall occur without the attendance of a physician or midwife, and no other person be in attendance at the birth, shall immediately thereafter report the same to the office of the Commissioner of Health, and every midwife or physician who shall attend at the birth of any child shall report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be collected as other fines and forfeitures are recoverable.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 3119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Child

1. Sex, (state whether male or female) Boy
2. Race or Color. (if not of the white race) White Race
3. Date of Birth, Born June 21st 1891
4. Place of Birth, (Street and Number) # 107 Steffen Lane
5. Full Name of Mother, Mrs. Mary Stumpf
6. Mother's Maiden Name, Miss " Amelia
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr. Fred Stumpf
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Hiller

Address, 2127 N. Patt St.

Remarks,

8910002156

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c*.) 2 child

1. *Sex,* (*state whether male or female*) Boy
2. *Race or Color,* (*if not of the white race*) White Race
3. *Date of Birth,* Born June 22nd 1891
4. *Place of Birth,* (*Street and Number*) # 305 Frederick Av
5. *Full Name of Mother,* Mrs Kate Gilbert
6. *Mother's Maiden Name,* Miss " Gens
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr John Gilbert
9. *Father's Occupation,* Lime Kill
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Hiller

Address, 2127 W Balt St

Remarks,

1 8 9 1 0 0 0 0 2 1 5 7

[illegible] schedule shall contain a list of [illegible] occurred under his or her care during the month, and shall set forth as far as the same [illegible] name of each child (if any shall have been conferred) its sex, color, the full name [illegible] the date and place of birth; and the said schedule shall be delivered, duly signed [illegible] of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician [illegible] or should no other person be in attendance upon the mother, immediately [illegible] duty of the person or parents of such child to report its birth to the Commissioner [illegible] within the period above required, and any such person or persons who shall hereafter [illegible] provisions of this section shall be subjected to the fine of ten (10) dollars for each offense [illegible] other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 3197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	22 June 1891.
4. *Place of Birth, (Street and Number)*	713 W. Fayette st.
5. *Full Name of Mother,*	Sallie E. Martin,
6. *Mother's Maiden Name,*	Wenwick,
7. *Mother's Birthplace,*	Balto City,
8. *Full Name of Father,*	Howard M. Martin,
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Westminster, Md
Name of Medical Attendant, or other person who makes this Return.	J. L. Engle M.D.
Address,	1007 Fayette st
Remarks,	

HEALTH DEPARTMENT JUN 23 1891 CITY OF BALTIMORE

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J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31198.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	W
3.	*Date of Birth,*	June 21
4.	*Place of Birth, (Street and Number)*	500 Barre St
5.	*Full Name of Mother,*	Jennie Conway
6.	*Mother's Maiden Name,*	Rivers
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	George Conway
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary Conway
	Address,	412 Scott St
	Remarks,	

1 8 9 1 0 0 0 2 1 5 9

BOARD OF HEALTH BALTIMORE CITY JUN 28 1897 REGISTRAR OF VITAL STATISTICS CITY OF BALTIMORE

month and shall set forth as far as practicable all the facts and particulars required by the blanks of return. Any physician, midwife or other person who shall have been employed in any case of birth, shall, if any shall have been employed in any case of birth, and the same can be ascertained, give information of such birth, and the place of birth, and the said schedule shall be delivered, duly signed by the practitioner or person in charge, within ten days after the birth of any child, and the third day of each and every month to the office of the Commissioner of Health. In the absence of any such physician, midwife or other person in charge, the father or mother of such child, or the householder in whose house or tenement such birth shall occur, shall report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31199.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	Colored
Date of Birth,	June 22. 1891
Place of Birth, (Street and Number)	Fremont ave. 1352
5. *Full Name of Mother.*	Elizabeth Lyons
6. *Mother's Maiden Name,*	Elizabeth Carroll
7. *Mother's Birthplace,*	Carolina MD
8. *Full Name of Father,*	Walter Lyons
9. *Father's Occupation.*	Laborer
10. *Father's Birthplace,*	Prince George county, MD
Name of Medical Attendant, or other person who makes this Return.	
Address,	Mary Ann, Monroe
Remarks,	53½ Dalmut alley

8 9 1 0 0 0 2 1 6 0

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 31200.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
[illegible]. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, June 22
4. Place of Birth, (Street and Number) Jersey st 115
5. Full Name of Mother, Mary Mazfield
6. Mother's Maiden Name, Mary Mart
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Mart
9. Father's Occupation, Labour
10. Father's Birthplace, Cambridge

Name of Medical Attendant or other person who makes this Return. Sarah Jane Kling
Address, No 115 west Mat Hurey st
Remarks,

8910002161

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the [illegible] place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form [illegible] between the first and third day of each and every month to the office of the Commissioner of [illegible] of any child shall occur without the attendance of a physician or practitioner of m[illegible] person be in attendance upon the mother, immediately thereafter it shall become the [illegible] of such child to report its birth to the Commissioner of Health, in the manner [illegible] required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other [illegible] recoverable.

CITY OF BALTIMORE 1891

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH. A. 3120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and residence of each child born, the name and residence of its parents, the full name and residence of the physician, midwife or other person in attendance, and the exact date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or person authorized by law to act as such, the owner or occupant of the house in which such birth occurs, or the person in charge of such child, shall report the birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense. All fines and forfeitures are recoverable

HEALTH DEPARTMENT CITY OF BALTIMORE JUN 25 1891

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	W
3.	*Date of Birth*	June 23
4.	*Place of Birth, (Street and Number)*	412 Washington Ave
5.	*Full Name of Mother*	~~Dott~~ Liddie Moore
6.	*Mother's Maiden Name*	" Hunter
7.	*Mother's Birthplace*	Baltimore
8.	*Full Name of Father*	Thomas Kane
9.	*Father's Occupation*	Laborer
10.	*Father's Birthplace*	Baltimore
	Name of Medical Attendant, or other person who makes this Return	Mrs Mary Thompson
	Address	412 Sixth St
	Remarks	

1 8 9 1 0 0 0 2 1 6 2

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 3717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5th 1891
4. Place of Birth, (Street and Number) 12 N Light St
5. Full Name of Mother, Mary A Bradenkamp
6. Mother's Maiden Name, Mary A Rees
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H Bradenkamp
9. Father's Occupation, Engr Manufacturing
10. Father's Birthplace, Balto City Md

Name of Medical Attendant, or other person who makes this Return. Thos A Corkran MD

Address, 914 N Charles St

Remarks,

5 9 1 0 0 0 2 1 6 3

RECEIVED JUN 1891 CITY OF BALTIMORE

Each and every person, other than the father or mother, having knowledge of the facts, is hereby required to report the birth of any child coming to his knowledge, within the period above required, and the attendance upon the mother at such birth shall be sufficient reason why the midwife should report the same; but if there be no midwife in attendance upon the mother, or if the midwife be herself the mother of the child to be reported, then the duty will devolve upon the next person present at the birth, who shall be required to report the same. Any person or persons who shall neglect or refuse to report the birth as above required, shall be subject to the fine of ten (10) dollars for each offence; and all fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. £ 3103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 3rd 1897
4. Place of Birth, (Street and Number) 538 Bristwan St
5. Full Name of Mother, Lillie M Davis
6. Mother's Maiden Name, Lillie M Hopkins
7. Mother's Birthplace, Va
8. Full Name of Father, J. Winter Davis
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return. Thos G. Cooke M.D.

Address, 914 N. Charles

Remarks,

6 9 1 0 0 0 2 1 6 4

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the

1. *Sex,* (state whether male or female) male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* 3 of Juny
4. *Place of Birth,* (Street and Number) 1230 Canton St.
5. *Full Name of Mother,* Anna Bliske
6. *Mother's Maiden Name,* Janke
7. *Mother's Birthplace,* Prussian (Germ)
8. *Full Name of Father,* Georg Bliske
9. *Father's Occupation,* Cabeln
10. *Father's Birthplace,* Prussian (Germ)

Name of Medical Attendant, or other person who makes this Return. Mrs E Weiss

Address, 2524 Lancaster St

Remarks,

1 8 9 1 0 0 0 2 1 6 5

6M J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained, the full name and residence of each child (if any shall have been conferred), its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, to the Commissioner of Health; and the Commissioner of Health shall issue a certificate between the first and fifteenth days of the succeeding month to the effect that the birth of such child has been duly reported, and every month to the office of the Commissioner of Health, in case there be any child whose birth shall occur without the presence or attendance of a physician or midwife, or should no other person attendance upon the mother, make the return required by this section, the father of such child, if living, and if not living, the mother, shall report the birth to the Commissioner of Health within the period above required, and shall set forth as far as the same can be ascertained, the full name and residence of the parents of such child, its sex, color, the date and place of birth; and for every neglect or refusal to make such report, the person or persons who shall hereafter fail to make the same, shall be subject to the fine of ten (10) dollars for each offense, to be recovered before any justice of the peace, and all fines and forfeitures so recoverable.

RETURN OF A BIRTH

A. 312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) twins 4 and 5 the

1. *Sex, (state whether male or female)* males
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 of June
4. *Place of Birth, (Street and Number)* 500 Eastern
5. *Full Name of Mother,* Amsa Vorpman
6. *Mother's Maiden Name,* = Geerken
7. *Mother's Birthplace,* Emden (Germ.)
8. *Full Name of Father,* Heinrich Vorman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Hannover

Name of Medical Attendant, or other person who makes this Return. Wm J Hill

Address, 524 Lancaster St

Remarks,

8910002166

month, and shall set forth as far as the same can be as[illegible] each child (if any shall have been conferred) its sex, color, the full name and occu[illegible] and place of birth, and the said schedule shall be delivered, duly signed by the [illegible] Collector the tenth day of each month. It shall be the duty of [illegible] to report to the Commissioner of Health [illegible] shall occur without the attendance of a physician [illegible] attendance upon the mother, immediately thereafter [illegible] child to report its birth to the Commissioner of Health [illegible] pay such person of persons as may perform [illegible] jected to the fine of ten (10) dollars for each offense, to be [illegible] and forfeitures are recoverable.

RECEIVED JUN 25 1894 CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

31706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 Jany
4. *Place of Birth, (Street and Number)* 600 Rose St.
5. *Full Name of Mother,* Mrs Theresia Schreier
6. *Mother's Maiden Name,* Bitrof
7. *Mother's Birthplace,* West Hungary
8. *Full Name of Father,* Anton Schreier
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weis

Address, 2024 Lancaster St

Remarks,

8 9 1 0 0 0 2 1 6 7

Note.—This blank is to be filled out by the person in charge of each Lying-in Hospital, Asylum, Infirmary, or other institution, and by the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife; and by the attending physician or midwife, in all other cases. Any person who shall refuse or neglect to report the birth of any child which he or she may be required by law to report, or who shall report any false statement touching the birth of any child, shall be subjected to the fine of ten (10) dollars for each offense.

SEC. 3. And be it enacted, That it shall be the duty of any man having charge of any female who shall be delivered of a child, and of the nearest relative of such female present at the birth, and of the physician or midwife in attendance upon the mother, immediately thereafter, to report the birth of such child to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife; and by the attending physician or midwife, in all other cases. Any person who shall refuse or neglect to report the birth of any child which he or she may be required by law to report, or who shall report any false statement touching the birth of any child, shall be subjected to the fine of ten (10) dollars for each offense, and forfeitures are recoverable.

BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 31707.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17th 1894
4. Place of Birth, (Street and Number) 1451 N Charles St.
5. Full Name of Mother, Mattie Angelo
6. Mother's Maiden Name, Mattie Sweeney
7. Mother's Birthplace, Maryland
8. Full Name of Father, Frank Angelo
9. Father's Occupation, Fruit Dealer
10. Father's Birthplace, Corsica

Name of Medical Attendant, or other person who makes this Return. Timothy Leahy M.D.

Address, 914 N Charles St

Remarks,

RECEIVED JUN 25 1894 CITY OF BALTIMORE BOARD OF HEALTH

Every physician, midwife or other person who shall assist at the birth of any child, and the parent or parents of such child, or in case of the absence, sickness or inability of the parent or parents, then the householder or owner of the premises where such birth shall occur, shall, within ten days after the birth of such child, report the same to the Registrar of Vital Statistics, at the office of the Board of Health, and for every neglect or refusal to make such report, as herein required, the person offending shall be liable to a penalty of five dollars; and any person who shall knowingly or wilfully furnish false information as to the facts required by this section, shall be subject to a penalty of ten dollars. The full name and residence of the informant, and the date and place of birth, and the said schedule shall be delivered, duly signed and verified, to the person entitled to receive the same, within the first ten days of each and every month, and a certificate to that effect shall be given to the informant. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the parent or parents, or householder or owner of the premises where such birth occurs, shall report the same to the Commissioner of Health within the time above specified, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence. Under fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

8 9 1 U 0 0 2 1 6 3

RETURN OF A BIRTH E 31208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED HEALTH DEPARTMENT JUN 25 1891 CITY OF BALTIMORE

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) Color
4. Date of Birth. June 17th 1891
5. Place of Birth, (Street and Number) 907 Peach alley
6. Full Name of Mother. Lillie Cealia Fisher
7. Mother's Maiden Name. Lillie Cealia Smith
8. Mother's Birthplace, Baltimore Md
9. Full Name of Father, James Edward Fisher
10. Father's Occupation. Butcher
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Charlotte Williams

Address, 910 London-hall st

Remarks, 8 lbs 0 ozs

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 1-30-59

A 31709

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Caroline J. Rusteberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), white
3. Date of Birth, June 18/91
4. Place of Birth (Street and Number), 1830 E. Pratt st.
5. Full Name of Mother, Carolin Rusteberg
6. Mother's Maiden Name, " Cropp
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo. Rusteberg
9. Father's Occupation, Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. R. C. O. Mansfield M.D.

Address, 129 S. Broadway

Remarks,

8910002170

e Baltim e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 31210.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 of June
4. Place of Birth, (Street and Number) 2513 Eastern Avenuen
5. Full Name of Mother, Emma Müller
6. Mother's Maiden Name, = Bruber
7. Mother's Birthplace, Balt.
8. Full Name of Father, Harry Müller
9. Father's Occupation, Boot maker
10. Father's Birthplace, Balt (

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weis

Address, 2524 Lancaster St.

Remarks,

8910002171

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Monday 22 June 1891
4. *Place of Birth, (Street and Number)* 208 Gridley St Balt
5. *Full Name of Mother,* Maria Dutton
6. *Mother's Maiden Name,* Maria Mullins
7. *Mother's Birthplace,* Eastern Shore Queen Anne Co
8. *Full Name of Father,* Eastern Shore Queen Anne Co
9. *Father's Occupation,* Upon the Nation
10. *Father's Birthplace,* Color

Name of Medical Attendant, or other person who makes this Return. Georgianna Brown

Address, 22 Lee Valley Baltimore

Remarks,

8910002172

month, and shall set forth as far as the same can be ascertained, each child, if any, shall have been delivered, its sex, color, the full name and occupation of the parents, and the said schedule shall be delivered, duly signed by the person making the same, to the third day of each and every month to the office of the Registrar of Vital Statistics, who shall issue a certificate therefor, which certificate shall be presented upon the mother's first visit to the office of the Health Officer of the district in which the child is born, and the Health Officer shall thereupon issue a permit for the burial of the child. Any person who shall hereafter fail to make the return required above required, and any such person or persons who shall hereafter fail to make such return, or who shall violate any other provision of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 31212.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) bright Colour
3. Date of Birth, June 22 - 1891
4. Place of Birth, (Street and Number) 1022 Baltimore alley
5. Full Name of Mother, Mary E Johnson
6. Mother's Maiden Name, " "
7. Mother's Birthplace, ~~Boston~~ Baltimore Md
8. Futt Name of Father, father unknow
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Lucie Lane

Address, 642 Gospor Alley

Remarks, midwife

1891 0002173

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 31213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4 — 91
4. Place of Birth, (Street and Number) 1724 La Fayette Av
5. Full Name of Mother, Louisa Waeker Gillan
6. Mother's Maiden Name, Louisa Waeker
7. Mother's Birthplace, Bach.
8. Full Name of Father, Dominick W. Gillan
9. Father's Occupation, Clerk
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr. R. W. Moffett

Address, 321 N. Pacaf L

Remarks,

1 8 9 1 0 0 0 2 1 7 4

RETURN OF A BIRTH A. 31214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6th 1891
4. Place of Birth, (Street and Number) 2 Kaufman st.
5. Full Name of Mother, Mrs Ogle
6. Mother's Maiden Name, Allstatter
7. Mother's Birthplace, Balto City
8. Full Name of Father, Wm Ogle
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return M H Carter M.D.

Address, 1800 W. Balto St

Remarks,

1 8 9 1 0 0 0 2 1 7 5

birth, and shall set forth as far as the same can be ascertained by diligent inquiry, the information required by this section in relation to each child, of such birth, and shall have been conferred) the sex, color, the full name and residence of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed, to the officer of the Board of Health. In case the birth of any child third day of such month, a certificate of such birth shall be made out within the next ensuing ten days by the person required to report the same, and delivered to the officer of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the person or parents of such attendance upon the mother, immediately thereafter, shall make out and deliver to the officer of the Board of Health a certificate of such birth, in the manner and within the period above required; and child to report its birth to the Commissioners as aforesaid, or any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CITY NAME ADDED 12-22-54

RETURN OF A BIRTH A 31210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Joseph Back

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15 1941
4. Place of Birth, (Street and Number) 105 N. Fulton ave
5. Full Name of Mother, Mary Back
6. Mother's Maiden Name, Hulshoff
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Back
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. McHale MD

Address, 1800 N. Balto St

Remarks,

8 9 1 0 0 0 2 1 7 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-24-56

RETURN OF A BIRTH

A 31216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alma Merz Summers

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17/91.
4. Place of Birth, (Street and Number) 21st Ward - Homestead - Linden Ave
5. Full Name of Mother, Minnie Merz Summers
6. Mother's Maiden Name, Minnie Metz
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles Summers
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. R. W. Mifflin M.D

Address, 321 N Paca St

Remarks,

C 91 0002177

every child of which she may be delivered, and within the first and third day of each month thereafter, a certificate specifying the name, sex, color and date of birth of any child born during the preceding month, and the name and residence of the parents of such child, which certificate shall be signed by the practitioner in the form of a certificate between the first and third day of each month thereafter, a certificate specifying the name, sex, color and date of birth of any child born during the preceding month, and the name and residence of the parents of such child, which certificate shall be signed by the practitioner in the form of a certificate to the Comptroller of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the parent or parents of such child to report the birth of such child to the Comptroller of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 3121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex. (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth.* June 22nd
4. *Place of Birth. (Street and Number)* 617 Fremont St
5. *Full Name of Mother.* Mary Petty
6. *Mother's Maiden Name,* Mary King
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father.* Charles Petty
9. *Father's Occupation.* Carriage Maker
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Helligonda Pleifer

Address. cor. Le Paca St

Remarks. 8910002178

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A-31218.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22 — 1891
4. Place of Birth, (Street and Number) No 1326 N Strieker St —
5. Full Name of Mother, Annie Roudarmour Geller
6. Mother's Maiden Name, Annie Roudarmour
7. Mother's Birthplace, Ohio
8. Full Name of Father, Clarence F Geller
9. Father's Occupation, Builder
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return K W Mifflin M.D.

Address, 321 N Paca St

Remarks, I attended this case for Dr. Ivey

who was out of town; if he sends in a certificate you will understand this to be a duplicate

RECEIVED JUL 1 1891 REGISTRAR OF VITAL STATISTICS CITY OF BALTIMORE

1891 0002179

ascertained the full name of each child (if or shall [illegible] its sex, color, the full names and occupation of its parents, and the date and place of birth, and the [illegible] personally signed by the practitioner in the form of a certificate to be given on the first and third day of each [illegible] of the Commissioner of Health. In case the birth of any child shall occur without the attendance [illegible] parents or guardian of such child to be in attendance upon the mother, [illegible] report the birth within the period above required, and any such person [illegible] shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines are [illegible]

RETURN OF A BIRTH. 31219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 23
4. Place of Birth, (Street and Number) 31 N Chapel St Balt Md
5. Full Name of Mother, Sarah B Pike
6. Mother's Maiden Name, Germane
7. Mother's Birthplace, Balt city Md
8. Full Name of Father, James H Pike
9. Father's Occupation, Stevedor
10. Father's Birthplace, Balt City Md

Name of Medical Attendant, or other person who makes this Return. H A Thompson

Address, 220 N Eutaw St

Remarks, Baby Well No Sur

1891000218 0

Wm. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 31220

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether male or female)	Son
2. Race or Color, (if not of the white race)	White
3. Date of Birth	June 23d 1891
4. Place of Birth, (Street and Number)	8 E Williamson St
5. Full Name of Mother	Fannie Hirsh
6. Mother's Maiden Name	Fannie Decker
7. Mother's Birthplace	Jersey City
8. Full Name of Father	John Theodore Hirsh
9. Father's Occupation	Laborer
10. Father's Birthplace	Balt
Name of Medical Attendant or other Person who makes this Return.	Mrs Conway
Address	1231 Battery Ave
Remarks	

1891 0 0 0 2 1 8 1

thereafter, stating distinctly the date of birth, sex and color of each child born, its or their physical condition, whether still born or not, the full name of the parents, and the maiden name of the mother of such child or children.

CITY OF BALTIMORE

RETURN OF A BIRTH

31221.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23rd 1891
4. Place of Birth, (Street and Number) 2127 Vine St.
5. Full Name of Mother, Bertha Christie
6. Mother's Maiden Name, Troesel
7. Mother's Birthplace, Balto Co.
8. Full Name of Father, Thomas Christie
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. H. Carter M.D.

Address, 1801 W. Balto St.

Remarks,

1891000218 2

month, and shall set forth as far as the same can be ascertained the name, sex, color, date and place of birth, and the name and birthplace of the parents of each child, if any shall have been born alive within the said month, and the name, residence and occupation of the physician, midwife or other person in attendance at the birth of each child; and shall also state the number of children of the mother living at the time of each birth, and the number of children born dead. Such return shall be made for each and every month, to the office of the Registrar of Vital Statistics, on or before the third day of each and every month to the office of the Registrar of Vital Statistics, on or before the third day of each and every month to the office of the Board of Health, and shall be made in such form as may be prescribed by the Commissioner of Health. In case a birth shall occur without the attendance of a physician or a midwife, the head of the family in which such birth occurs shall report the same within the time above required, and in default thereof shall be liable to the penalty hereinafter provided for the neglect of a midwife or physician to report a birth. In case there be no person in the house competent to report the birth of any child, it shall be the duty of the person or parents of such child to report the birth as above required, and in default thereof shall be liable to the penalty hereinafter provided for the neglect of a midwife or physician to report a birth. Any midwife or physician who shall neglect or refuse to make the return required by any of the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25th, 1891
4. Place of Birth, (Street and Number) No. 1578 Jefferson Street
5. Full Name of Mother, Mrs. Agusta Magdaline Fries
6. Mother's Maiden Name, Miss Agusta M. Cramer
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Mr. Conrad Fries
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. H. C. Carlson, M.D.

Address, 201 North Broadway

Remarks,

1891000183

HEALTH DEPT. JUN 25 1891 CITY OF BALTIMORE

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 31773.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 25th

4. Place of Birth, (Street and Number) No 1820 St. Paul St.

5. Full Name of Mother, Virginia C Raborg Keyser

6. Mother's Maiden Name, Virginia Clark Raborg

7. Mother's Birthplace, Balto

8. Full Name of Father, Richard H Keyser

9. Father's Occupation, Merchant

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Robert W Mifflin M.D.

Address, 321 N. Paca St

Remarks,

8 9 1 0 0 0 2 1 8 4

ascertained the full name of each child (if any) ... parents, the date and place of birth, and the said ... certificate before the first meeting of the attending ... birth is not given upon the mother, immediately ... report its birth to the Commissioner of Health, ... or persons who shall hereafter fail or neglect ... for each offense to be recovered as other fines and forfeitures are by law recoverable, and any such person ... be subjected to the fine of ten (10) dollars

RETURN OF A BIRTH. A. 31324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9th '91
4. Place of Birth, (Street and Number) 927 Millon Place
5. Full Name of Mother, E. Hutter
6. Mother's Maiden Name, " Hottes
7. Mother's Birthplace, Balto. City
8. Full Name of Father, E. Hutter
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. J B. Gardner

Address, 424 N. Greene St.

Remarks,

1 8 9 1 0 0 0 2 1 8 5

CITY OF BALTIMORE 1894

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. L. 31 226.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 16th
4. Place of Birth, (Street and Number) 2128 Nice st
5. Full Name of Mother, Elizabeth Zann
6. Mother's Maiden Name, " Bergan
7. Mother's Birthplace, Md
8. Full Name of Father, William Zann
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Herman F. Hill M.D.

Address, 1401 W. Fayette st

Remarks,

1 8 9 1 0 0 0 2 1 8 6

BALTIMORE CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 1-3-57

RETURN OF A BIRTH.

E 31226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice Loretta Brennan

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth*	2 of June 1891
4.	*Place of Birth, (Street and Number)*	1334 Reed St
5.	*Full Name of Mother*	Alice May Brennan
6.	*Mother's Maiden Name*	Alice May Bryant
7.	*Mother's Birthplace*	Baltimore
8.	*Full Name of Father*	Owen H. Brennan
9.	*Father's Occupation*	Bartender
10.	*Father's Birthplace*	Baltimore
	Name of Medical Attendant, or other person who makes this Return	Susan Hunton
	Address	23 N Poppleton St
	Remarks	8910002187

month and shall set forth as far as the same can be ascertained by reasonable diligence such of the particulars required by the form of return hereinafter prescribed as can be ascertained from the parents of such child. And in case the birth of any child shall occur without the presence or attendance upon the mother immediately thereafter of any person other than the parents of such child, it shall be the duty of the mother, within the period above required, and in the manner above prescribed, to report the birth to the Commissioner of Health; and any person who shall wilfully violate any of the provisions of this section shall be subjected to the fine of ten dollars for each offense. All fines and forfeitures are recoverable

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth June 20 1891
4. Place of Birth, (Street and Number) 531 N. West Street
5. Full Name of Mother, Georgiana Hayes
6. Mother's Maiden Name, Georgiana Fisher
7. Mother's Birthplace, Calvert County Md
8. Full Name of Father, Charles. Wesley Hayes
9. Father's Occupation, Brick Maker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Markus Jane Sims

Address,

Remarks,

8 9 1 0 0 0 2 1 8 8

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

31228.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 21st 1891
4.	*Place of Birth, (Street and Number)*	No 859 Fenno St
5.	*Full Name of Mother,*	Ella E Tully
6.	*Mother's Maiden Name,*	Ella E Sharpley
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	James Edward Tully
9.	*Father's Occupation,*	Travelling Salesman
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
	Address,	23 N Payne Pretton St
	Remarks,	8 9 1 0 0 0 2 1 8 9

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. B 21299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 21 1891
4. *Place of Birth, (Street and Number)*	Baltimore 1134 Russell St
5. *Full Name of Mother,*	Margaret Gross
6. *Mother's Maiden Name,*	Margaret Gross
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Gross
9. *Father's Occupation,*	Cook
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Caitlin Riley
Address,	1126 Russell St
Remarks,	

6910002190

CITY OF BALTIMORE JUN 29 1891 REGISTERED

month, and shall set forth in full the same information required to be given in the certificate of birth of each child of any such born after such date; and the said physician or midwife shall, within ten days after the birth of each child, make out a certificate of birth, and shall deliver the same to the person required by this section to report the birth to the Commissioner of Health; or in case the birth of such child shall occur without the attendance of a physician or midwife, then the person required by this section to report the birth to the Commissioner of Health shall make out such certificate of birth. Any physician or midwife who shall neglect or refuse to make out and deliver such certificate of birth, as required by this section, or any such person or persons who shall hereafter fail to perform the duties imposed by the provisions of this section shall be subjected to the fine of Ten (10) dollars for each offense, to be recovered, with costs, before any justice of the peace of this State. All fines and forfeitures are recoverable,

ed, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* [illegible] 1891
4. *Place of Birth, (Street and Number)* [illegible] 10 North Poppleton St
5. *Full Name of Mother.* Annie Kiser
6. *Mother's Maiden Name.* Annie Kelly
7. *Mother's Birthplace.* [illegible] Md.
8. *Full Name of Father.* [illegible] Kiser
9. *Father's Occupation.* Painter
10. *Father's Birthplace.* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address. 23 N Poppleton St

Remarks. 8 9 1 0 0 0 2 1 9 1

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any) shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person making the certificate, between the first and third days of each and every month to the officer or person appointed to receive the same, and every person required by this section to make such certificate who shall neglect or refuse to make the same within the time aforesaid, shall forfeit and pay the sum of ten dollars for each offence; and if any person required by this section to make such certificate shall wilfully make a false certificate of the birth of any child, or shall wilfully omit to report any birth which may come to his knowledge, he shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars, or by imprisonment in the city jail not exceeding six months, or by both fine and imprisonment, in the discretion of the court. In the absence of the parents, the occupier of the house in which any such person or persons who shall hereafter be born, shall be liable to the penalties and forfeitures aforesaid. All penalties and forfeitures are recoverable subject to the fine of ten dollars for each offence.

CITY OF BALTIMORE

BY J. C. BULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

B 31221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 2nd 1891
4. *Place of Birth, (Street and Number)*	1072 N. Mount Street
5. *Full Name of Mother,*	Mary A. Parsons
6. *Mother's Maiden Name,*	Mary A. Beresford
7. *Mother's Birthplace,*	Washington City D. C.
8. *Full Name of Father,*	James L. Parsons
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Washington D. C.
Name of Medical Attendant, or other person who makes this Return.	M. J. Benton
Address,	1307 Baltimore St.
Remarks,	

1891000219 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31202

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sunday 2 Nov
4. *Place of Birth (Street and Number)* Church L
5. *Full Name of Mother* Lucy Baltimore Banks
6. *Mother's Maiden Name* Lucy Baltimore
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Banks
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1 8 9 1 0 0 0 2 1 9 3

at the birth of any child, within the City of [illegible], shall report the [illegible] registrar aforesaid, within six days thereafter, stating distinctly the date of birth and color of the child, the number of his or their previous children born, its or their physical condition, whether still born or not, the full [illegible] and residence of the parents, and the maiden name of the mother of such child or children.

CITY OF BALTIMORE

RETURN OF A BIRTH A 31233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	~~Fem~~ 24th
3.	*Date of Birth,*	June 24th 189
4.	*Place of Birth, (Street and Number)*	756 N Woolbery St
5.	*Full Name of Mother,*	Josephine Seibert
6.	*Mother's Maiden Name,*	Josephine Engeman
7.	*Mother's Birthplace,*	Baltimore Md
8.	*Full Name of Father,*	Philip R Seibert
9.	*Father's Occupation,*	Bookkeeper
10.	*Father's Birthplace,*	Baltimore Md
	Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
	Address,	23 N Poppleton
	Remarks,	8910002194

month and shall set forth as far as the same ... name of each child. If any child ... been conferred its sex, color, the full name ... the date and place of birth ... said schedule shall be delivered, duly signed ... with the ... a certificate between the first and ... shall deliver ... certificate to the officer ... Commissioner of Health. To ease the birth of any child ... attendance upon the mother, immediately ... of the person in ... child, to report ... birth to the Commissioner ... within the period above required, and ... such person ... the duties ... this section shall be subjected to the fine ... for each offence ... Ordinances of this section shall be subject to ... fines and forfeitures ... recoverable

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother. (*state whether* 1*st.* 2*d.* 3*d.* &c.)	1st
1.	*Sex.* (*state whether male or female*)	Female
2.	*Race or Color.* (*if not of the white race*)	White Race
3.	*Date of Birth.*	June 24/ 7
4.	*Place of Birth.* (*Street and Number*)	4 Heath St.
5.	*Full Name of Mother.*	Katie Walker
6.	*Mother's Maiden Name.*	Mc Garrethy.
7.	*Mother's Birthplace.*	Balto Md.
8.	*Full Name of Father.*	Douglas Walker
9.	*Father's Occupation.*	Glassblower
10.	*Father's Birthplace.*	Balto Md.
	Name of Medical Attendant, or other person who makes this Return.	Annie Jarmo.
	Address.	No 1608 E Charles St.
	Remarks.	Resident Lying in Hosp.

8 9 10 6 0 2 1 9 5

JUN 25 1907 CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24th of June

4. Place of Birth, (Street and Number) 16 Frederick Road

5. Full Name of Mother Rosa Schmidt

6. Mother's Maiden Name. Rosa Mertz

7. Mother's Birthplace, Germany

8. Full Name of Father, Nicholas Schmidt

9. Father's Occupation, Schuhmacher.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Frederick Henry Middleton

Address, 216 West Pratt St.

Remarks. Died on Cramps this 26th of June

8 9 1 0 0 0 2 1 9 6

CITY OF BALTIMORE 1891

...& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

E 31236.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th Child
2. Sex, (state whether male or female) Boy.
3. Race or Color, (if not of the white race) White
4. Date of Birth, 25th of June 1891
5. Place of Birth, (Street and Number) 2312 East Fayette St.
6. Full Name of Mother, Laura Gross.
7. Mother's Maiden Name, Laura Barreda
8. Mother's Birthplace, Baltimore County
9. Full Name of Father, William Gross
10. Father's Birthplace, Carlo county
11. Name of Medical Attendant, or other person who makes this Return. Leontina Kunkel
12. Address, 213 North Chapel St. per Leontina Kunkel
13. Remarks, Healthy.

8910002197

Every child born alive, the full name and occupation of its parents, the date and place of birth; and the still-births shall be delivered, duly signed by the practitioner [illegible] between the first and third day of each and every month to the office of the Commissioner of Health. Before the birth of any child shall occur without the attendance of a physician or [illegible] and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

HEALTH DEPARTMENT CITY OF BALTIMORE JUN 29 1891

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Third
Sex. (state whether male or female)	Male
Race or Color. (if not of the white race)	Colored
Date of Birth.	June 26th 1891.
Place of Birth. (Street and Number)	1200 Mulliken St.
5. Full Name of Mother.	Sarah J. Flemings
6. Mother's Maiden Name.	Sarah J. Johnson
7. Mother's Birthplace.	Montgomery Co. Md
8. Full Name of Father.	William T. Flemings
9. Father's Occupation.	Porter
10. Father's Birthplace.	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Edward F. Mackenzie M.D.
Address.	324 N. Bradle St
Remarks.	18910002198

...& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 31233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26th 91
4. Place of Birth, (Street and Number) 48 S. Stockton st.
5. Full Name of Mother, Sarah Griffin
6. Mother's Maiden Name, " Michaelgan
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Griffin
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. J. B. Gardner

Address, 424 N. Greene St.

Remarks,

1 8 9 1 0 0 0 2 1 9 9

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31239.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, June 28th 1891

4. Place of Birth, (Street and Number) 726 Bond St

5. Full Name of Mother, Rose Kober

6. Mother's Maiden Name, Rose Doll

7. Mother's Birthplace, America

8. Full Name of Father, Wm Kober

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Lucy Heard

Address, 410 Forest St

Remarks,

1 8 9 1 0 0 0 2 2 0 0

CITY OF BALTIMORE 1891

month, and shall set forth as far as the same can be ascertained the full name of each child of any, and each living, mother, the sex, color, the full name and occupation of its father, the date and place of birth, and the usual residence of the parents. Any midwife, physician or other person who shall neglect or refuse to report the birth of any child as aforesaid shall be delivered, duly signed by the practitioner or midwife in attendance, or by the undertaker employed to bury the dead body of any child which shall be born dead, to the Commissioner of Health, and no other person be in any manner within the limits of the city of Baltimore required to register the birth of such child, unless he shall be requested so to do by the parent or parents of such child, or by the undertaker employed to bury the dead body of such child, and any such person or persons who shall hereafter fail to report the birth of any child as aforesaid shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 312250.

CERTIFICATE CORRECTED 11-8-39

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Walter Frederick Perkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3rd 1891
4. Place of Birth, (Street and Number) 9 E Fort Ave
5. Full Name of Mother, Virginia Ida Perkins
6. Mother's Maiden Name, Ida Virginia Frederick
7. Mother's Birthplace, Balto
8. Full Name of Father, William C. Wm H Perkins
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, B F Phillips

Address, 719 W Fayette St

Remarks, GIVEN NAME ADDED 4-2-54

1891000A201

month, and shall set forth as far as the same can be ascertained the full name of each child of any such have been conferred, Sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person giving the information, to the officer or agent third day of each and every month, to the Registrar of Vital Statistics, or shall cause the birth of any child said day, or within the time above specified, shall be guilty of a misdemeanor, and upon conviction attendance upon the mother, immediately thereafter, shall be guilty of a misdemeanor, and upon conviction any such person or persons, who shall neglect or refuse to make the return of the birth of any child as child to report its birth to the Commissioner of Health, as required by this section, shall be sub- jected to the fine of ten dollars for each offense. Penalties and forfeitures are recoverable.

CITY OF BALTIMORE 1891

BOARD OF HEALTH

BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 3120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 6th 1891
4. *Place of Birth (Street and Number),* 1 E North Ave
5. *Full Name of Mother,* Emma Graham
6. *Mother's Maiden Name,* Sabine
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Eugene E Graham
9. *Father's Occupation,* Glass Stainer
10. *Father's Birthplace.* Baltimore Md

Name of Medical Attendant. or other person who makes this Return. E E Graha

Address, 1 E North Ave Baltimore Md

Remarks,

CITY OF BALTIMORE

1 8 9 1 0 0 0 2 2 0 2

B 512 1/

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c*)	1st
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth,*	June 10th 1891
4. *Place of Birth,* (*Street and Number*)	1000 Hillman Dr
5. *Full Name of Mother,*	Sarah E. Mills
6. *Mother's Maiden Name,*	Sarah E. Allen
7. *Mother's Birthplace,*	Essex Co Va
8. *Full Name of Father,*	Benjamin Mills
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	K B Nobb MD
Address,	301 Monroe Av
Remarks,	

1891 0002203

DUNN, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. E 21 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 14th 1891 west Death
4. *Place of Birth, (Street and Number)* No 918
5. *Full Name of Mother,* Mary Montune
6. *Mother's Maiden Name,* Mary Mann
7. *Mother's Birthplace,* County
8. *Full Name of Father,* Ralph Montune
9. *Father's Occupation,* Moulder
10. *Father's Birthplace,* County

Name of Medical Attendant, or other person who makes this Return. Catherine A Mitchell

Address, No 848 west Pratt Street Baltimore

Remarks, Twins

1891 0002204

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 5172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex,* (state whether male or female)	Female
2. *Race or Color,* (if not of the white race)	White
3. *Date of Birth,*	June 14/91
4. *Place of Birth,* (Street and Number)	1010 Mc Culloch St
5. *Full Name of Mother,*	[redacted] Rohr
6. *Mother's Maiden Name,*	Arnold
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Charles Rohr
9. *Father's Occupation,*	Meat packer
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return.	Thomas Okie M D
Address,	600 N Howard St
Remarks,	

1 8 9 1 0 0 0 2 2 0 5

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant. or other person who makes this Return.

Address,

Remarks,

1891 CITY OF BALTIMORE

1 8 9 1 0 0 0 2 2 0 6

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color. (if not of the white race) White
3. Date of Birth, June 21/91
4. Place of Birth, (Street and Number) 614 Madison Ave
5. Full Name of Mother. Dora Yam
6. Mother's Maiden Name, Rosenberg
7. Mother's Birthplace. W. Va.
8. Full Name of Father. Charles Yam
9. Father's Occupation. Umbrella Manufacturer
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return. Thomas Obie M.D.

Address, 600 N. Howard St.

Remarks,

8 9 1 0 0 0 2 2 0 7

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 23 1891 CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) male

Race or Color. (if not of the white race) white

3. Date of Birth, June 21th 1891

4. Place of Birth, (Street and Number) No 900 Cross Street

5. Full Name of Mother, Mary Strutten

6. Mother's Maiden Name, Mary Dudy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Strutten

9. Father's Occupation, glassblower

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 845 West Pratt Baltimore

Remarks, 189100002208

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31248

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether Male or Female)	Male
Race or Color (if not of the white race)	W. K.
Date of Birth	June 29
Place of Birth (Street and Number)	1010 Aisquith St
Full Name of Mother	Alice Decker
Mother's Maiden Name	" Kelly
Mother's Birthplace	Balto Co
Full Name of Father	James Decker
Father's Occupation	Laborer
Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J. J. Gibbons
Address	1117 Aisquith St
Remarks	

1 8 9 1 0 0 0 2 2 0 9

CITY REGISTER'S DEPARTMENT RECEIVED JUN 30 1891 CITY OF BALTIMORE

...ndale at the birth of any child, within the City of Baltimore, report to the registrar aforesaid, within six days thereafter, stating distinctly the full name, sex, color of the child or children born, its or their physical condition, whether living or dead, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 31249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

7. Sex, (state whether male or female) male

Race or Color, (if not of the white race) white

Date of Birth, June 22 the 1891

Place of Birth, (Street and Number) No 1144 west Pratt Street

5. Full Name of Mother, Mary addie

6. Mother's Maiden Name, Mary Dunlap

7. Mother's Birthplace, Balto

8. Full Name of Father, Willam addie

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine M Tetrell

Address, No 248 west Pratt Street Balto

Remarks,

1 8 9 1 0 0 0 2 2 1 0

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 25th 1891
4. *Place of Birth, (Street and Number)*	1944 Light St
5. *Full Name of Mother,*	Clara May Smith
6. *Mother's Maiden Name,*	Clara May Edwards
7. *Mother's Birthplace,*	Baltimore md
8. *Full Name of Father,*	John W. Smith
9. *Father's Occupation,*	Rail Road Brakeman
10. *Father's Birthplace,*	Baltimore md
Name of Medical Attendant, or other person who makes this Return.	Ellemora A. Anderson
Address,	1434 Patapsco St
Remarks,	8 9 1 0 0 0 2 2 1 1

month, and shall set forth as far as the same shall be known to the informant, the name, sex and color of each child, if any shall have been born alive, the date and place of birth, and the full name, residence and occupation of the parents; and the date and place of birth, and the full maiden name of the mother. A certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the other person be in such office, shall be delivered, duly signed, by the attendant, or in case there be no attendant, then by the father or mother of such child, or in case the father or mother be not living, then by the nearest of kin of the person or parents of such child present at the birth, or by the occupier of the house in which the birth occurs. Provided, however, that if the birth occurs in a public institution, the certificate may be delivered within the period above required, and signed by the superintendent or other officer thereof. Provisions of this section shall not interfere with any such person or persons who shall hereafter fail to make such return, but such person or persons shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULAVY & CO., CITY PRINTERS AND STATIONERS

B. 31251.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)* White Rac

3. *Date of Birth.* Born June 26th 1891

4. *Place of Birth, (Street and Number)* # 318 Forrest Str

5. *Full Name of Mother,* Mrs Mary Lahner

6. *Mother's Maiden Name,* Miss Lodes

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Mr John Lahner

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Hiller

Address, 2127 West Pratt Str

Remarks,

1 8 9 1 0 0 0 2 2 1 2

HEALTH DEPARTMENT JUN 30 1891 CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 31267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. *Sex,* (~~state whether male or~~ female)
2. *Race or color,* (~~if not of the white race~~)
3. *Date of Birth,* June 26th 1918
4. *Place of Birth,* (Street and Number) 1123 E Fayette St
5. *Full Name of Mother,* Kate Kirshberg
6. *Mother's Maiden Name,* " Birman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abraham Kirshberg
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Dr. S. Shostack

Address. 1102 E Balto St

Remarks,

3 9 1 0 0 0 2 2 1 3

HEALTH DEPARTMENT RECEIVED JUN 28 1918 CITY OF BALTIMORE

keep confined; its sex; also the full name and residence of the physician, midwife or other person in attendance. Such certificate shall be delivered to the officer of the district in which the birth occurred within ten days after the birth, and the third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City; and no burial shall occur without the attendance of a physician, midwife or other person in attendance upon the birth, immediately thereafter, a certificate of such burial, stating the name, age, sex, color and cause of death of the person or persons buried, and the name and residence of any such person or persons who shall hereafter be in attendance upon the birth of any child, shall, within the time above specified, make a return of such birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, and for each offence against or failure to comply with the provisions of this section, such person shall be liable to a fine of ten dollars for each offence. Midwives and physicians are required to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, all births occurring in their practice, and are entitled to receive fifty cents for each birth reported.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31263.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color. (if not of the white race)*	White Race
3. *Date of Birth,*	Born June 27th 1891
4. *Place of Birth, (Street and Number)*	# 2130 W. Fayette Str
5. *Full Name of Mother,*	Mrs. Caroline Manger
6. *Mother's Maiden Name,*	Meifs " Braun
7. *Mother's Birthplace,*	Saxon Germany
8. *Full Name of Father,*	Mr John Manger
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 W Pratt St
Remarks,	8 9 1 0 0 0 2 2 1 4

month, and shall set forth as far as the same can be ascertained the name and occupation of each child of any shall have been conferred, its sex, color, etc. duly signed by the person or persons in attendance at such birth, and shall, within ten days of each and every month to the office of the Commissioner of Health, a full, true and correct certificate of the birth of any child shall occur without the attendance of a physician or midwife, the duty of making such certificate shall devolve upon the person or persons of such child's mother, and in the absence of the mother then upon the person in charge of the premises where the birth occurred; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. The moneys thus received are to be paid into the City Treasury and forfeitures are recoverable.

CITY OF BALTIMORE JUN 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 1-14-57

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 31752

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Anna Lucretia Todd~~ 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28th 1891
4. Place of Birth, (Street and Number) 224 S. Patterson Park Ave.
5. Full Name of Mother, J. Anna Todd
6. Mother's Maiden Name, " " Partchett
7. Mother's Birthplace, Dorchester Co. Md.
8. Full Name of Father, Isaac A. F. Todd
9. Father's Occupation, Gen. Merchant Marine
10. Father's Birthplace, Dorchester Co. Md.

Name of Medical Attendant, or other person who makes this Return, James E. Crane M.D.

Address, 20 S. Patterson Park Ave.

Remarks.

T 8 9 1 0 0 0 2 2 1 5

been conferred its sex, color, the full name of the child, if given, the date and place of birth, and the name, residence and occupation of its parents, as declared and place of birth, and the said schedule shall be delivered, duly signed, to the person making application for the same, and a certificate between the first and shall occur without the attendance of a physician, the midwife or other person present at the birth of any child attendance upon the mother immediately thereafter, shall make out and deliver to the parent or person having the duty of the person or persons of such child, a certificate containing the particulars of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 28, 1891

Place of Birth, (Street and Number) 1403 Covington St

Full Name of Mother. Jennie Myers

6. Mother's Maiden Name. Jennie Gregory

7. Mother's Birthplace. Baltimore

8. Full Name of Father, Phillip Myers

9. Father's Occupation, Mechanic

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. Bethel Wm

Address, 1st Mariner Av

Remarks,

8 9 1 0 0 0 2 2 1 6

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. Child
1. *Sex, (state whether male or female)*	Girl
Race or Color, (if not of the white race)	White Race
Date of Birth,	Born June 29th 1891
Place of Birth, (Street and Number)	# 25. Mount Olivet Lane
5. *Full Name of Mother,*	Mrs Elisa Feisdekmeckt
6. *Mother's Maiden Name,*	Miss " Affalter
7. *Mother's Birthplace,*	Hessen Germ
8. *Full Name of Father,*	Mr Jacob Feisdekmeckt
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Hessen Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hilder
Address,	2127 W Pratt St
Remarks,	8 9 1 0 0 0 2 2 1 7

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 31257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c~~)

1. Sex, (~~state whether male or~~ female)
2. Race or color, (~~if not of the white race~~)
3. Date of Birth, June 29th 1891
4. Place of Birth, (Street and Number) 814 E Madison St
5. Full Name of Mother, Kate McKenny
6. Mother's Maiden Name, " Burningham
7. Mother's Birthplace, Balto
8. Full Name of Father, Michael McKenny
9. Father's Occupation, Tailor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, A. L. Shortess M.D.

Address, 1102 E Baltimore St

Remarks.

1 8 9 1 0 0 0 2 2 1 8

HEALTH DEPARTMENT JUN 30 1891 CITY OF BALTIMORE

been contracted, its race or color, the full name and occupation of its parents, the date and place of birth; and the attendant who shall sign the certificate shall be the physician, midwife or other person who shall have been in attendance upon the mother immediately before or at the birth. In case there be no such attendant, the mother herself shall make the return. In case the child be born dead, or should no other person than the mother be present at the birth, the return shall be made by the person to parents of such child to report, in the manner and within the time above required, and any such person or persons who shall neglect or refuse to make such return as herein required shall be subjected to the fine of ten dollars for each offence. Physicians and midwives are excepted from the penalties of this section.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	1st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
Date of Birth,	June 29 1891
Place of Birth, (Street and Number)	917 Hanover St
Full Name of Mother,	Minnie Hassey
Mother's Maiden Name,	Minnie Reinold
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Harry Hassey
9. *Father's Occupation,*	Bootsmn Dealer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	R. B. Noble M.D.
Address,	201 Warren ave
Remarks,	1891 00022 19

CITY OF BALTIMORE 1891

...ORE, that the name and occupation of the parents, the date and place of birth; and the ...ent conferred; its sex, color, the full name and occupation of the parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by ... to the Registrar of Vital Statistics, Board of Health. In case the birth of any child ...shall occur between the first and third day of each and every month, a physician, midwife, or alone no other person being in attendance upon the mother, immediately after the birth of such child, is required, and ...attendance upon the mother, immediately after the birth of such child, is required, and ...child to report its birth to the Commissioner of Health within the period above specified, and ...any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1st 189
4. Place of Birth, (Street and Number) St Vincents Inf. Asylum
5. Full Name of Mother, Mary Connell
6. Mother's Maiden Name, "
7. Mother's Birthplace, Penna
8. Full Name of Father, Not known
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. P. A Flood M.D.

Address, 1520 Druid Hill Ave

Remarks,

8 9 1 0 0 0 2 2 2 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31260.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 1st June
4. *Place of Birth, (Street and Number)* 175 Hamburg st
5. *Full Name of Mother,* Annie Weigel
6. *Mother's Maiden Name,* Kahnlein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred Weigel
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Meyer M.D.

Address, 830 Leadenhall St

Remarks,

1891 0002221

CITY OF BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 3126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 1 January
4. Place of Birth, (Street and Number) ~~Same~~ 109 Hughes Street
5. Full Name of Mother, Edna Selz
6. Mother's Maiden Name, Edna Gelland
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Selz
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Murphy

Address, 800 Seadenhall St.

Remarks,

1891000 2222

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said selectsic shall be delivered, duly signed by the practitioner or person in charge of the case, to the Registrar of Vital Statistics, and the shall occur within the city, a like certificate shall be delivered to the Registrar of Vital Statistics, and the each and every month to the office of the Commissioner of Health. In case any child born of any child attendance upon the mother, immediately thereafter, shall make out and deliver a like certificate to the Registrar of Vital Statistics, and the child to report its birth to the Commissioner of Health. In the event of the death of any child without any medical attendance, it shall be the duty of the parent or parents, or other person having charge of such any such case of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of fifty (50) dollars, for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2 1891
4. Place of Birth, (Street and Number) 47 Shanakin St
5. Full Name of Mother, Anna Creamer Carstetter
6. Mother's Maiden Name, Anna Creamer
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, Angel Carstetter
9. Father's Occupation, Store keeper
10. Father's Birthplace, Ger

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 711 Lemmon St

Remarks,

1 8 9 1 0 0 0 2 2 2 3

...been conferred) its sex, color, the full name and occupation of its parents, the date and the ... place of birth; and the ... only signed by the ... to the office of the ... said schedule shall be delivered month to the office of the ... third day of ... without the attendance of a ... attendance upon the mother, immediately preceding the birth of such child, or within ... child to report its birth as ... any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered ... fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31263.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 2 1891
4. *Place of Birth, (Street and Number)*	Fulton Ave 226
5. *Full Name of Mother,*	Ella L Bosley
6. *Mother's Maiden Name,*	Ella L Madden
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm A Bosley
9. *Father's Occupation,*	Lather
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Wm J Kelly
Address,	2022 Wilkens Ave
Remarks,	

1891000 2224

month, and shall set forth as far as he can ascertain the full name and occupation of the father, and the maiden name of the mother, the number of children born to her, the number of children living, and the number dead, and the place of residence of the parents. If the child be born dead, the return shall be made in the form of a certificate setting forth the fact, and shall be delivered, duly signed by the person in attendance, to the Commissioner of Health. If no person be in attendance, then the midwife or other person who shall have charge of the child shall make such return. Every physician or practitioner of midwifery shall make a return to the Commissioner of Health of every birth attended by him, within the first ten days of each and every month. Every midwife or other person who shall have charge of such child shall make a return to the Commissioner of Health within the first ten days of each and every month of every birth which shall occur without the attendance of a physician or practitioner of midwifery. Every undertaker or other person who shall bury the dead body of any child for which no return of birth shall have been made as aforesaid, shall immediately thereafter report the same to the Commissioner of Health, and shall require a certificate of birth to be made out and delivered to him by the person in charge of the child, before he shall bury the same. Every person who shall refuse or neglect to comply with the provisions of this section, shall be guilty of a misdemeanor, and on conviction thereof in the Criminal Court of Baltimore, shall be subjected to a fine of not more than one hundred dollars for each offense, to be recovered as other fines and penalties are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 312 (11

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	June 2-91
4.	*Place of Birth, (Street and Number)*	1923 Jefferson
5.	*Full Name of Mother,*	Ida. S E. Jefferson
6.	*Mother's Maiden Name,*	" " " Burkert
7.	*Mother's Birthplace,*	Md
8.	*Full Name of Father,*	Leonidas D Jefferson
9.	*Father's Occupation,*	Driver
10.	*Father's Birthplace,*	Md
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A Allwell
	Address,	912 Mc Donogh
	Remarks,	1891000 2225

been omitted) its sex, color, the full name and residence of the parents, the time and place of birth, and the name of the attending physician or midwife, if there was one, within five days after such birth. And the same shall be certified by the father or mother of such child, if living in the house at the end of the said five days, and if not, by the occupier of the house in which to his knowledge the birth happened, within five days after the end of the said five days. And every such certificate shall be delivered to the Registrar of Vital Statistics, or to such person as he shall appoint to receive the same, at the office of the Board of Health, in the City Hall, within ten days after the birth to which it refers. And the Registrar shall issue a certificate of the birth, and the third day of each and every month to the office commissioner. For the first such certificate issued by the Registrar, he shall receive the sum of fifty cents, and for each subsequent certificate issued by him at the same time, the sum of twenty-five cents. No charge shall be made for certificates issued after the first three months from the date of birth. No fee shall be charged for certificates of births which have not been registered within the time prescribed by this section. No certificate of birth shall be issued by the Registrar, except upon the production of a physician's certificate, or the affidavit of a midwife practicing as such, or of the person or parents of such child, stating the facts required to be registered, and the evidence upon which the statement is made. In case the birth of any child shall occur without the attendance of a physician or midwife practicing as such, or should no other person be in attendance upon the mother immediately thereafter, the father or mother of such child, if living in the house at the end of the said five days, and if not, the occupier of the house in which to his knowledge the birth happened, within five days after the end of the said five days, shall make the certificate required by this section, and shall be entitled to receive the fee therefor. Any person or persons who shall hereafter neglect or refuse to make the certificate required by this section, shall be subjected to the fine of ten (10) dollars for each offense. The fines and forfeitures are recoverable

USE J. C. BULLAITY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31260.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	3rd of January
4. Place of Birth, (Street and Number)	218 Frederick Road
5. Full Name of Mother.	Auguste Reinhart
6. Mother's Maiden Name,	Auguste Riediger
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Michael Reinhart
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other Person who makes this Return	Friederike Kuester Midwife
Address,	2116 West Pratt St
Remarks,	8910002226

CITY OF BALTIMORE 1891

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A. 31266.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth... June 3rd. 1891.
4. Place of Birth, (Street and Number) Baltimore 2nd 25 N Hill Street
5. Full Name of Mother, Lena Cannow.
6. Mother's Maiden Name, Lena Schazdt.
7. Mother's Birthplace, Richmond Virginia.
8. Full Name of Father, Herbert Manton Cannow.
9. Father's Occupation, Captain of Tug-boat.
10. Father's Birthplace, Baltimore Maryland.

Name of Medical Attendant, or other person who makes this Return, Mrs Minnich

Address, Leaden Hall & Montgomery Streets.

Remarks,

1891 0002227

CITY OF BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-2-55

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Ida Katherine Fritz
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 2.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 6th 1891
4. Place of Birth, (Street and Number)	Baltimore. Bevan st 926
5. Full Name of Mother,	Carrie E. Fritz
6. Mother's Maiden Name,	Carrie E. Fritz
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Fritz
9. Father's Occupation,	Driver
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs B Wolfe
Address,	711 Cross St.
Remarks,	

1891000222 8

...been conferred) its sex, color, the full name and occupation of its father, the date and place of birth; and the said schedule shall be delivered, duly signed by the person making the return, to the Registrar of the district within which the birth of any child shall occur without the attendance of a physician or person authorized to make return of such birth, immediately thereafter (and in no case later than the third day of each and every month) or the physician or person attending upon the mother at the birth of any child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and shall forward to the Commissioner of Health the said schedule duly signed by the person making the return. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SM. J.C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 3128

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

born, its or their physical condition, whether single, twin or triplet, its or their name, nativity, and residence of the parents, and the maiden name of the mother. If stillborn, so state.

HEALTH CITY OF BALTIMORE 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	6th of January
4. Place of Birth, (Street and Number)	1911 West Batt
5. Full Name of Mother,	Augusta Lanson
6. Mother's Maiden Name,	Augusta Bleinstein
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Adolph Lanson
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Friedrich Hamilton Mitwife
Address,	1116 West Batt St
Remarks.	

1 8 9 1 0 0 0 2 2 2 9

A. CH., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth*	7th June 1891
4.	*Place of Birth, (Street and Number)*	Charles St 807.
5.	*Full Name of Mother*	Barbarra Koepfer.
6.	*Mother's Maiden Name*	Barbara Brown
7.	*Mother's Birthplace*	Germany
8.	*Full Name of Father*	Charles Koepfer
9.	*Father's Occupation*	Baker.
10.	*Father's Birthplace*	Germany
	Name of Medical Attendant, or other person who makes this Return	Kathryna Mayer
	Address	800 Leadenhall St
	Remarks	

1 8 9 1 0 0 0 2 2 3 0

RECEIVED JUL 2 1891 CITY OF BALTIMORE

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
3. Date of Birth,	June 7 1891
4. Place of Birth, (Street and Number)	Cole of Ave
5. Full Name of Mother,	Maggie Grant
6. Mother's Maiden Name,	Maggie Hunt
7. Mother's Birthplace,	England
8. Full Name of Father,	Albert Grant
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Sallie
Address,	2052 William Ave
Remarks,	

1891000 2231

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31271.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	Fifth
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	June 7 – 91
4.	*Place of Birth, (Street and Number)*	1605 Millington
5.	*Full Name of Mother,*	Elizabeth Price
6.	*Mother's Maiden Name,*	" Slagman
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Jos. E Price
9.	*Father's Occupation,*	Moulder
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A Allwell
	Address,	912 Mc Donogh
	Remarks,	8910002232

said act he/she shall be delivered, duly signed by the attending physician or midwife, or in case there be no physician or midwife present at the birth of any child, then by the father or mother of such child, or householder in whose house such child shall be born, or by the person having charge of such child, between the first and third day of each and every month to the physician or midwife attending at the birth of any child shall neglect or refuse to make such report as aforesaid, and no other person be in charge of such child, immediately thereafter, shall neglect or refuse to make such report as aforesaid, every person so offending shall be subject to the fine of ten dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

CITY OF BALTIMORE 1891

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 31777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female Eggi
2. Race or Color, (if not of the white race)
3. Date of Birth, 7 of June 1891
4. Place of Birth, (Street and Number) 1920 Hull Street Locust Point
5. Full Name of Mother, Maggie Kraft
6. Mother's Maiden Name, Maggie Becker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Georg Kraft
9. Father's Occupation, Hatmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Lina Lang

Address, 1477 Garrett and Fort Av Locust Point

Remarks,

1891 0002233

month, and shall set forth as far as the same can be ascertained by reasonable inquiry, the name, sex, color, the full name, and occupation of each parent of the child, the place of birth of the child (if born in a house, the street and number), the maiden name of the mother, the date of birth of the child, whether it is the first, second, third or other child born to the mother, and such other information as may be required by the Board of Health for the registration of births; and the physician, midwife or other person in attendance upon the mother, immediately hereafter, shall sign a certificate stating the fact, date and hour of birth, and the sex of the child; and every such physician, midwife or other person who shall hereafter fail to make and deliver such certificate, or to make the report required by this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

GEO. J. C. KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	June 7- 91
4.	*Place of Birth, (Street and Number)*	1818 Hennemann Ave
5.	*Full Name of Mother,*	Mary Weyforth
6.	*Mother's Maiden Name,*	" Karg
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Louis A. Weyforth
9.	*Father's Occupation,*	Tinner
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A Allwell
	Address,	912 McDonogh
	Remarks,	† 3 9 1 0 0 0 2 2 3 4

Said schedule shall be delivered, duly signed by the practitioner or midwife, or other person who makes this return, within thirty-six hours after the birth of any child to the Registrar of Vital Statistics, Board of Health, Baltimore City, and every month to the office of the Commissioner of Health, or shall be delivered by the mother, father or other person in charge of such child, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within thirty days after the birth of such child, and every month to the office of the Commissioner of Health, in the manner aforesaid, if the birth shall occur without the attendance of a physician or midwife. If the duplicate of the certificate of each birth required to be delivered to the Registrar of Vital Statistics, Board of Health, Baltimore City, as aforesaid, be not delivered within the time specified, or if the return required to be made to the Commissioner of Health, in the manner aforesaid, be not made within the time specified, the person who shall be required to report the birth of such child as aforesaid, and who shall fail to comply with the requirements of this section, shall be subject to the payment of a fine of ten dollars for each offense, to be recovered as other fines are recoverable

CITY OF BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8. Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 June 1891
4. Place of Birth, (Street and Number) 1135 S. Sharp Street
5. Full Name of Mother, Mary Rahman
6. Mother's Maiden Name, Mary Melz
7. Mother's Birthplace, Germany
8. Full Name of Father, Josep Ruhman
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine A. Mundy

Address, 800 Leadenhall St

Remarks,

1891000 2235

Rule 2. The certificate of birth of each child shall be filled out by the attending physician, midwife, or other person in attendance upon the mother at the birth of such child, if any shall have been employed in such case; otherwise by the father or mother of such child, or the householder or owner of the premises where the birth occurred, or the manager or superintendent of any institution where the birth occurred, within five days after such birth occurs. The certificate shall state the full name, color, sex, and place of birth, and the full name, residence, and occupation of the parents of such child, and the number of children born to the mother, and the number now living. It shall be delivered to the undertaker employed to bury the body of such child, or to the person having charge of the burial, who shall deliver the same duly filled out and signed by the proper person to the Registrar of Vital Statistics, or his authorized agent, within ten days after the birth occurs. No undertaker or other person shall inter or remove the body of any child for burial or removal beyond the limits of Baltimore City, unless the certificate of birth of such child has been delivered to the Registrar of Vital Statistics, or his authorized agent, as required by this rule. No undertaker or other person shall inter or remove the body of any child for burial or removal beyond the limits of Baltimore City, unless the certificate of death of such child has been delivered to the Registrar of Vital Statistics, or his authorized agent, as required by the rules governing the registration of deaths. No undertaker or other person shall inter or remove the body of any child for burial or removal beyond the limits of Baltimore City, unless a permit for such interment or removal has been issued by the Registrar of Vital Statistics, or his authorized agent, as required by the rules governing the registration of deaths. Any physician, midwife, or other person in attendance upon the mother at the birth of any child, or any undertaker or other person who shall violate any of the provisions of this rule, shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to a fine of not less than five dollars nor more than twenty dollars for each offense.

By order of the Commissioner of Health, in the manner ruled within the period above required, and every person who shall violate any of the provisions of this rule shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to a fine of not less than five dollars nor more than twenty dollars for each offense. To be recovered as other fines and forfeitures are recoverable

CITY OF BALTIMORE BOARD OF HEALTH

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 8/91
4. *Place of Birth, (Street and Number)*	904 Bevan st
5. *Full Name of Mother,*	Mary C Fisher
6. *Mother's Maiden Name,*	Mary C Rickarts
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Julius Fisher
9. *Father's Occupation,*	Huckster
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs Burger
Address,	Same
Remarks,	

1 8 9 1 0 0 0 2 2 3 6

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)

1. *Sex.* (*state whether male or female*)
2. *Race or Color.* (*if not of the white race*)
3. *Date of Birth.* June 8
4. *Place of Birth.* (*Street and Number*) 422 N Franklin St
5. *Full Name of Mother.* Dora Siegel
6. *Mother's Maiden Name.* Dora Stratmeyer
7. *Mother's Birthplace.* Balto
8. *Full Name of Father.* Conrad Siegel
9. *Father's Occupation.* Manuf of Cigars
10. *Father's Birthplace.* Germany

Name of Medical Attendant, or other person who makes this Return. Baltzer A Myers Jr

Address. 800 Leadenhall St

Remarks.

1891000 2237

CITY OF BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 31274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9.
4. Place of Birth, (Street and Number) 943 Forest st.
5. Full Name of Mother, Maggie Ward
6. Mother's Maiden Name, Maggie Palmer
7. Mother's Birthplace, Queen Anne Co.
8. Full Name of Father, James Joseph Ward
9. Father's Occupation, Electrician.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Rodeno

Address, 936 Greenmount ave.

Remarks,

1 8 9 1 0 0 0 2 2 3 8

The full name and occupation of the father of a child born out of wedlock shall be entered in the above schedule, if the mother shall request it to be done, and the said schedule shall be delivered, duly signed by the Coroner, Physician or other person who shall have been present at the birth, to the Commissioner of Health, within the period above required, and in case of the death of the mother, immediately thereafter. Any person or persons who shall have charge of a child to report its birth to the Commissioner of Health, and shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* 1st June
4. *Place of Birth, (Street and Number)* 21 Lewis St
5. *Full Name of Mother,* Rosa Lewis
6. *Mother's Maiden Name,* Rosa Lewis
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Joseph Lewis
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Dr. Joseph Lewis

Address, 21 Lewis St.

Remarks,

8 9 1 0 0 0 2 2 3 9

E 31 1 8

been conferred, the sex, color, the full name and occupation of each child, (if any such shall have and which shall not have been reported to the Registrar of the City of Baltimore, the time and place of birth, and the third day of each and every month to the Registrar of the City of Baltimore, a certificate between the first and shall occur without the attendance of a physician or midwife, the parent or parents, or other person in attendance upon the mother, immediately thereafter, shall report the case to the Registrar of the City of Baltimore, and for any such person or persons who shall neglect or refuse to make such report as aforesaid, he, she or they shall be subject to the fine of ten (10) dollars, for each offense, to be recovered and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
	Sex, (state whether male or female)	Female
	Race or Color, (if not of the white race)	White
3.	*Date of Birth,*	June 9th 1891
4.	*Place of Birth, (Street and Number)*	192 C division st
5.	*Full Name of Mother,*	Maggie Jarrett
6.	*Mother's Maiden Name,*	Rixse
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Chas Jarrett
9.	*Father's Occupation,*	Dairyman
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return.	Chas E Hall M.D.
	Address,	2100 Smith Ave
	Remarks,	

1891 0002240

CITY OF BALTIMORE 1891

been conferred) Race, color, the full name and occupation of its parents. The date and place of birth; and the said certificate shall be signed by the mother, if able, and by the attendant upon the birth, if there was one present. The first and third day of each and every month to the office of the Commissioner of Health, a certificate of every birth of a child which shall occur without the attendance of a physician or practitioner of midwifery, and the said certificate shall be signed by the person in attendance upon the mother. Immediately hereafter it shall become the duty of the parents of such child or other person having charge of the same, to report the birth of such child to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

894.—J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

31250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth.* June 9th 1891
4. *Place of Birth, (Street and Number)* 8 Clipper Heights, Woodberry, Balt.
5. *Full Name of Mother.* Sarah Lottie Steffey
6. *Mother's Maiden Name,* Sarah Lottie Towle
7. *Mother's Birthplace.* Balt. Co. Md
8. *Full Name of Father.* Bishop B. Steffey
9. *Father's Occupation,* Operative in Cotton Factory
10. *Father's Birthplace.* Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower M.D.

Address, 123. 3d Ave. Woodberry, Balt.

Remarks,

1 8 9 1 0 0 0 2 2 4 1

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

2/20/67

CERTIFICATE AMENDED
RETURN OF A BIRTH. A. 3781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: JOHN ELMER WELSH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th June 1871
4. Place of Birth, (Street and Number) 963 Hillen St
5. Full Name of Mother, Ella ~~[illegible]~~ WELSH
6. Mother's Maiden Name, Ella Redom
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Patrick ~~[illegible]~~ WELSH
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Dr. J. Fink Mitchell

Address, 1500 E. High St.

Remarks, 1 8 9 1 0 0 0 2 2 4 2

CITY OF BALTIMORE

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether [illegible] name, nativity, and residence of the parents, and the maiden name of the mother of the children."

CITY OF BALTIMORE

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	2
1. *Sex,* (*state whether male or female*)	female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	10th Inst.
4. *Place of Birth,* (*Street and Number*)	28 Breezewood Lane
5. *Full Name of Mother,*	Helena Kiech
6. *Mother's Maiden Name,*	Helena Mahn
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Kiech
9. *Father's Occupation,*	Barkeep
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Friederike Kaufmann Midwife
Address,	210 West Hoff St.
Remarks.	

1 8 9 1 0 0 0 2 2 4 3

& CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of said child or children."

CITY OF BALTIMORE

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	
1. *Sex.* (state whether male or female)	
2. *Race or Color.* (if not of the white race)	
Date of Birth.	
Place of Birth. (Street and Number)	2119 Edmondson Ave
Full Name of Mother.	Hanna Mäkiaho
Mother's Maiden Name.	Hanna Eliina Pöllänen
Mother's Birthplace.	Finland
Full Name of Father.	Heikki Mäkiaho
Father's Occupation.	Laborer
Father's Birthplace.	Finland
Name of Medical Attendant, or other Person who makes this Return	Friedrich Kreiter Midwife
Address,	2116 West Pratt St
Remarks.	

8910002244

CITY PRINTER AND STATIONER

RETURN OF A BIRTH. A 31284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 10th
4. Place of Birth, (Street and Number) 421 West Cross st
5. Full Name of Mother, Annie Hermine Hill
6. Mother's Maiden Name, " " Krueger
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Henry Lewis Hill
9. Father's Occupation, Tailor
10. Father's Birthplace, Balto Md

Name of Medical Attendent, or other person who makes this Return. Mary Bange

Address, 711 Cross st

Remarks,

1 8 9 1 0 0 0 2 2 4 5

ENACTED, That hereafter it shall be the duty of the parent or parents of each child born within the limits of Baltimore City, and the physician, midwife or other person who shall be present at the birth of any child, to report the birth to the Commissioner of Health, in the manner and within the time hereinafter provided; and the Commissioner of Health shall cause to be prepared and printed such blanks as may be necessary for the purpose of securing the registration of births, and shall cause the same to be distributed to the physicians, midwives and other persons who may be required to report births, and shall secure without the attendance of a physician the information required by this section. The full name of the child, the sex, color, the full name and occupation of the father, the maiden name of the mother, the date and place of birth; and the said certificate shall be delivered, duly signed by the practicing physician, midwife or other person in attendance, within ten days after the birth, and a certificate of any birth occurring after the passage of this Ordinance, and not attended by a physician, midwife or other person, shall be made by the parent or parents of such child, or the householder of the house in which such birth occurs, within ten days after the occurrence of such birth, and delivered to the Commissioner of Health, in the manner above required, and on the first Monday in each and every month the Commissioner of Health shall report to the Board of Health the births registered during the preceding month. The Commissioner of Health shall cause a record to be made of the information contained in the certificates of births received by him, and shall cause certified copies of any such record to be furnished to any person applying therefor, and paying the fee therefor, which fee shall be fixed by the Board of Health. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 3128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, June 12th 1891.
4. Place of Birth, (Street and Number) 1032 Light St.
5. Full Name of Mother, Emma Bergen.
6. Mother's Maiden Name, " Greenbaum.
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, David Bergen.
9. Father's Occupation, Merchant.
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return. R. J. H. Tall, M.D.

Address, 524 Sharp St.

Remarks,

8910002246

been conferred) its sex, color, the full name and occupation of its parents, the place of birth; and the said certificate shall be delivered, duly signed by the practitioner or midwife, to the person required by this section to make the return of the birth of any child within ten days after the third day of each and every month to the office of the Registrar of Vital Statistics; and in case no other person be in attendance, or the attendance refuse or neglect to make such return, the father or mother of such child, if over the age of twenty-one years, shall be subject to the penalties hereinafter provided for the neglect to return the birth of a child; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, and the forfeitures are recoverable.

STATE OF MARYLAND

STM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 31286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 two.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 11th
4. Place of Birth, (Street and Number) Baltimore 4 Grunmount Ave
5. Full Name of Mother, Elizabeth Alice Norris
6. Mother's Maiden Name, Elizabeth Alice Lovett
7. Mother's Birthplace, Balto Co.
8. Full Name of Father, William Cook Norris
9. Father's Occupation, Engineer
10. Father's Birthplace, Carroll Co.

Name of Medical Attendant, or other person who makes this Return, Mrs Woden

Address, 936 Grarmount Ave

Remarks,

1891 0002247

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, by the person in attendance at the birth, to the parent or parents of such child, or in case the birth occur without the attendance of a physician or other person, he shall within five days after the birth of any child report in like manner the particulars required to be reported in relation to such birth. In case the birth of any child shall occur without the attendance of a physician or other person, he shall within five days after the birth of any child report in like manner the particulars required to be reported in relation to such birth. In case the birth occur without the attendance of a physician or other person, the parent or parents of such child shall within five days after the birth of any child report in like manner the particulars required to be reported in relation to such birth. In case the birth occur without the attendance of a physician or other person, the person or parents of such attendance upon the mother, immediately thereafter, shall report the particulars required to be reported in relation to such birth. In case the birth occur without the attendance of a physician or other person, the parent or parents of such child to report in like manner the particulars required to be reported in relation to such birth. In case the birth occur without the attendance of a physician or other person, the person or parents of such any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered before any justice of the peace, together with costs and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	June 11 – 91
4.	*Place of Birth, (Street and Number)*	410 Cresmith
5.	*Full Name of Mother,*	Amelia Khahl
6.	*Mother's Maiden Name,*	" Judt
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	George H. Khahl
9.	*Father's Occupation,*	Clothing Cutter
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
	Address,	912 McDonogh
	Remarks,	

1891 0002248

with a bible shall be delivered, duly signed by the [illegible] Return [illegible] Office of Registrar of Vital Statistics, Board of Health, Baltimore City, the first and third day of each and every month in the office of the Commissioners of Health, Baltimore City, in case the first or third day of any month shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the person or parents, of such child forthwith to make out a like return of the birth of such child, and the failure to make such return shall subject the person or parents of such child to the penalty hereinafter mentioned. And any such person or persons who shall hereafter [illegible] shall be subject to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

1891 CITY OF BALTIMORE

1891 J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	June 11 - 91
4.	*Place of Birth, (Street and Number)*	1014 N Durham
5.	*Full Name of Mother,*	Mary Hogan
6.	*Mother's Maiden Name,*	" Doyle
7.	*Mother's Birthplace,*	N Y
8.	*Full Name of Father,*	David Hogan
9.	*Father's Occupation,*	Iron moulder
10.	*Father's Birthplace,*	Ireland
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A Allwell
	Address,	912 McDonogh
	Remarks,	T 8 9 1 0 0 0 2 2 4 9

CITY OF BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 31789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11: 91
4. Place of Birth, (Street and Number) 1067 N. Lexington st
5. Full Name of Mother, Mary Louisa Jett
6. Mother's Maiden Name, " " Bangs
7. Mother's Birthplace, Wilmington Del
8. Full Name of Father, Wm M. Jett
9. Father's Occupation, Salesman
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. P. C. Williams

Address, 900 Madison Ave

Remarks, Accord. to Most Carefull Calculation Mrs Jett Carried [illegible]

be registered; its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the physician, midwife or other person who shall attend upon the birth of a child. Such return shall be made between the first and second days of each month, and shall be delivered, duly signed by the practitioner, midwife or other person in attendance, to the office of the Commissioner of Health, in the building provided for the purpose, on the third day of each and every month, under the penalty of ten dollars for each and every neglect or refusal so to do. Where the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the father or mother of such child, or in the absence of the father and mother, the person in charge of the house in which the birth occurs, within the period above named, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex. (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June the 11
Place of Birth, (Street and Number)	2. Marlb. 614
Full Name of Mother,	Mary ann Taylor
Mother's Maiden Name,	Bailey
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	James Taylor
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	State of New York
Name of Medical Attendant, or other person who makes this Return.	Baltimore Md
Address,	20 Lexington St
Remarks,	

8 9 1 0 0 0 2 2 5 1

JUL 2 1891 REGISTRAR OF BALTIMORE

been conferred) its sex, color, the full name of each child, if any shall have
said schedule shall be delivered daily, same as
third day of each and every month to the office
shall cover within the time specified by
attendance upon the attendance of a p
child to report its birth to the Commissioner
any such person or persons who shall neglect
Jewel to the fine of ten (10) dollars for each
ing, and forfeitures are recoverable.

WM. J. O. DULANY CO. CITY PRINTERS AND STATIONERS

B 81291

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Kind
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	Cafs
3.	*Date of Birth,*	June 12 11
4.	*Place of Birth, (Street and Number)*	S. Dallas St. 837
5.	*Full Name of Mother,*	Anna Ulbrich
6.	*Mother's Maiden Name,*	Anna Tardarli
7.	*Mother's Birthplace,*	Oesterreich
8.	*Full Name of Father,*	Jakob Ulbrich
9.	*Father's Occupation,*	Gärtner
10.	*Father's Birthplace,*	Oesterreich
	Name of Medical Attendant, or other person who makes this Return,	Marie Pfeil.
	Address,	
	Remarks.	S. Dallas St. 837

2 5 2

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of every physician, midwife or other person who shall hereafter attend upon any case of birth, to make a return of the same to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within five days after the birth shall occur, which return shall contain the full name, color, date and place of birth, full name and residence of the parents, and such other information as may be required by the printed forms which shall be furnished by the Registrar of Vital Statistics, Board of Health, Baltimore City, for the purpose; and it shall be the duty of the Registrar of Vital Statistics, Board of Health, Baltimore City, to cause the birth of any child to be registered, if the same shall not have been registered, upon the return of the physician, midwife or other person in attendance upon the case, as herein provided, or upon the information of the parents, or either of them, or of the occupant of the house in which such birth occurred, duly signed by the person giving the information; and it shall be the duty of each and every such person to make return of the birth of any child which may come to his knowledge, as herein required, within five days after the birth shall occur, and no other person is required to make such return; and it shall be the duty of each and every physician, midwife or other person in attendance upon any case of birth, to make return of the same to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time and in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 31292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 11th 1891
4. Place of Birth, (Street and Number) 723 S Charles St
5. Full Name of Mother. Mary Coolahan
6. Mother's Maiden Name. Mary McKewen
7. Mother's Birthplace. Ireland
8. Full Name of Father. Martin J Coolahan
9. Father's Occupation. Saloon keeper
10. Father's Birthplace. Baltimore County Md

Name of Medical Attendant, or other person who makes this Return. Dalton J Murphy

Address. 508 Eastern Ave

Remarks.

1891 0002253

1891 J. C. DULANY CO CITY PRINTERS AND STATIONERS

A 3129

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Fourth

1. Sex, (*state whether male or female*) Male

2. Race or Color, (*if not of the white race*) White

3. Date of Birth, June 12, 1891

4. Place of Birth, (*Street and Number*) 110 S Carey St

5. Full Name of Mother, Louisa Patten

6. Mother's Maiden Name, Schrock

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, Geo H Patten

9. Father's Occupation, Painter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. E Norwood M.D.

Address, 739 Hayward St.

Remarks, 1 8 9 1 0 0 0 2 2 5 4

ascertained the full name of such child (if any shall have been given), sex, color, full date and place of its birth, the full name, age, birthplace, and occupation of its parents, the date and place of their marriage, and the number of children born to the mother, including the present birth, and shall report the same to the Board of Health. In case the parents, or either of them, shall become incapacitated, or be absent from the city, or die before the certificate herein required can be made, then the physician, midwife, or other person in attendance at the birth shall report the same to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, midwife, or other person, the parents of such child, or either of them, shall report the same to the Board of Health. It shall be the duty of each and every midwife, physician, or other person who shall report the birth of any child, as aforesaid, to the Board of Health, to make such report upon the mother, immediately after the birth, in the manner and within the time aforesaid, and every midwife shall comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. E 31794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Kind
1.	*Sex, (state whether male or female)*	~~Female~~ Male
2.	*Race or Color, (if not of the white race)*	Negro
3.	*Date of Birth,*	12 June
4.	*Place of Birth, (Street and Number)*	Thames St. 519
5.	*Full Name of Mother,*	Elizabeth Fay
6.	*Mother's Maiden Name,*	Elizabeth Wagner
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	John Fay
9.	*Father's Occupation,*	Bill Poster
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Marie Fish
	Address,	
	Remarks,	8 9 1 0 0 0 2 2 5 5

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 3179

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, June the 12. 1891
4. Place of Birth, (Street and Number) 811 Little Green St.
5. Full Name of Mother, Louisa Fastiger.
6. Mother's Maiden Name, Louisa Zeller
7. Mother's Birthplace, Germany.
8. Full Name of Father, Charles Fastiger
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Collegeville Grunch

Address, 800 Leadenhall St

Remarks,

1891 0002256

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 31296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ha 2 child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 13th
4. Place of Birth, (Street and Number) 810 N Front St
5. Full Name of Mother, Maria Gannon
6. Mother's Maiden Name, Maria Carr
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Gannon
9. Father's Occupation, Sexton
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. Hodson

Address, 936 Gramt Ave

Remarks,

1 8 9 1 0 0 0 2 2 5 7

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 31297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth. June 13th 5.15 a. m.
5. Place of Birth, (Street and Number) 1302 Bulle St.
6. Full Name of Mother. Mrs Mary Shanahan
7. Mother's Maiden Name, Mary Cohen
8. Mother's Birthplace, Ireland
9. Full Name of Father, Dame Shanahan
10. Father's Occupation, Laborer
    Father's Birthplace, Ireland
    Name of Medical Attendant, or other person who makes this Return. J. D. Sybert
    Address, 1214 Linden ave
    Remarks, 8 9 1 0 0 0 2 2 5 8

HEALTH DEPARTMENT JUN 1889 CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 31298

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Eight.

1. Sex, (state whether male or female). Female
2. Race or Color, (if not of the white race)
3. Date of Birth. Saturday June 13 1891
4. Place of Birth, (Street and Number) 909 Russell St Baltimore
5. Full Name of Mother. Phebe ann Dorman
6. Mother's Maiden Name. Phebe ann Marshall
7. Mother's Birthplace. Harford Co. maryland
8. Full Name of Father. William Wesley Dorman
9. Father's Occupation. Ice driver
10. Father's Birthplace. Harford Co maryland

Name of Medical Attendant, or other person who makes this Return, Callie Lee M.D.

Address. 809 Scadenhall St

Remarks.

1891 0002259

HEALTH DEPARTMENT CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth.* 4th Jan
4. *Place of Birth, (Street and Number)* 115 Mercer St
5. *Full Name of Mother,* Annie Mills
6. *Mother's Maiden Name,* Annie Marshall
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Michael Mills
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible] E. Lee St.

Remarks, 1891000260

JOHN J. D. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 31300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex*, (state whether male or female)	Male
2. *Race or Color*, (if not of the white race)	White
3. *Date of Birth*	June 14th
4. *Place of Birth*, (Street and Number)	Conn x Saratoga Sts
5. *Full Name of Mother*,	Cecelia H Lewis
6. *Mother's Maiden Name*,	" Schaad
7. *Mother's Birthplace*,	Md.
8. *Full Name of Father*,	Frank S Lewis
9. *Father's Occupation*,	Dentist
10. *Father's Birthplace*,	Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. W. P. Morgan
Address,	915 W Monument
Remarks,	

8910002261

John Murphy & Co., (My 7 Printers and Stationers.

RETURN OF A BIRTH. A. 31301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* June 14: 91
4. *Place of Birth,* (Street and Number) 1801 Linden Ave
5. *Full Name of Mother,* Annie Rose
6. *Mother's Maiden Name,* " Caldwell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John S. Rose
9. *Father's Occupation,* Civil Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. P. C. Williams

Address, 910 Madison Ave

Remarks,

1 8 9 1 0 0 0 2 2 6 2

been conferred by its receipt, color the full name and [illegible] the date and place of birth, and the said schedule shall be delivered [illegible] third day of each and every month to the [illegible] shall neglect without the attendance of a physician or midwife, to report its birth to the Registrar of Vital Statistics, in case the birth of any child shall occur on the premises occupied by the parents of such child, or should no other person be in attendance, the mother immediately thereafter, if able, shall become liable to report the birth of her child within the period above named, and any such person or persons who shall have neglected to report the birth of any child as required by the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered with costs. Penalties and forfeitures are recoverable.

BOARD OF HEALTH OF BALTIMORE CITY 1891

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith Theresa Rothe

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17 1891
4. Place of Birth, (Street and Number) 2004 Penna Ave
5. Full Name of Mother, Emma H Rothe
6. Mother's Maiden Name, Moeller
7. Mother's Birthplace, Balto
8. Full Name of Father, George F Rothe
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Chas E Saddler

Address, 2100 Druid Hill Ave

Remarks, Premature birth — 8 mos. NAME ADDED 3-6-53

1891000226 3

4 m

Each Coroner, Justice, Constable, Sheriff, Police Officer and Physician shall write or cause to be written in a clear and legible manner, with ink, the full name and occupation of the parents, the sex, color, the date and place of birth; and the said Coroner, Justice, Constable, Sheriff, Police Officer and Physician shall, within twenty-four hours after the birth, duly sign the same, and deliver the same, or cause the same to be delivered, to the Registrar of Vital Statistics, or to the person appointed by the Board of Health to receive the same, between the first and fifth days of each and every month, at the office of the Commissioner of Health. In the case of the birth of any child under the age of five days, or still-born, the certificate shall be delivered by the attending physician or midwife, or other person, at the time of the death or birth, or within twenty-four hours thereafter. No certificate of birth shall be required, and no fee shall be paid, for the registration of the birth of any child born out of wedlock, if the mother, immediately after the birth, shall declare, in writing, under oath, before the Commissioner of Health, in the presence of a witness, that she desires to conceal the birth of such child, and that she will support it without becoming chargeable to the public; and the Commissioner of Health shall not disclose the name of the mother of such child, or any information which will lead to the discovery of her name, except upon the order of a court of competent jurisdiction. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH B. 31303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	June 14 — 91
4.	*Place of Birth, (Street and Number)*	1824 E. Madison
5.	*Full Name of Mother,*	Mollie V. Gossage
6.	*Mother's Maiden Name,*	" " Straughn
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Harry C. Gossage
9.	*Father's Occupation,*	Painter
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
	Address,	912 McDonough
	Remarks,	18910002264

CITY OF BALTIMORE 1891 REGISTRAR'S OFFICE

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. Any physician, midwife, or other person who shall neglect to report the birth of any child as required by this section, or who shall knowingly report a false date of birth, shall be subject to a penalty of ten dollars for each offense, to be recovered before any justice of the peace in the city of Baltimore, upon the information of the Registrar of Vital Statistics, Board of Health, Baltimore City. Any physician, midwife, or other person who shall neglect to report the birth of any child as required by this section, or who shall knowingly report a false date of birth, shall be subject to a penalty of ten dollars for each offense, to be recovered before any justice of the peace in the city of Baltimore, upon the information of the Registrar of Vital Statistics, Board of Health, Baltimore City.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

B 81304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	Boy
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 13th 11
4.	*Place of Birth, (Street and Number)*	1202 Hoper St
5.	*Full Name of Mother,*	Minnie Hughes
6.	*Mother's Maiden Name,*	Minnie Dean
7.	*Mother's Birthplace,*	City of Baltimore Md
8.	*Full Name of Father,*	James E Hughes
9.	*Father's Occupation,*	Glass Blower
10.	*Father's Birthplace,*	City of Baltimore Md
	Name of Medical Attendant, or other person who makes this Return,	Mrs Minnie
	Address,	Leadenhall and Montgomery Sts
	Remarks,	

1891 0002265

WM J C DULANY CO CITY PRINTERS AND STATIONERS

...teen conferred) its sex, color, the full name of the father and mother, the date and place of birth, and the said schedule shall be delivered, duly signed, to the parent or parents of such child, if any shall have ...third day of each month to the office of the Registrar of Vital Statistics. He shall not issue a certificate ...attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be ...child to report its birth to the Commissioner of Health, as hereinbefore required, and within the period above required, and ...may such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...ject to the fine and penalties set forth above, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15 1891
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible]

1891 0002266

been conferred) its sex, color, the full name and occupation of its parents, the number of the house in which the birth occurred, and the day of birth; and the said schedule shall be delivered, duly signed, by the Coroner to the Registrar of Vital Statistics, at the time of holding the inquest. In case of the birth of any child hereafter without the attendance of a physician or practitioner of midwifery, the father or mother of such child, or in case of the absence of both father and mother, then the person having charge of such child, or in whose house or premises the birth occurred, shall report the birth to the Registrar of Vital Statistics within ten days after the birth occurs, and in default thereof shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties are recoverable.

OF BAL

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 17 1891
4. *Place of Birth, (Street and Number)*	Fulton Ave #26
5. *Full Name of Mother,*	Isabell Schwartz
6. *Mother's Maiden Name,*	Isabell McCalester
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Schwartz
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kellup
Address,	2022 Hilkens Ave
Remarks,	

8 9 1 0 0 0 2 2 6 7

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31307

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourteenth (14th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 17th 1911
4. Place of Birth (Street and Number)	409 Rose Street
5. Full Name of Mother	Margaret Welch
6. Mother's Maiden Name	Margaret Upthur
7. Mother's Birthplace	Roanoke Co Va
8. Full Name of Father	Benjamin Welch
9. Father's Occupation	Waiter
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	M. Winsey M.D
Address	1200 E. Fayette
Remarks	Mother married one yr. prior to birth

1 8 9 1 0 0 0 2 2 6 8

advise of the birth of any child, within the City of Baltimore, a report to the registrar aforesaid, within six days thereafter, stating distinctly the sex, color of the child or children born, its or their physical condition, whether still born or alive, the time, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CITY OF BALTIMORE

RETURN OF A BIRTH. L-31308.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 17th, 11.
4. Place of Birth, (Street and Number) 27 N. Consalvus
5. Full Name of Mother, Anna Ritzschke
6. Mother's Maiden Name, Schwenzy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas. Ritzschke
9. Father's Occupation, Cattle Cattle
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Jenny Faust

Address, 19 N. Eden St.

Remarks,

18910002269

...ion conferred) its sex, color the full name and occupation ... PARTH the ... A piece of birth; and the ... third day of each and every month to the office of the ... Health, a ... delete between the first and ... shall incur ... the birth of any child ... attendance of a physician or ... after the ... child no report its birth to the ... Commissioner thereof, ... person or parents of such ... any such person or persons who shall hereafter fail to ... period above required, and ... jected to the fine of ten (10) dollars for each offense, to be ... this section shall be sub- ... forfeitures are recoverable.

...M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 21309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17
4. Place of Birth, (Street and Number) Baltimore Lafayette Ave 1423
5. Full Name of Mother, Susie Hanft
6. Mother's Maiden Name, Susie Horn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Diggs Hanft
9. Father's Occupation, Tinsmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. Battiserna, M.D.

Address, 800 Leadenhall St

Remarks,

1 8 9 1 0 0 0 2 2 7 0

been conferred; its sex, color, the full name and residence of each child of such mother shall have been duly registered, and a certificate thereof obtained from the Registrar of Births, and that the ... third day of each month signed by the ... certificate between the first and the ... shall occur without the attendance of a physician ... In case the birth of any child ... attendance upon the mother immediately thereafter ... duty, if there be no other person to be ... any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. BULLEY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31310.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 18th June
4. Place of Birth, (Street and Number) 406 Pine C
5. Full Name of Mother, Esther Herzog
6. Mother's Maiden Name, Esther Reichhauer
7. Mother's Birthplace, Athens N. Y.
8. Full Name of Father, William Herzog
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. J. Neil Whidden

Address. 406 E. Fayette St.

Remarks, + 8 9 1 0 0 0 2 2 7 1

been conferred) its sex, color, the full name and occupation of the father, if any, and the maiden name of the mother, the name and residence of the physician or midwife in attendance upon the mother, and the exact place of birth, and the date of birth, and the shall occur without the attendance of a physician or midwife, then the parent or parents of such child or, in case both parents are dead, then the householder or other person having knowledge of the facts, shall report the birth to the Registrar of Vital Statistics within the period above required, and in case of the neglect or refusal of any person to report such birth as herein required, such person shall be subject to the provisions of this section shall be liable to a penalty of not less than five dollars nor more than ten dollars, to be recovered as other fines and forfeitures are recoverable by law.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 31311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* the 18 of June.
4. *Place of Birth, (Street and Number)* 1109 South Paca St
5. *Full Name of Mother* Lizzie Herrmann.
6. *Mother's Maiden Name* Lizzie Leffenthal
7. *Mother's Birthplace* Pennsylvania.
8. *Full Name of Father* Friedrich M. Herrmann
9. *Father's Occupation* Cabinet Maker.
10. *Father's Birthplace* Europe.

Name of Medical Attendant, or other person who makes this Return Dr. Minnich

Address 800 Leadenhall St

Remarks

1 8 9 1 0 0 0 2 2 7 2

WM J C DULANY CO CITY PRINTERS AND STATIONERS

Section 1. *Be it enacted by the General Assembly of Maryland*, That it shall be the duty of every physician, midwife, or other person having charge of any case of birth occurring within the City of Baltimore, to report the same to the Commissioner of Health, within ten days after the occurrence of such birth, in such manner as may be required by the Commissioner of Health, and for each neglect to report any such case of birth, the person offending shall be liable to a penalty of five dollars, to be recovered as other fines and forfeitures are recoverable.

Section 2. *And be it enacted*, That it shall be the duty of each child, if any shall have been conferred, its sex, color, the full name and occupation of parents, date and place of birth; and the said schedule shall be delivered, duly signed by the person making the same, to the certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics. In case the birth of any child shall occur within the limits of a hospital, it shall be the duty of the person in charge of such hospital, or his authorized agent, to report such birth in the manner and within the time required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 31317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19: 91
4. Place of Birth, (Street and Number) 527 Mosher St
5. Full Name of Mother, Virginia Abrahams
6. Mother's Maiden Name, " Broadbent
7. Mother's Birthplace, Baltimore
8. Full Name of Father, N. Minter D. Abrahams
9. Father's Occupation, Ship Builder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. C. Williams

Address, 720 Madison Ave

Remarks,

8 9 1 0 0 0 2 2 7 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the person in attendance at the birth, or by the father or mother of the child, within ten days after the birth. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the father or mother of such child to report the particulars required in said schedule within ten days after the birth. And it shall be the duty of the father or mother of any child dying before the third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the father or mother of such child to report the particulars required in said schedule within ten days after the birth. And it shall be the duty of the father or mother of any child dying before the attendance upon the mother immediately before the birth, to report to the Registrar of Vital Statistics, Board of Health, the particulars required in said schedule, so far as he can procure the same, within twenty-four hours after the death of such child. If there be no father or mother capable of reporting the particulars required in said schedule, then it shall be the duty of any such person or persons who shall hereafter become aware of the existence of such child, to report the particulars required in said schedule within ten days after the birth. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be collected as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 June
4. Place of Birth, (Street and Number) 1519 Estern Avenue
5. Full Name of Mother, Ester Goodman
6. Mother's Maiden Name, Ester Silvermacher
7. Mother's Birthplace, Germany
8. Full Name of Father, Salomon Goodman
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Marie Fiel

Address,

Remarks, 3 9 1 0 5 0 2 7 4

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Kind.
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	Col.
3.	*Date of Birth,*	20 Mai
4.	*Place of Birth, (Street and Number)*	E Pond St. 954
5.	*Full Name of Mother,*	Mary Jessup
6.	*Mother's Maiden Name,*	Mary Cain
7.	*Mother's Birthplace,*	Maryland
8.	*Full Name of Father,*	Peter Jessup
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Maryland
	Name of Medical Attendant, or other person who makes this Return,	Mary Pratt
	Address,	954 Pond St.
	Remarks,	8 9 1 0 0 0 2 7 5

month, and shall set forth as far as the same can be ascertained the particulars required by this section touching such child, if any shall have been born, and if there be no such child, the fact shall be stated. The name and occupation of the physician, midwife or other person who shall attend upon the mother during her confinement, shall be deemed liable to the penalties imposed by this section for the neglect of the mother immediately thereafter to comply with the provisions of this section touching the report of the birth of her child, unless the contrary be proved by the production of a certificate of such report, signed by the person who shall have given the same. And the Commissioners of Health are hereby authorized to appoint such persons as they may think proper, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1898 J. D. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31315.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 20. 1891
4. *Place of Birth, (Street and Number)*	St. Vincent's Inf. Asylum
5. *Full Name of Mother,*	Mary Smith
6. *Mother's Maiden Name,*	Bohemia
7. *Mother's Birthplace,*	Not known
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	J. A. Shaw M. D.
Address,	1520 David Hill Ave
Remarks,	

1 8 9 1 0 0 0 2 2 7 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 81316.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20th
4. Place of Birth, (Street and Number) Westport. Bulk-lo
5. Full Name of Mother, Annie May Abey
6. Mother's Maiden Name, Annie May Link
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Aaron Abey
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendent, or other person who makes this Return. Miss Hanna

Address, 711 Carroll St

Remarks,

8910002277

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 31317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male John
2. Race or Color, (if not of the white race)
3. Date of Birth, 20 of June 1891
4. Place of Birth, (Street and Number) 911 Central Street City
5. Full Name of Mother, Allice Bliemberg
6. Mother's Maiden Name, Allice Lohrentz
7. Mother's Birthplace, Covna Littau Russia
8. Full Name of Father, John Bliemberg
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Covna Littau Russia

Name of Medical Attendant, or other person who makes this Return. Lina Lang

Address, 1477 Corner of Garrett & Fort Av Locust Point

Remarks,

1 8 9 1 0 0 0 2 2 7 8

This is a certificate required under the Act of Assembly of 1890, Chapter 123, to have occurred under the care of a physician or midwife, and to be registered with the Board of Health of Baltimore City. Any person who shall have charge of any child, if any shall have been born, and shall neglect or refuse to report the birth of such child, or to furnish the full name and occupation of the parents, the date and place of birth of the child, and such other information as may be required by the Board of Health, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not more than ten dollars for each offense. The certificate of birth shall be delivered, duly signed by the physician or midwife in attendance, to the parent or guardian of such child, or to the person having charge of the child, within ten days after the birth of any child born in a city or town where a Board of Health is established, and if no physician or midwife was in attendance, then the certificate shall be signed by the parent or guardian of such child, or by the person having charge of the child, within ten days after the birth of such child. Every certificate of birth shall contain the full name of the child, if any shall have been given at the time of registration, the full name and occupation of the parents, the date and place of birth of the child, and such other information as may be required by the Board of Health. Any person who shall neglect or refuse to report the birth of any child as required by this section, or who shall refuse to furnish the information required, and which he may have in his possession, or can reasonably obtain, concerning any birth, or who shall report any false information, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not more than ten dollars for each offense. The certificate of birth shall be delivered, duly signed by the physician or midwife in attendance, to the parent or guardian of such child, or to the person having charge of the child, within ten days after the birth of such child. Every certificate of birth shall contain the full name of the child, if any shall have been given at the time of registration, the full name and occupation of the parents, the date and place of birth of the child, and such other information as may be required by the Board of Health. Any person who shall neglect or refuse to report the birth of any child as required by this section, or who shall refuse to furnish the information required, and which he may have in his possession, or can reasonably obtain, concerning any birth, or who shall report any false information, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not more than ten dollars for each offense. The certificate of birth shall be delivered, duly signed by the physician or midwife in attendance, to the parent or guardian of such child, or to the person having charge of the child, within ten days after the birth of such child. Every certificate of birth shall contain the full name of the child, if any shall have been given at the time of registration, the full name and occupation of the parents, the date and place of birth of the child, and such other information as may be required by the Board of Health. Any person who shall neglect or refuse to report the birth of any child as required by this section, or who shall refuse to furnish the information required, and which he may have in his possession, or can reasonably obtain, concerning any birth, or who shall report any false information, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not more than ten dollars for each offense. The certificate of birth shall be delivered, duly signed by the physician or midwife in attendance, to the parent or guardian of such child, or to the person having charge of the child, within ten days after the birth of such child. Every certificate of birth shall contain the full name of the child, if any shall have been given at the time of registration, the full name and occupation of the parents, the date and place of birth of the child, and such other information as may be required by the Board of Health. Any person who shall neglect or refuse to report the birth of any child as required by this section, or who shall refuse to furnish the information required, and which he may have in his possession, or can reasonably obtain, concerning any birth, or who shall report any false information, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form [illegible] between the first and third day of each and every month to the office of the Commissioner of [illegible] of any child shall occur without the attendance of a physician or practitioner of [illegible] person be in attendance upon the mother, immediately thereafter it shall become [illegible] parents of such child to report its birth to the Commissioner of Health, in the manner [illegible] required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT [illegible] 1891 CITY OF BALTIMORE

[illegible] of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	3
1. *Sex,* (*state whether male or female*)	Male
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	June 21 1891
4. *Place of Birth,* (*Street and Number*)	Gilmore st 301
5. *Full Name of Mother,*	Emma Buttenbaugh
6. *Mother's Maiden Name,*	Emma Clemmar
7. *Mother's Birthplace,*	Balto. Co.
8. *Full Name of Father,*	Franklin Buttenbaugh
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Washington D.C.
Name of Medical Attendant, or other person who makes this Return.	Mrs. J. Kelley
Address,	2022 Wilkens Ave
Remarks,	

8910002279

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 31319

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	June 3 - 1891
4. *Place of Birth, (Street and Number)*	26 W Barney St
5. *Full Name of Mother*	Lucia Sweedale
6. *Mother's Maiden Name*	Lucia L Horton
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	Jas A Sweedale
9. *Father's Occupation*	Coachman
10. *Father's Birthplace*	England
Name of Medical Attendant, or other person who makes this Return	C L Gilly
Address	1520 Light St
Remarks	Dairy Milk

1891 0002280

month, and shall set forth as far as the same can be ascertained, the full name, sex, color, date and place of birth, and the full name, residence and occupation of each parent of each child born alive, and also the number of children born to such parent, and the number now living, and the full name, residence and occupation of the person making the return, and the date when it was received; and shall be delivered, duly signed by the practitioner, midwife or other person in attendance, to the Commissioner of Health within ten days after the birth of any child whose birth is required to be registered by this section; and the Commissioner of Health, or other person, to whom any such certificate shall be delivered, shall indorse upon the same the date when it was received; and if any midwife or other person in attendance shall neglect or refuse to deliver to the Commissioner of Health any certificate required by this section to be delivered by him, or shall neglect or refuse to make any report required by this section, or to comply with any provision of this section, such midwife or other person in attendance shall forfeit to the use of the City of Baltimore the sum of ten dollars; and any physician who shall neglect or refuse to report the birth of any child as required by this section, or to comply with any provision of this section, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

CITY OF BALTIMORE 1891

WM J C DULANY CO CITY PRINTERS AND STATIONERS

8270.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	Black
Date of Birth,	June 3 1891
Place of Birth, (Street and Number)	110 N Vincent alley
5. Full Name of Mother,	Mary Scott
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Lynchburg Va
8. Full Name of Father,	Unknown
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return	G. W. Slater M.D.
Address,	
Remarks,	1891 Page 2 Dr. Cor. Mount.

CITY OF BALTIMORE JUN 1891

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31371.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 3 th 1891
4.	*Place of Birth, (Street and Number)*	11 n Fitting 2t
5.	*Full Name of Mother,*	Clara Snyder
6.	*Mother's Maiden Name,*	Clara Weaver
7.	*Mother's Birthplace,*	Balto md
8.	*Full Name of Father,*	Andrew Snyder
9.	*Father's Occupation,*	Mechanic
10.	*Father's Birthplace,*	Balto md
	Name of Medical Attendant, or other person who makes this Return,	C L Tully
	Address,	1525 Light 2t
	Remarks,	Damp Well

1 8 9 1 0 0 0 2 8 2

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Health, and shall set forth as far as the same can be ascertained (1) the name, sex, color, the full name and occupation of the parents, and the place of birth and residence of each, (2) the date of birth, and (3) the number of children born to the mother, including the child last born, and the number now living; which return shall be signed by the practitioner in attendance upon the mother, or by the person who shall officiate in the case of any birth which shall occur without the attendance of a physician or midwife, and shall be delivered to the Commissioner of Health within thirty days after the birth, and if any such practitioner or person shall neglect or refuse to make such return as aforesaid, he or she shall forfeit and pay for each offence, upon conviction thereof before any justice of the peace of the city of Baltimore, a penalty not exceeding twenty dollars, to be recovered as debts of like amount are recoverable before justices of the peace; and it shall be the duty of the Commissioner of Health, in the name of the Mayor and City Council of Baltimore, to sue for and collect the said penalty; and it shall be the duty of the Sheriff of Baltimore City, upon the receipt of any writ of fieri facias issued upon any such judgment, to levy the same upon the goods and chattels, lands and tenements of such person or persons who shall be convicted as aforesaid, and refuse or neglect to comply with the requirements of this section, and shall sell the same, and pay the proceeds thereof to the Commissioner of Health, to the use aforesaid; and the Sheriff shall be entitled to the fees of ten (ten dollars for each offence, to be recovered as other fees are recoverable

RETURN OF A BIRTH. 31322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3 91 - 11:2 a.m.
4. Place of Birth, (Street and Number) 115 S. Loreard St.
5. Full Name of Mother, Bessie Yates
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendent, or other person who makes this Return. Charles Greene

Address, 115 S. Loreard St.

Remarks,

1 8 9 1 0 0 0 2 2 8 3

CITY OF BALTIMORE HEALTH DEPARTMENT 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4th 1891
4. Place of Birth, (Street and Number) 157 Hanover st
5. Full Name of Mother, Mary Griffin
6. Mother's Maiden Name, " Shaughnessy
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Griffin
9. Father's Occupation, Labor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. D. C. Buck M.D.

Address, 571 Hanover st

Remarks,

8 9 1 0 0 0 2 2 8 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 June 1891
4. Place of Birth, (Street and Number) Carroll st
5. Full Name of Mother, Mary Calvert
6. Mother's Maiden Name, Mary Beard
7. Mother's Birthplace, St Mary Co.
8. Full Name of Father, Joseph B Calvert
9. Father's Occupation, Granite Cutter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Elizabeth Wolcke

Address, Carroll & E Balto

Remarks, 8 9 1 0 0 0 2 2 8 5

...shall have ...certificate between the first child ...other person ...Health. In case the birth ...person ...Registry, or the person or parents of such ...shall become the ...within the period above required, and ...with the provisions of this section shall be subject ...recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 31325

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	4
1. *Sex.* (*state whether male or female*)	female
2. *Race or Color.* (*if not of the white race*)	white
3. *Date of Birth.*	4th of January
4. *Place of Birth.* (*Street and Number*)	1911 West Fort
5. *Full Name of Mother*	Lena Abramofski
6. *Mother's Maiden Name.*	Lena Kirsch
7. *Mother's Birthplace.*	Germany
8. *Full Name of Father.*	Jacob Abramofski
9. *Father's Occupation.*	Saloon Keeper
10. *Father's Birthplace.*	Germany
Name of Medical Attendant, or other Person who makes this Return	Swedish Lewis Midwife
Address,	2114 West Fort Ave.
Remarks.	

1 8 9 1 0 0 0 2 2 8 6

within six days thereafter, stating distinctly the date of birth, sex and (as) color of the child or children born, its or their physical condition, whether living or dead, the family name, nativity, and residence of the parents, and the maiden name of the mother previous to her marriage.

CITY OF BALTIMORE

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 31326.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4th
4. Place of Birth, (Street and Number) 210 N. Amity - Balto. Md.
5. Full Name of Mother, Mollie Shipley
6. Mother's Maiden Name, " " Hopkins
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Lewis Shipley
9. Father's Occupation, Iron Moulder
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Minnie Self.

Address, 1029 N. Saratoga

Remarks,

1 8 9 1 0 0 0 2 2 8 7

month, and shall set forth as far as the same can be ascertained the name of each child, if any, born since the last return, the full name and place of birth; and the said scientific physician shall receive from the City Treasurer a certificate between the first and third day of each and every month to the effect that such return has been duly made; and should no birth occur without the attendance of a physician, midwife or other person, it shall be the duty of the person or parents of such child to report its birth to the Commissioner thereof, who shall become liable for any such person or persons who shall hereafter neglect or refuse to make such return, and subject to the fine of ten (10) dollars for each offence, which fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19 1891
4. Place of Birth, (Street and Number) 1st Eutaw St.
5. Full Name of Mother, Mary Lewis
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendent, or other person who makes this Return. Charles Young Jr.

Address, 11 E. Lombard St.

Remarks,

1 8 9 1 0 0 0 2 2 8 8

HEALTH DEPARTMENT CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 21323

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 6th 1891
4. Place of Birth, (Street and Number) Baltimore City 603 Lee St
5. Full Name of Mother, Annie Mitchell
6. Mother's Maiden Name, Annie F Finnerty
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Matthew Mitchell
9. Father's Occupation, Polisher
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs M. Shaffer

Address, No 604 Little Parker St

Remarks,

1 8 9 1 0 0 0 2 2 8 9

Health. This schedule shall contain a list of the births ... or her care during the month, and each birth shall be reported ... the name can be ascertained, and in every case ... month, whether it be male or female, ... the date of birth, and the full name and occupation ... the parents, and the number of births ... said schedule shall be delivered, ... signed by the person ... the birth of any child ... third day of each and every ... of a physician or ... of such birth, or by no other person ... shall cause such ... upon the mother, immediately thereafter ... child to report its birth to the Commissioner ... any such person or persons ... subject to the fine of ten ... and forfeitures are recoverable.

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

31329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6th
4. Place of Birth, (Street and Number) 429 E. Cross St
5. Full Name of Mother, Ida Williams
6. Mother's Maiden Name, " Bennett
7. Mother's Birthplace, City
8. Full Name of Father, Benj Williams
9. Father's Occupation. Machinist
10. Father's Birthplace, Dorchester Co

Name of Medical Attendant, or other person who makes this Return. J. C. Bunch M.D

Address, 571 Hanover St

Remarks, 1891000229O

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 31330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 7th 1891
4. Place of Birth, (Street and Number) Druid St 1535
5. Full Name of Mother, Mary Eliza Hall
6. Mother's Maiden Name, "
7. Mother's Birthplace, Anne Arundle Co Md
8. Full Name of Father, Charles H. Watkins
9. Father's Occupation, Laborer
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendent, or other person who makes this Return, Sarah Rollins

Address, 1610 Vincent ave near Baker

Remarks,

8 9 1 0 0 0 2 2 9 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

31.331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) 1 Female

Race or Color, (if not of the white race) White

Date of Birth, June 7th 1891

Place of Birth, (Street and Number) 806 Pierce St Baltimore Md

5. Full Name of Mother, Mary Walker

6. Mother's Maiden Name, Shamberg

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Herman Walker

9. Father's Occupation, Baker

10. Father's Birthplace, Bremen Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Minnie Graf

Address, 1029 E. Saratoga St

Remarks, 18910002292

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 8 91
4. *Place of Birth, (Street and Number)*	458 Fremont Ave
5. *Full Name of Mother,*	Nellie Owen
6. *Mother's Maiden Name,*	Nellie Beardsley
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	Jno. Owen
9. *Father's Occupation,*	Cook Lager
10. *Father's Birthplace,*	Maryland.
Name of Medical Attendant, or other person who makes this Return.	J. C. Robinson M.D.
Address,	776 E. Lexington St.
Remarks,	

8 9 1 0 0 0 2 2 9 3

JUL 8 1891 BOARD OF HEALTH BALTIMORE

...ulation set forth as far as the same can be ascertained, of every child of any sh... month, and shall set forth as far as the same can be ascertained, of every child of any shall have been born within the limits of such city during the preceding month, the full name and occupation of the parents, the date and place of birth, and the sex and color of such child, and shall be delivered, duly signed by the person making the same, to the registrar of vital statistics of such city, or to such other officer as may be appointed to receive the same; and no other person be in any way concerned in making such return. Every physician, midwife or other person who shall assist at the birth of any child shall make a return of such birth to the office of the registrar of vital statistics of such city within the first three days of each and every month to the office of the registrar of vital statistics of such city; and no other person be in any way concerned in making such return. Every person or parents of such child who shall neglect to make such return as aforesaid, or shall make a false return of such birth, shall be guilty of a misdemeanor, and upon conviction thereof in the criminal court of such city shall be fined for each offense not less than five dollars nor more than fifty dollars. Every undertaker who shall bury the dead body of any child without a certificate of the registrar of vital statistics of such city that the birth of such child has been returned as required by this section, shall be guilty of a misdemeanor, and upon conviction thereof in the criminal court of such city shall be fined for each offense not less than five dollars nor more than fifty dollars. And every such undertaker who shall neglect to make a return of the burial of any such child to the registrar of vital statistics of such city, as required by this section, shall be guilty of a misdemeanor, and upon conviction thereof in the criminal court of such city shall be fined for each offense not less than five dollars nor more than fifty dollars. And every such person or persons who shall hereafter fail to make such return as aforesaid shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31335

CERTIFICATE CORRECTED 5-14-41

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mabel Perry Snyder

No. of Child of Mother, (state whether 1st, 2d, 3d &c.)	3 d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 6th 1941
4. Place of Birth, (Street and Number)	1005 Clifton Pl.
5. Full Name of Mother,	Mary E. Snyder
6. Mother's Maiden Name,	" " "
7. Mother's Birthplace,	Frederick Co Md
8. Full Name of Father,	Harry Snyder
9. Father's Occupation,	Fireman on R.R.
10. Father's Birthplace,	Washington Co Md
Name of Medical Attendant, or other person who makes this Return,	W B Perry MD
Address,	621 E. Lake St.
Remarks,	

B 9 1 0 0 0 2 2 9 4

month and shall set forth as far as the same can be ascertained by diligent inquiry, the name, age, birthplace, residence and occupation of the parents of such child, the number of children born to such mother, and the number now living, the full name and occupation of the physician or midwife present at the birth, and the cause of stillbirth; and the keeper of every lying-in asylum or other institution for the reception of women during pregnancy or at the time of delivery, shall keep a record containing the same facts as required of midwives and physicians between the first and third day of each month, and every midwife, physician or other person in attendance at the birth of any child shall deliver to the keeper of such lying-in asylum or other institution, within the period above required, and such keeper shall enter in the record of such institution the name of such child, the name and residence of the person or parents of such child to report its birth to the Commissioner of Health, and the date of such birth. If any shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 9th
4. *Place of Birth, (Street and Number)*	1295 Eutaw St
5. *Full Name of Mother,*	Annie Bell Smith
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Cuba
8. *Full Name of Father,*	Francis Bell
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	Prince Georges Co'y
Name of Medical Attendant, or other person who makes this Return.	J C Burch M D
Address,	511 Hanover St
Remarks,	

8910002295

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 31335

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 10th 1891
4. *Place of Birth, (Street and Number)*	1102 Federal St.
5. *Full Name of Mother,*	Laura Deller.
6. *Mother's Maiden Name,*	Laura Avery
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm Deller.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	W B Penny MD
Address.	621 Lee St.
Remarks.	1891000296

month, and shall set forth as far as the same can be ascertained the full name and occupation of each parent, the place of birth and residence of each parent, the date and place of the marriage of the parents, the number of children born to the mother, the number now living, the full name and occupation of the physician or midwife present at the birth, and the street and number where the birth occurred. Only signed by the Commissioner of Health, or such other person be h... shall occur without the attendance of a physician or midwife, it shall be the duty of each and every parent, guardian or other person having charge of such child to report the birth to the Commissioner of Health, in the manner and within the time above specified. In case the birth shall occur in a hospital or other institution, the superintendent or other person in charge shall be responsible for the registration of the birth and the filing of the certificate. If any child born within the limits of Baltimore City shall not be registered within ten days after birth, the parent, guardian or other person having charge of such child shall be subject to a penalty of ten dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 31336.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 10th 1891
4. *Place of Birth, (Street and Number)* #2434 Lancaster st
5. *Full Name of Mother,* Katie Elizabeth Schmidt
6. *Mother's Maiden Name,* " " Kahler
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Henry Schmidt
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. W. H. Schwatka M.D.

Address, #2429 Lancaster st

Remarks,

1 8 9 1 0 0 0 2 2 9 7

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31337.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	(Male) JOHN R
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	June 12 1891
4. Place of Birth, (Street and Number)	141 N Calhoun
5. Full Name of Mother,	Jennie McGee Jones
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John (McGee) MAGEE
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo R Latham
Address,	CATMAN
Remarks,	† 8 9 1 0 0 0 2 2 9 8

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can b[illegible] [illegible] each child, (if any shall have been conferred) its sex, color, the full name and [illegible] [illegible]rents, [illegible]e and place of birth; and the said schedule shall be delivered, duly signed by th[illegible] the form [illegible] certificate between the first and third day of each and every month to the office o[illegible] Commissioner of He[illegible] In case the birth of any child shall occur without the attendance of a physician [illegible] midwife [illegible] should no other person be in attendance upon the mother, immediately thereafter [illegible] the person or parents of such child to report its birth to the Commissioner of Hea[illegible] the period above required, and any such person or persons who shall hereafter fail [illegible] [illegible]ons of this section shall be subjected to the fine of ten (10) dollars for each offense, to be [illegible] [illegible]nes and forfeitures are recoverable.

1891

CITY OF BALTIMORE

A. 313 38

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 12th 1891
4. *Place of Birth, (Street and Number)* 902 Valley
5. *Full Name of Mother,* Maggie Mooney
6. *Mother's Maiden Name,* Maggie Murphey
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Frank Mooney
9. *Father's Occupation,* Stone Mason
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. W B Perry MD

Address, 621 E C Rose St

Remarks,

1 8 9 1 0 0 0 2 2 9 9

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12 98
4. Place of Birth, (Street and Number) 210 E. Cross
5. Full Name of Mother, Sarah Weller
6. Mother's Maiden Name, " Hockman
7. Mother's Birthplace, City
8. Full Name of Father, Edward Weller
9. Father's Occupation, Ship Carpenter
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. J. C. Bruch M.D

Address, 571 Hanover St

Remarks, 1 8 9 1 0 0 0 2 3 0 0

If child is still born, this return is to be made within ten days after birth; if any child shall have died without a return having been made, the same can be ascertained, the full name of such child, the date of birth, and the month, and shall set forth the full name and occupation of the parents, if known, between the first and tenth day of each and every month to the Commissioner of Health, and a certificate of birth shall be delivered, duly signed by the physician or midwife in attendance, or by the father or mother, or in the absence of both father and mother, the householder or owner of the premises where the birth occurred, within ten days after the birth, and before the interment of the body of such child; and every physician or midwife who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 31340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, June 2 at. 1 35 Am.
4. Place of Birth, (Street and Number) 5 S Linden St
5. Full Name of Mother, Susan Wilson
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendent, or other person who makes this Return. Charles Geesie

Address, 110 N. Howard St.

Remarks,

1891000301

CITY REGISTRAR'S OFFICE JUL 1891 CITY OF BALTIMORE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

31341.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Mary Frances 6 Ernst of Child of Mother. (state whether 1st, 2d, 3d, &c.)
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 13 June 1891
5. Place of Birth, (Street and Number) 116 Eutaw St
6. Full Name of Mother, Mary Ernst
7. Mother's Maiden Name, Mary Hess
8. Mother's Birthplace, Balto
9. Father's Occupation, Henry Ernst
10. Father's Birthplace, Mycson
- Name of Medical Attendant, or other person who makes this Return, Germany
- Address, 6 & Tully
- Remarks, 8-23 Eutaw St
GIVEN NAME ADDED 2-29-54 Paing Well

HEALTH DEPARTMENT JUN 13 1891 CITY OF BALTIMORE

1891 6 0 0 2 3 0 2

wm. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

pounds, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth, and the said schedule shall be delivered, duly certified by the person making the same, at the office of the Commissioner of Health, within ten days after the birth of such child, and in default thereof for the space of third day of each month, with the name of the physician or midwife in attendance upon the mother, or other person who shall hereafter fail to comply with the requirements of this section, shall be subject to the penalty of ten dollars for each offense, to be recovered before any justice of the peace of this State, and to be paid into the treasury of the city of Baltimore, for the use of the Health Department. And the physician or midwife in attendance upon any such female child, or in the absence of such physician or midwife, the person who shall neglect to report the birth of such child as herein required, shall be subject to the penalty of ten dollars, to be recovered before any justice of the peace of this State, and to be paid into the treasury of the city of Baltimore, for the use of the Health Department. And the physician or midwife in attendance upon any such female child, or in the absence of such physician or midwife, the person who shall neglect to report the birth of such child as herein required, shall be subject to the penalty of ten dollars, to be recovered before any justice of the peace of this State, and to be paid into the treasury of the city of Baltimore, for the use of the Health Department.

A 31347

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as to each child the full name of each child, if any shall have been given, the sex, color, date and place of birth, and the full name, residence and occupation of the parents; and a certificate between each birth as to each child shall be delivered, duly signed by the attendant, to the parent or person having charge of such child, within the period hereinafter prescribed. Every physician, midwife or other person who shall attend at the birth of any child which is born dead after the completion of the seventh month of pregnancy, or should no other person be in attendance, then the parent or person having charge of such child, shall report such birth to the Commissioner of Health, within the period hereinafter prescribed, and shall also report the cause of such death, if known. Every such report shall be made to the Commissioner of Health within ten days after the birth or death to which it relates, and every person who shall neglect or refuse to make such report as required by this section shall be subject to the fine of ten (10) dollars for each and every such neglect or refusal, which fines and forfeitures are recoverable.

CITY OF BALTIMORE 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 14 th
4. *Place of Birth, (Street and Number)*	1100 W. Lexington St.
5. *Full Name of Mother,*	Lyria Engle
6. *Mother's Maiden Name,*	Blackwald
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	William Engle
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Minnie Graf
Address,	1019 W. Saratoga St.
Remarks,	

8910002303

THE J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31341.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 15 1891
4. *Place of Birth, (Street and Number)*	425 Fountain Pl
5. *Full Name of Mother,*	Lizzie M ~~Maggie~~ Langenfelt
6. *Mother's Maiden Name,*	Lizzie M Somers
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Langenfelt
9. *Father's Occupation,*	Piano Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo R Balan
Address,	
Remarks,	1891000230 4

Health, and shall set forth as far as the same can be ascertained, the full name of each child of any sex that may have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the Registrar of Vital Statistics. In case the birth of any child shall occur on board of a vessel, the master thereof shall enter the same in the ship's log book, and shall report the same to the Registrar of Vital Statistics, as above required, within the first thirty days after the arrival of such vessel at any port in the State of Maryland, and shall furnish to the person or parents of such child, on demand, a certificate setting forth the particulars required to be recorded by this section; and for every attendance upon the mother, immediately thereafter, the physician or midwife shall be entitled to receive from the father of such child the sum of one dollar; and within the period above required, and in accordance with the provisions of this section shall be made, any physician, midwife or person who shall hereafter fail to report a birth, or comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 313411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* June 5 8.35 P.M.
4. *Place of Birth, (Street and Number)* 5 E. Lombard St
5. *Full Name of Mother,* Fannie Barnes
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendent, or other person who makes this Return. Charles Greene

Address, 5 E. Lombard St

Remarks,

1891000[illegible]305

Health. This schedule shall contain a list of the births [illegible] the full name of each child (if any shall have
month, and shall set forth as far as the same can be ascertained [illegible], the date and place of birth; and the
been conferred) its sex, color, the full name and oc[illegible] of a certificate between the first and
said schedule shall be delivered, duly signed by [illegible] Health. In case the birth of any child
third day of each and every month to the offi[illegible] wifery, or should no other person be in
shall occur without the attendance of a physi[illegible] of the person or parents of such
attendance upon the mother, immediately t[illegible] within the period above required, and
child to report its birth to the Commissioner [illegible] in the manner [illegible] provisions of this section shall be sub-
any such person or persons who shall hereafter [illegible] fines and forfeitures are recoverable.
jected to the fine of ten (10) dollars for each offense [illegible]

HEALTH DEPARTMENT CITY OF BALTIMORE JUL 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 31345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) 3rd Female

2. Race or Color, (if not of the white race) White

Date of Birth, June 16th 1891

Place of Birth, (Street and Number) 740 W. Saratoga St.

4. Full Name of Mother, Lena Fell

5. Mother's Maiden Name, " " Shamberg

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John Fell

9. Father's Occupation, Hackester

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Jennie Graf

Address, 1029 W. Saratoga St.

Remarks, 1891000230 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and each is sex, color, the full name of each child, the full name of each parent, the place of birth; and the said schedule shall be delivered, or sent by the person in charge of the case, to the office of the Registrar of Vital Statistics on the third day of each and every month. Immediately upon the birth of any child, he or she shall report its birth to the Registrar of Vital Statistics, and for every neglect of duty in the premises, or violation of the provisions of this section shall severally forfeit and pay the sum of ten dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

CITY OF BALTIMORE RECEIVED 1891

PRS. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5 31 16.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, June 6th 1916
4. Place of Birth, (Street and Number) 5 S. Lombard St.
5. Full Name of Mother, Rosa Curtis
6. Mother's Maiden Name, "
7. Mother's Birthplace, Virginia
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendent, or other person who makes this Return. Charles Greene

Address, 5 S. Lombard St.

Remarks,

1891000230 7

Health. ... shall set forth as far as the same can be ascertained the ... name of each child (if any shall have been) ... and the sex, color, the full name and occupation of the parents, the date and place of birth, and the ... said schedule shall be delivered, duly signed by the ... shall ... every month a ... certificate the birth of any child ... shall ... within ... of a physician ... shall ... the ... person or parents of such child to report its birth to the Commissioner of Health ... the number and ... of this section shall be subject to the fine of ten (10) dollars for each offense, ... and other penalties are recoverable.

CITY OF BALTIMORE

GEO. J. GULANY & CO., CITY PRINTERS AND STATIONERS.

A 31347

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* [illegible]

3. *Date of Birth,* 18 June 1891

4. *Place of Birth, (Street and Number)* 21 N Patterson Pk Ave

5. *Full Name of Mother,* Grace Davis

6. *Mother's Maiden Name,* Grace Erman

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* William Davis

9. *Father's Occupation,* House Carpenter

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs A E Knowles

Address, 21 N Patterson Pk Ave

Remarks, 18910002308

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be [illegible] each child (if any shall have been conferred) its sex, color, the full name and occup[illegible] and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] tificate between the first and third day of each and every month to the office of [illegible] case the birth of any child shall occur without the attendance of a physician or [illegible] ould no other person be in attendance upon the mother, immediately thereafter [illegible] person or parents of such child to report its birth to the Commissioner of Health [illegible] period above required, and any such person or persons who shall hereafter fail [illegible] of this section shall be subjected to the fine of ten (10) dollars for each offense, to [illegible] forfeitures are recoverable.

CITY OF BALTIMORE JUN 1891

RETURN OF A BIRTH. A 31,348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19 1891
4. Place of Birth, (Street and Number) 515 E. Madison St.
5. Full Name of Mother, Katie Naylor
6. Mother's Maiden Name, " Ball
7. Mother's Birthplace, Md.
8. Full Name of Father, Wm L. Naylor
9. Father's Occupation, Brakeman
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. J H Robinson M.D.

Address, 736 E. Preston St.

Remarks, 8910002309

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as he same can be ascertained, the full name of each child, if any shall have been christened, the sex, color, and occupation of its parents, the date and place of birth; and the said return shall be delivered, duly signed by the practitioner, midwife or other person who shall have attended at the birth, to the Registrar of the district within which such birth shall have occurred, on the first day of each and every month to the office of the Commissioner of Health. In case no birth shall have occurred during the month, no other return shall be required, and the practitioner, midwife or other person who shall have attended at the birth shall within ten days after the birth of any such child, report the same to the Commissioner of Health. In default of any such report, such practitioner, midwife or other person who shall have attended at the birth shall be liable to a penalty of ten dollars, to be collected as other penalties are recoverable.

RECEIVED JUL 23 1891 REGISTRAR'S OFFICE CITY OF BALTIMORE

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	
2. Date of Birth,	June 19 th 1891
3. Place of Birth, (Street and Number)	Baltimore City. 831. mangold all
4. Full Name of Mother,	Maria Fallin
5. Mother's Maiden Name,	Maria Georgetha
6. Mother's Birthplace,	Baltimore City
7. Full Name of Father,	Samuel Fallin
8. Father's Occupation,	driver
9. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Mrs M Shaffer
Address,	No 604, Little Durham
Remarks,	8910002310

894 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. ,31350.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child Edward August Slagle 3

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. *Sex. (state whether male or female)* Male
2. *Race or Color. (if not of the white race)* White
3. *Date of Birth.* June 14 = 1891
4. *Place of Birth. (Street and Number)* 2004 Ligh[illegible] St
5. *Full Name of Mother.* annie (Slagel) Slagle
6. *Mother's Maiden Name.* annie Littower
7. *Mother's Birthplace.* Balto Md
8. *Full Name of Father.* Samuel (Slagel) Slagle
9. *Father's Occupation.* Labor
10. *Father's Birthplace.* Balto md

Name of Medical Attendant, or other person who makes this Return, C. A. Tully

Address. 1525 Ligh[illegible] St

Remarks. [illegible]

8 9 1 0 0 0 2 3 1 1

month, and shall set forth as far as the same can be ascertained [illegible] been conferred) its sex, color, the full name and occupation [illegible] said schedule shall be delivered, duly signed by the practitioner [illegible] third day of each and every month to the office of the Commissioner [illegible] shall occur without the attendance of a physician or practitioner [illegible] attendance upon the mother, immediately thereafter it shall be [illegible] child to report its birth to the Commissioner of Health, in the manner [illegible] any such person or persons who shall hereafter fail to comply with [illegible] jected to the fine of ten dollars for each offense, to be recovered as other [illegible]

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 31351.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)	Second.
1.	*Sex, (state whether male or female)*	Male.
2.	*Race or Color, (if not of the white race)*	White.
3.	*Date of Birth,*	June 19th 1891.
4.	*Place of Birth, (Street and Number)*	#423. Colvin St.
5.	*Full Name of Mother,*	Ella M. Alluisi -
6.	*Mother's Maiden Name,*	" " Forrister
7.	*Mother's Birthplace,*	Baltimore Md.
8.	*Full Name of Father,*	Robert F. Alluisi.
9.	*Father's Occupation,*	Tailor.
10.	*Father's Birthplace,*	Baltimore Md
	Name of Medical Attendant, or other person who makes this Return,	John H. McGann M.D.
	Address,	Pratt & Broadway.
	Remarks,	Normal.

1891 0 0 2 3 1 2

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 31,352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 19 1891
4. *Place of Birth, (Street and Number)*	122 Ostend St
5. *Full Name of Mother,*	Georgetta Burke
Mother's Maiden Name,	" Barrett
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	Frank D Burke
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	Carroll Co
Name of Medical Attendant, or other person who makes this Return.	Geo R Latane
Address,	
Remarks,	

CITY OF BALTIMORE JUL 2 1891 REGISTRAR OF VITAL STATISTICS

1 8 9 1 0 0 0 2 3 1 3

...child to report its birth to the Commissioner of Health within the period hereinbefore required, and such person shall forfeit and pay a sum not exceeding ten dollars, to be recovered as other fines and forfeitures are recoverable. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5

1. Sex. (state whether male or female) Male
2. Race or Color. (if not of the white race) White
3. Date of Birth. June 20 — 1891
4. Place of Birth. (Street and Number) 1711 Little William St
5. Full Name of Mother. Lottie Schaffer
6. Mother's Maiden Name. Lottie Cockton
7. Mother's Birthplace. Virginia
8. Full Name of Father. John Schaffer
9. Father's Occupation. Cooper
10. Father's Birthplace. Penn

Name of Medical Attendant, or other person who makes this Return. C. J. Tully

Address. 1528 Light St

Remarks. Twin W.M.

6910002314

JUL 3 1891 BALTIMORE CITY BOARD OF HEALTH

WM. J. O DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 313514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 21 June 1890
4. Place of Birth, (Street and Number) 511 Howard
5. Full Name of Mother, Katie Agel
6. Mother's Maiden Name, Katie Kemsser
7. Mother's Birthplace, Germany
8. Full Name of Father, John Agel
9. Father's Occupation, Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Cally Emma Memsh

Address, 800 Leadenhall St

Remarks,

1 8 9 1 0 0 0 2 3 1 5

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 81355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	Second
1.	*Sex, (state whether male or female).*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	194 E. Biddle
4.	*Place of Birth, (Street and Number)*	June 21 – 91
5.	*Full Name of Mother,*	Annie E Sleck
6.	*Mother's Maiden Name,*	" " Pestrof
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	John L Sleck
9.	*Father's Occupation,*	Blacksmith
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	Dr Mary A Allwell
	Address,	912 McDonogh
	Remarks,	

8 9 1 0 0 0 2 3 1 6

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF BIRTH A 31336.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 21st ~~222 N. Schroder St. Balto~~

4. Place of Birth, (Street and Number) 222 N. Schroder St - Baltimore Md

5. Full Name of Mother, Ella Brag

6. Mother's Maiden Name, Ella ~~Brag~~ Arnold

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Philip Brag

9. Father's Occupation, Expressman

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Minnie Graf

Address, 1029 Saratoga St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	June 21 1891
4.	*Place of Birth, (Street and Number)*	726 S. Bond St.
5.	*Full Name of Mother,*	Kunigunde Koehler
6.	*Mother's Maiden Name,*	Distler
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	John Koehler
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return.	Mary Klein
	Address,	1421 E. Fait St.
	Remarks,	3910002318

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 31335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1891 CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 21 1891

4. Place of Birth, (Street and Number) 245 E. Caroline St.

5. Full Name of Mother, Mary Donohue

6. Mother's Maiden Name, Heath

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James E. Donohue

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Fleiss

Address, 1421 E. Fath. St.

Remarks,

8910002319

month, and shall set forth as far as the same can be ascertained the full name, date of its or her birth during the first month, sex, color, the full name and occupation of its parents, their residence at the time of each child, if any shall have been born alive before the birth of such child, and the number of each child of the mother living at the time of the birth of such child, and every such birth shall be certified by the practitioner in the form of a certificate between the 1st and 3rd day of each and every month, and every such certificate shall be signed by the practitioner in attendance upon the birth, and shall state the date of the birth of the child to which it relates, and the name, sex and color of such child, and no birth shall occur without the attendance of a physician or midwife, or some other person, to be in default thereof, and it shall be the duty of the parent or parents, or in case of their absence, the occupier of the house in which any child shall be born, within the period aforesaid, to cause the birth of such child to be registered as aforesaid, and every such parent, occupier, physician, midwife or other person who shall neglect or refuse to perform the duties required of him or her by the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. Fines and penalties for violations of this section shall be sued for and recovered as other penal forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

A. 81514

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED JUN 3 1891 REGISTRAR OF VITAL STATISTICS CITY OF BALTIMORE

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* June 21. 1891,
5. *Place of Birth, (Street and Number)* 1606 Lamvale St.
6. *Full Name of Mother,* Kate Bruning.
7. *Mother's Maiden Name,* " Schmidt
8. *Mother's Birthplace,* Germany
9. *Full Name of Father,* George Bruning
10. *Father's Occupation,* Stone Cutter
11. *Father's Birthplace,* Germany
12. *Name of Medical Attendant,* or other person who makes this Return. Caroline Miller
13. *Address,* 1605 Patterson St.
14. *Remarks,*

T 8 9 1 0 0 0 2 3 2 0

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the first day of June, eighteen hundred and ninety-one, the Registrar of Vital Statistics shall have the power and it shall be his duty to ascertain the full names of each child (if any shall have been born) and the sex, color, the full name and occupation of its parents, the date and place of birth, and the maiden name of the mother of every child born within the limits of Baltimore City, after the first day of June, eighteen hundred and ninety-one, and the date of the death of every person who may die within the limits of Baltimore City, after the first day of June, eighteen hundred and ninety-one, and to record the same in books to be provided for that purpose; and it shall be the duty of the Registrar to procure from the proper officer in charge of the Bureau of Vital Statistics in the State of Maryland, a duplicate of the certificate of the birth of every child born within the limits of Baltimore City, after the first day of June, eighteen hundred and ninety-one, and to record the same in books to be provided for that purpose.

Sec. 2. And be it ordained, That it shall be the duty of the Registrar of Vital Statistics to furnish to the Commissioner of Health, in the month of January, April, July and October of each year, a certified copy of all the births and deaths recorded in his office during the three months next preceding the first day of each of the months aforesaid.

Sec. 3. And be it ordained, That it shall be the duty of the Commissioner of Health to furnish to the Registrar of Vital Statistics, at the end of each month, a list of all the births and deaths reported to him during the month next preceding the first day of each month aforesaid.

Sec. 4. And be it ordained, That it shall be the duty of the Commissioner of Health to furnish to the Registrar of Vital Statistics, at the end of each month, a list of all the births and deaths reported to him during the month next preceding the first day of each month aforesaid.

Sec. 5. And be it ordained, That it shall be the duty of the Commissioner of Health to furnish to the Registrar of Vital Statistics, at the end of each month, a list of all the births and deaths reported to him during the month next preceding the first day of each month aforesaid.

Sec. 6. And be it ordained, That it shall be the duty of the Commissioner of Health to furnish to the Registrar of Vital Statistics, at the end of each month, a list of all the births and deaths reported to him during the month next preceding the first day of each month aforesaid.

Sec. 7. And be it ordained, That it shall be the duty of the Commissioner of Health to furnish to the Registrar of Vital Statistics, at the end of each month, a list of all the births and deaths reported to him during the month next preceding the first day of each month aforesaid.

Sec. 8. And be it ordained, That it shall be the duty of the Commissioner of Health to furnish to the Registrar of Vital Statistics, at the end of each month, a list of all the births and deaths reported to him during the month next preceding the first day of each month aforesaid.

Sec. 9. And be it ordained, That it shall be the duty of the Commissioner of Health to furnish to the Registrar of Vital Statistics, at the end of each month, a list of all the births and deaths reported to him during the month next preceding the first day of each month aforesaid.

Sec. 10. And be it ordained, That it shall be the duty of the Commissioner of Health to furnish to the Registrar of Vital Statistics, at the end of each month, a list of all the births and deaths reported to him during the month next preceding the first day of each month aforesaid.

1891. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1891 CITY OF BALTIMORE

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* June 21, 1891.
5. *Place of Birth, (Street and Number)* 1647 Orleans St.
6. *Full Name of Mother,* Anna Kaschke
7. *Mother's Maiden Name,* Brotzman
8. *Mother's Birthplace,* Baltimore Md.
9. *Full Name of Father,* Augo Kaschke
10. *Father's Occupation.* Tailor.
11. *Father's Birthplace.* Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, [illegible] St.

Remarks,

8 9 1 0 0 0 2 3 2 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

GIVEN NAME ADDED 6-3-66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: EDITH ELIZABETH RILEY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21st 191
4. Place of Birth, (Street and Number) 822 N. Lombard St.
5. Full Name of Mother, Maria C Riley
6. Mother's Maiden Name, Zimmerman
7. Mother's Birthplace, Balto
8. Full Name of Father, Samuel C Riley
9. Father's Occupation, Cabinetmaker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. H. F. Hebner M.D.

Address, 723 N. Lombard St.

Remarks, Natural Labor.

1891 0002322

CITY OF BALTIMORE 1891

Month and day set forth as far as the same can be ascertained. The full name of each child, if any shall have been conferred, is to be given. The sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person making the same, to the Registrar of Vital Statistics, on the third day of each and every month, or the next secular day thereafter, if the third day be Sunday or a legal holiday. Undertakers, coroners, midwives, physicians, and all other persons having knowledge of the facts required to be reported, are requested to attend to the duty of reporting births and deaths. Any person who shall refuse or neglect to report any birth or death, or to furnish any information in his possession relative thereto, when requested by the Registrar or his assistants, shall be subject to a fine of ten dollars for each offence. All fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

8137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Magdalena Neidhardt 4

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth. June 21 1891
4. Place of Birth. (Street and Number) 301 S. Gand St.
5. Full Name of Mother. Sophia L. Neidhardt
6. Mother's Maiden Name. Schwinck
7. Mother's Birthplace. Baltimore
8. Full Name of Father. George J. Neidhardt
9. Father's Occupation. Laborer
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this Return. Jacy Stein

Address. 1427 E. Fayette St.

Remarks. NAME ADDED 3-4-53

1891 0002323

CITY OF BALTIMORE 1891

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the number of children to which the said mother shall have given birth, including the present child, and the number of such children that shall be living at the time of making such return, and the place of residence of the parents at the time of the birth of such child. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the parent or parents, or other person having charge of such child, to report the birth to the Registrar of Vital Statistics within the period above required, and such report shall contain the information above required, so far as the same can be ascertained. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

MD J. D. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child
	Sex, (state whether male or female)	female
	Race or Color, (if not of the white race)	
	Date of Birth,	June 22 — 91
	Place of Birth, (Street and Number)	No 107 w. Hamburgh
5.	*Full Name of Mother,*	Fridiricke Boechs
6.	*Mother's Maiden Name,*	Herrman
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Rudolph Boechs
9.	*Father's Occupation,*	Stonecutter
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	J. Schwasser Midwife
	Address,	1032 Hanover st
	Remarks,	

8 9 1 0 0 0 2 3 2 4

RECEIVED JUN 24 1891 REGISTRAR OF VITAL STATISTICS CITY OF BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, of either sex, born alive, the number of such child born of the mother, the sex and color of such child, the day, month and year of birth, and the name, residence and occupation of its parents. In the event of the birth of twins, triplets, or other plural births, the interval between the first and second births, and between the second and third births, shall be stated. Such certificate shall be signed by the practitioner in attendance upon the birth of any child or by the undertaker who shall have been employed to inter the remains of any child where no other certificate of such birth shall have been presented to the office of the Commissioner of Health, and no other certificate of such birth shall be received at said office after the expiration of ten days from the date of birth, unless the same shall be accompanied by a certificate of a physician or midwife in attendance upon the mother (when such attendance was required), and stating the reason why the certificate of birth was not presented within the time above required, and shall be verified by the oath of such physician or midwife before a notary public or justice of the peace. If a child is born dead, or dies before the third day of existence, without having been baptized, the fact shall be stated in the certificate, and if such child has been interred without the attendance of a physician or midwife, the undertaker employed to inter the remains of such child shall report its birth to the Commissioner of Health, in the manner above required, and shall state the reason why a certificate of birth was not presented by the attendant. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

WM J. C. BULLEY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

31364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 live

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2- 11- 89
4. Place of Birth, (Street and Number) 3- E Lombard St.
5. Full Name of Mother, Elma Lutz
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Charles Byrne

Address, 3- E Lombard St

Remarks,

1 8 9 1 0 0 0 2 3 2 5

CITY OF BAL

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31365.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or ~~female~~) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, 23 June .....
4. Place of Birth, (Street and Number) 213 Wilcom Alley
5. Full Name of Mother, Gatete Seitz
6. Mother's Maiden Name, Langenicek
7. Mother's Birthplace, Pittsburg
8. Full Name of Father, John Seitz
9. Father's Occupation, Painter
10. Father's Birthplace, Pittsburg

Name of Medical Attendant, or other person who makes this Return, Wilhelmina Thomas

Address, 820 Leadenhall St

Remarks, 1891000232 6

month, and shall set forth as far as the same can be ascertained at the time of the birth of such child, if any shall have been conferred) his sex, color, the day, month and year of its birth, and the name, residence and occupation of its parents, the place of birth and the said schedule shall every month to the office of the Commissioner of Health, in the form prescribed by him, a full and complete list of all births occurring within the preceding month, which list shall be signed by the person or persons who shall have attended upon the mother during her confinement, or in the absence of such attendance, by the father or mother of such child, or in the absence of the father and mother, by the householder in whose house such birth occurred, and every such person who shall neglect or refuse to report as in this section required, the birth of any child, or who shall report any false or fictitious birth, or who shall neglect or refuse to report as in this section required the particulars of such birth, or who shall report any false particulars concerning the same, shall be subject to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C BULLARY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 31366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 30 1891 CITY OF BALTIMORE

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 23d 1891

4. Place of Birth, (Street and Number) 721 Baker St.

5. Full Name of Mother, Ella A. Burke

6. Mother's Maiden Name, Ella A. Hammond

7. Mother's Birthplace, Balto.

8. Full Name of Father, M. H. Burke

9. Father's Occupation, Custom House Officer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. J. D. Ogbtark

Address, 1214 Linden Ave.

Remarks,

1891 0002327

If any Physician, Midwife or other person shall neglect or refuse to make the return of birth required by this section, within the time prescribed, he shall forfeit and pay for the use of the city the sum of Five Dollars for each offense; and if any Physician or Midwife shall neglect or refuse to make such return within the time prescribed, the full name of such child, if any shall have been conferred, its sex, color, the full name and residence of the parents, and the time and place of birth, and the said return shall be delivered, duly signed by the practitioner in the form of an affidavit, and the third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above prescribed, and any parent or parents who shall neglect or refuse to comply with the requirements of this section shall be subject to the same penalty as is herein provided for practitioners, to be recovered as other penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
Race or Color, (if not of the white race)	White
Date of Birth,	23 June
Place of Birth, (Street and Number)	166 Fort ave, Balto
5. *Full Name of Mother,*	Elizabeth Tully
6. *Mother's Maiden Name,*	" Kane
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	William Tully
9. *Father's Occupation,*	Foreman in Box Factory
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return.	Mrs Taylor
Address,	" 41 Guilford Valley
Remarks,	

8910002328

REGISTER'S DEPARTMENT JUL 3 1891 CITY OF BALTIMORE

Month, and shall set forth as far as the same can be ascertained the full name of each child of any child have been born alive, and the full name and occupation of the father, the date and place of birth, and the said schedule shall be delivered. Every such certificate shall also contain the date of the marriage of the parents, and the third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. And every physician or midwife who shall neglect or refuse to make such return, or who shall report as living any child which shall have been born dead, shall forfeit and pay for every such offence the sum of ten (10) dollars, to be recovered as other penal forfeitures are recoverable.

©M J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

No. 51368.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color. (if not of the white race)* White
3. *Date of Birth,* June 28 [illegible]
4. *Place of Birth, (Street and Number)* 15 E. Lemmon St.
5. *Full Name of Mother,* Maggie E. Dorsey
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* East Virginia
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendent, or other person who makes this Return. Chas. E. Keene

Address, 15 E Lemmon St

Remarks,

8 9 1 0 0 0 2 3 2 9

CITY OF BALTIMORE

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* Colored
4. *Date of Birth,* June 2
5. *Place of Birth, (Street and Number)* East Eutaw
6. *Full Name of Mother,* Alice Brown
7. *Mother's Maiden Name,* Alice Sauter
8. *Mother's Birthplace,* Baltimore Md
9. *Full Name of Father,* Jno L Brown
10. *Father's Occupation,* Longshoreman
11. *Father's Birthplace,* Baltimore Co

Name of Medical Attendant, or other person who makes this Return. Jno Chas Pitts

Address, Lower Post Office Baltimore Md

Remarks,

1 8 9 1 0 0 0 2 3 3 0

BALTIMORE CITY BOARD OF HEALTH

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained, the name, sex, color, the full names and occupation of the parents, the date and place of birth, and the full name of such child (if any shall have been conferred) as soon as the same shall be conferred, duly signed by the person who shall perform the office of midwife, or other person in attendance upon the mother, and shall be delivered, duly signed by the Commissioner of Health, to the parent or parents of such child, or to the person in charge of the house where the birth occurred, within ten days after the birth of any child shall occur within said house; and every month to the office of the Commissioner of Health the first and last Sunday of each month, a return of all births which shall occur within said month, and which shall not have been reported as above required, and attendance upon the mother, shall be required to report its birth to the Commissioner of Health. It shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health. It shall be the duty of the person in charge of the house where the birth occurred, within ten days after the birth of any child shall occur within said house; and every month to the office of the Commissioner of Health the first and last Sunday of each month, a return of all births which shall occur within said month, and which shall not have been reported as above required, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

RETURN OF A BIRTH.

A 31370.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child.
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 24 — 91
4. *Place of Birth, (Street and Number)*	1028 Johnson st.
5. *Full Name of Mother,*	Mary Hartman
6. *Mother's Maiden Name,*	Eiser
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	George Hartman
9. *Father's Occupation,*	Stevedore
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return,	J. Schwasser Midwife.
Address,	1032 Hanover st.
Remarks,	1 8 9 1 0 0 0 2 3 3 1

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 13137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Child First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 24 91
4. *Place of Birth, (Street and Number)*	1011 Cross St Balto
5. *Full Name of Mother,*	Matilda Biemiller
6. *Mother's Maiden Name,*	Matilda Barbl
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Biemiller
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace,*	Wilmington Del
Name of Medical Attendant, or other person who makes this Return.	Thos. J. Barry M.D.
Address,	1st Ward
Remarks,	1891000 2332

month, and shall set forth as far as the same can be ascertained, the full name and occupation of the parents, the date of birth, and the place of birth (if known) of each child, and the number of children born to the mother, and the number now living; and whether the first child born, or the second, third, or other child born; and also other facts of such form, as may be required by the Commissioner of Health, or other officer charged with the duty of collecting the statistics of births; and shall prove required, and shall certify under oath the attendance immediately thereafter. Every physician or midwife in attendance upon the mother at the birth of a child shall prove required, and shall certify under oath the attendance immediately thereafter. Every physician or midwife in attendance upon the mother at the birth of a child to report his birth to the Commissioner of Health to comply with the provisions of this section shall be subject to forfeitures to recover which any such person who shall refuse, or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered

CITY BALT

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 24th 1891
4. Place of Birth, (Street and Number) 1 East Lee Street
5. Full Name of Mother, Ellen Wick
6. Mother's Maiden Name, Ellen Wilson
7. Mother's Birthplace, Md. Co. Md.
8. Full Name of Father, Edward Wick
9. Father's Occupation, Laborer
10. Father's Birthplace, Md. Co. Md.

Name of Medical Attendant, or other person who makes this Return. Dr. T. Shearer, M.D.

Address, 1 E. Lee St. Cor. Liberty, Balt.

Remarks, 8 9 1 0 0 0 2 3 3 3

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 24 1891
4. Place of Birth, (Street and Number)	Eagle St 813
5. Full Name of Mother,	Florence Slatter
6. Mother's Maiden Name,	Florence Parker
7. Mother's Birthplace,	S Hampton Co Md
8. Full Name of Father,	Benj F Slatter
9. Father's Occupation,	Buck Maker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Wm J Cullen
Address,	20 N Paca St
Remarks,	

1 8 9 1 0 0 0 2 3 3 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

31374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27 1891
4. Place of Birth, (Street and Number) 1502 Gilmor St
5. Full Name of Mother, Mary Louise Mary Emanuel
6. Mother's Maiden Name, Emanuel
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman Kunke
9. Father's Occupation. Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs A C Clay

Address,

Remarks,

1891000 2335

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, color of the child or children born, its or their physical condition, whether still-born or living, name, nativity, and residence of the parents, and the maiden name of the mother, with full or christian name.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1
1. Sex. (state whether male or female)	female.
2. Race or Color. (if not of the white race)	white
3. Date of Birth,	2nd January
4. Place of Birth, (Street and Number)	Front Hill Av. no number
5. Full Name of Mother.	Maria Loughlin
6. Mother's Maiden Name,	Maria Gordon
7. Mother's Birthplace.	Baltimore
8. Full Name of Father.	P. J. Loughlin
9. Father's Occupation,	Pennsylvania
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Frederick Gordon Millspaugh
Address,	216 Mad Path St.
Remarks,	

391000 2336

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 3137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24th
4. Place of Birth, (Street and Number) 758 George St - Balti. Md.
5. Full Name of Mother. Barbara Wagner
6. Mother's Maiden Name, " " " Rebentlisch
7. Mother's Birthplace, Germany
8. Full Name of Father, Albert Wagner
9. Father's Occupation, Insurance Agent -
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Winnie Graf

Address, 1029 W. Saratoga St -

Remarks,

1 8 9 1 0 0 0 2 3 3 7

month, and shall send, or shall cause to be sent, a correct return under his or her oath during the month, and shall send, or shall cause to be sent, a correct return under his or her oath during the been conferred in such case, for the said Board of Health, stating the name of each child, if any shall have said schedule shall be delivered, duly signed by the person making the return, to the Registrar of the third day of each and every month to the Registrar of Vital Statistics, in case there shall be any child attendance upon the Registrar of Vital Statistics, in case there shall be any child born within the said city during the month next preceding, for which no return shall have been made as aforesaid, and any such person or persons who shall hereafter offend against the provisions of this section shall be subjected to the fine of ten dollars for each offense. Fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 24th 1891
4. *Place of Birth, (Street and Number)* 22 N Patterson Park Avenue
5. *Full Name of Mother,* Ellen Sloan
6. *Mother's Maiden Name,* Ellen Johnson
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Sloan
9. *Father's Occupation,* Longshoreman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Dr Howard E Rucker

Address, 21 N Patterson Park Ave

Remarks,

1891000233 8

month, and shall set forth as far as the same can be ascertained by diligent inquiry, the name of the child (if any shall have been conferred) its sex, color, the full name of the parents, the place of birth; and the said schedule shall be delivered, duly signed by the person making the return, to the Registrar of Vital Statistics, on the third day of each and every month to the office of the Commissioner of Health, in the manner and form as he shall direct; and the Registrar of Vital Statistics shall issue a certificate of such birth to the person or parents of such child upon the certificate of a physician or person in attendance upon the mother at the birth, or in case there should no other person be in attendance upon the mother at the birth of such child to report its birth to the Commissioner of Health, in the manner and form as he shall direct; and the Registrar of Vital Statistics shall issue a certificate of such birth to the person or parents of such child upon the certificate of the Commissioner of Health, in the manner and form as he shall direct; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 31378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21st 1891
4. Place of Birth, (Street and Number) 1611 N Charles St
5. Full Name of Mother, Annie Brown
6. Mother's Maiden Name, Annie Downey
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Thomas Brown
9. Father's Occupation, Brakeman
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, G A Tully

Address, 1625 Light St

Remarks, Single Well

8910002339

month, and shall set forth as far as the same can be ascertained, the name, sex, color, the full name and residence of the parents, and the date of birth of each child born alive, and the number of children born to the mother, including the child last born, if any, and the number of children of the mother living; and the name and residence of the person making the return, and his relation to the case. In case the birth of any child shall occur while the mother is delirious, or the case is one of premature birth, or other unusual circumstances render it impracticable for the physician or midwife in attendance upon the mother, to make the return required by this section, such return may be made by any other person present at the birth, or by the father or mother of the child, within the period above prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can [illegible] name of each child of any shall have
been conferred) its sex, color, the full name and [illegible] date and place of birth; and the
said schedule shall be delivered, duly signed by [illegible] a certificate between the first and
third day of each and every month to the office [illegible] In case the birth of any child
shall occur without the attendance of a physician [illegible] ery, or should no other person be in
attendance upon the mother, immediately thereafter [illegible] of the person or parents of such
child to report its birth to the Commissioner of [illegible] the period above required, and
any such person or persons who shall hereafter [illegible] provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense [illegible] ies and forfeitures are recoverable.

JUL 1891

RETURN OF A BIRTH. 31379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June Oct 9 [illegible]
4. *Place of Birth, (Street and Number)* 5 [illegible] Lombard St.
5. *Full Name of Mother,* Ellen [illegible]
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* England
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendent, or other person who makes this Return. E. Charles Greene

Address, 115 E. Lombard St.

Remarks,

1 8 9 1 0 0 0 2 3 4 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3/13/50.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, March 1 1950
4. Place of Birth, (Street and Number) 5 E Preston St
5. Full Name of Mother, Ida Pruett
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Dr. Greene

Address, 1 E Preston St

Remarks,

8 9 1 0 0 0 2 3 4 1

Each and every Physician, Midwife or other person who shall hereafter attend upon any birth, shall cause the same to be registered as directed by the Board of Health, and shall make return thereof to the Registrar of Vital Statistics, within ten days after the birth, and for each and every neglect or refusal to make such return, he or she shall forfeit to the use of the City of Baltimore, the sum of Five Dollars, to be recovered before any justice of the peace of the City of Baltimore, on the complaint of the Registrar of Vital Statistics, or any person who will sue for the same; and it shall be the duty of the Registrar of Vital Statistics to report to the Commissioner of Health, the name of any person who shall neglect or refuse to make such return, and the Commissioner of Health shall cause the name of such person to be published in the daily papers of the City of Baltimore

Over

A 31381

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1st
1. Sex. (state whether male or female)	Female
2. Race or Color. (if not of the white race)	White
3. Date of Birth.	June 25 1891
4. Place of Birth. (Street and Number)	No. 511 Hutton Ave
5. Full Name of Mother.	Minnie Honig
6. Mother's Maiden Name.	Rosner
7. Mother's Birthplace.	Washington D.C.
8. Full Name of Father.	Max Honig
9. Father's Occupation.	Salesman
10. Father's Birthplace.	Europe
Name of Medical Attendant, or other person who makes this Return.	Dr. Warner M.D.
Address.	901 N Stricker St
Remarks.	8911000342

WM J C BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	f.
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 25 1891
4. *Place of Birth, (Street and Number)*	1127 N Eutaw
5. *Full Name of Mother,*	Fequet Hudson
6. *Mother's Maiden Name,*	" Lewis
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Theodore Hudson
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	Chas R Galvin
Address,	
Remarks,	8910002343

...mouth, and shall set forth as far as the same can be ascertained the name of each child (if any) shall have been conferred, its sex, color, the day, month and year of its birth, and the name and residence of the parents. Any physician, midwife or other person who shall neglect or refuse to make a certificate between the first and fifth days of each and every month to the Commissioner of Health, in the City of Baltimore, of the birth of every child born within the said city during the preceding month, in case the birth of such child shall occur without the attendance of a physician or midwife, then the person or persons in whose house or on whose premises such birth shall occur, shall report the same to the Commissioner of Health, as aforesaid, within the period above required, and in default of such report, as herein required, each person who shall neglect or refuse to make such report, as herein required, shall be liable to the penalties of this section and forfeit and pay for each offence a sum not less than five nor more than ten dollars, to be recovered by the State's Attorney of Baltimore City, in the name of the State of Maryland, before any court of competent jurisdiction; and it shall be the duty of the person or persons who shall hereafter be appointed Commissioner of Health, as aforesaid, to prosecute all such delinquents, and all fines and forfeitures are recoverable, one-half to the use of the informer, and the other half to the use of the City of Baltimore.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 31353.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th Child
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	June 25 — 91
4.	*Place of Birth, (Street and Number)*	1512 Clarkson st.
5.	*Full Name of Mother,*	Cathrin Sander
6.	*Mother's Maiden Name,*	Gerlach
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	George Sandler
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Amprica
	Name of Medical Attendant, or other person who makes this Return,	J. Lehrwasser midwife
	Address,	1032 Hanover st.
	Remarks,	8910002344

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 31384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 25. June. 1891.
4. Place of Birth, (Street and Number) 1147 Pinkney St.
5. Full Name of Mother, Henriette Vorbringer
6. Mother's Maiden Name, Henriette Leuthold.
7. Mother's Birthplace, Germany
8. Full Name of Father, Paul Vorbringer.
9. Father's Occupation, Cigarmaker.
10. Father's Birthplace, Germany.

Name of Medical Attendent, or other person who makes this Return. Mrs. Bunge.

Address, 111 Conway St.

Remarks,

1891000 2345

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 31385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1.	*Sex, (state whether male or female)*	Male.
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	June 24th 1891.
4.	*Place of Birth, (Street and Number)*	530 Forsyth Ave. Waverly
5.	*Full Name of Mother,*	Carrie Jacob
6.	*Mother's Maiden Name,*	Carrie Crumpton
7.	*Mother's Birthplace,*	Shrewsbury Pa.
8.	*Full Name of Father,*	John. Jacob
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Cincinnati Ohio
	Name of Medical Attendant, or other person who makes this Return.	Catherine Mumaw
	Address,	800 Seabrook Ave
	Remarks,	

8910002346

month, and shall set forth as far as the same can be ascertained, the full name, sex, color, the full name and occupation of each parent, (if any) and the place of birth and the said schedule shall be delivered, duly signed by the person making the same, to the person required to make the return of such birth, or any child shall occur without the attendance of a physician or midwife, the person required to make the return of such birth shall, within ten days thereafter, report the same to the Commissioner of Health, in the manner prescribed in this section, and shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	10 th Child
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	June 25 — 91
4.	*Place of Birth, (Street and Number)*	125 w Hamburg st
5.	*Full Name of Mother,*	Julia Mickens Kellner
6.	*Mother's Maiden Name,*	
7.	*Mother's Birthplace,*	Germany.
8.	*Full Name of Father,*	Frank Mickens
9.	*Father's Occupation,*	Sailmaker
10.	*Father's Birthplace,*	America
	Name of Medical Attendant, or other person who makes this Return,	J Lohwasser midwife
	Address,	1032 Hanover st.
	Remarks,	8 9 1 0 0 0 2 3 4 7

WM. J. O. SULLANY, CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25 - 1871
4. Place of Birth, (Street and Number) 2333 E Chase St
5. Full Name of Mother, Annie Brown
6. Mother's Maiden Name, Annie Krouse
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Edw Brown
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, C E Tully

Address, 1825 Light St

Remarks, Dang Well

1891000 2348

...month, and shall set forth in so far as the same can be ascertained by reasonable inquiry, the name, sex, color, the full name and occupation of the parents, and place of birth; and the said schedule shall be delivered, duly signed by the principal, to the certificate between the first and third day of each and every month to the office of the Commissioner of Health, or some person to be in charge thereof, to be designated by the Commissioner of Health, and shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 31358.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twelfth 12th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 1st 1871
4. *Place of Birth, (Street and Number)*	1838 Brunt Street
5. *Full Name of Mother,*	Johanna Mc Kenny
6. *Mother's Maiden Name,*	Johanna Fritzlebo
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robert Mc Kenney
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Hoenzlet
Address,	543 Mc Hlhenny Street
Remarks,	

1 8 9 1 0 0 0 2 3 4 9

CITY REGISTRY OF VITAL STATISTICS CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 31388

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) second

1. Sex. (state whether male or female) Male
2. Race or Color. (if not of the white race) White
3. Date of Birth. June 1st.
4. Place of Birth. (Street and Number) 2918 O'Donnell St
5. Full Name of Mother. Johanna Fuchslocher
6. Mother's Maiden Name. Johanna Löffler
7. Mother's Birthplace. Germany
8. Full Name of Father. Charles William Fuchslocher
9. Father's Occupation. Saloon & Restaurant
10. Father's Birthplace. Germany

Name of Medical Attendant, or other person who makes this Return, H. D. Linkmann.

Address, 5 Eure St. 1926.

Remarks, 8910002

South, and which set forth as far as the same can be ascertained the full name, sex, color, the full name and the date of each and every birth which shall occur within the period above required to be reported, and the place of each birth; and the full name of each parent, the color of each parent, the place of birth of each parent, the occupation of the parents, the certificate between the date of the child and the date of the return of each birth, and the name and address of the physician or person who shall have been present at the birth, and shall be delivered, duly signed and verified, to the Commissioner of Health at the office of the Commissioner of midwifery, or the person or persons of such child, within ten days after the expiration of each month. If any child shall become the father of a child within the period above required to be reported, and shall neglect or refuse to report the birth to the Commissioner of Health, in the manner and within the time above required, or shall neglect or refuse to comply with the provisions of this section, he shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable and such person or persons shall hereafter fail to comply with the provisions of this section, he shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 1st 1891
4. Place of Birth, (Street and Number) S. Madeira Alley 419
5. Full Name of Mother, Mary Vohl
6. Mother's Maiden Name, Günther
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Günther
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Bucher

Address, 8 9 1 0 S. Washington St.

Remarks,

CITY OF BALTIMORE

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 1th 1891
4. *Place of Birth, (Street and Number)* E. Baltimore Str. 2217
5. *Full Name of Mother,* Elise Oldenwurtel
6. *Mother's Maiden Name,* " Schoenlein
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Lorenz Schoenlein
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return. Mrs Buehler

Address, 2300 Washington Str.

Remarks, 891

month, and shall set forth as far as the same can [illegible] occurred under his or her care during the been conferred its sex, color, the full name and occ[illegible] tained the full name of each child (if any shall have said schedule shall be delivered, duly signed by the [illegible] of its [illegible] and place of birth; and the third day of each and every month to the office of the [illegible] ificate between the first and shall occur without the attendance of a physician or [illegible] in case the birth of any child attendance upon the mother, immediately thereafter it [illegible] or should no other person be in child to report its birth to the Commissioner of Health. In th[illegible] of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

CITY OF BALTIMORE 1891

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. L. 31391.

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ld of Mother, (state whether 1st, 2d, 3d, &c.) 1st

ate whether male or female) Male.

- Color (if not of the white race) White

f Birth, June 2nd

f Birth (Street and Number) 1302 N Chester st

ame of Mother, Lillie White

's Maiden Name, Lillie Brown

's Birthplace, Baltimore Md.

ame of Father, Frank White

's Occupation. Butcher

's Birthplace, Baltimore

of Medical Attendant, or other person who makes this Return. Thomas J. Simms

s, 1025 N Wolfe

ts,

1891000 2353

BALTIMORE CITY DEPARTMENT OF HEALTH JUN 3 1891

NO STATIONERS.

RETURN OF A BIRTH. 31397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth 5th

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 2nd 1891

4. *Place of Birth, (Street and Number)* 552 Lanvale street

5. *Full Name of Mother,* Emma Klees

6. *Mother's Maiden Name,* Emma Blanck

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry Klees

9. *Father's Occupation,* [illegible]

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Wurzel

Address, 543 McHenry street

Remarks,

1 8 9 1 0 0 0 2 3 5 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. E 5193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner [illegible] should no other person be in attendance upon the mother, immediately thereafter it shall bec[illegible] son or parents of such child to report its birth to the Commissioner of Health. In the [illegible] above required, and any such person or persons who shall hereafter fail to compl[illegible] section shall be subjected to the fine of ten (10) dollars for each offense, to be reco[illegible] are recoverable.

HEALTH DEPARTMENT CITY OF BALTIMORE. JUN 4 1891

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2nd
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) White
4. Date of Birth, June 2nd 89
5. Place of Birth, (Street and Number) 700 Portland street
6. Full Name of Mother, Teklar Reckner
7. Mother's Maiden Name, Teklar Linbact
8. Mother's Birthplace, Germany
9. Full Name of Father, Charles Reckner
10. Father's Occupation, Baker
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Herenzell

Address, 543 Mc Henry

Remarks, 1 8 9 1 0 0 0 2 3 5 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-14-57

RETURN OF A BIRTH

A. 3139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Arthur Yelverton McCauley Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex,* (state whether male or female) Male.
2. *Race or Color,* (if not of the white race) White.
3. *Date of Birth,* June 3, 1891.
4. *Place of Birth,* (Street and Number) 417 West Fifth St.
5. *Full Name of Mother,* Mary Emma McCauley.
6. *Mother's Maiden Name,* Hyder
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Levi Walter McCauley.
9. *Father's Occupation,* Locomotive Engineer.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut Ave.

Remarks,

1 8 9 1 0 0 0 2 3 5 6

month, and shall set forth as far as the same can [illegible] his or her care during the been conferred) its sex, color, the full name and [illegible] each child, (if any shall have said schedule shall be delivered, duly signed by the [illegible] and place of birth; and the third day of each and every month to the office of [illegible] certificate between the first and shall occur without the attendance of a physician [illegible] In case the birth of any child attendance upon the mother, immediately thereafter [illegible] should no other person be in child to report its birth to the Commissioner of Health [illegible] the person or parents of such any such person or persons who shall hereafter fail to [illegible] within the period above required, and [illegible] provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be re[illegible] other fines and forfeitures are recoverable.

CITY OF BALTIMORE [illegible] 1891

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 31295

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	3rd June 1911
4. *Place of Birth, (Street and Number)*	1510 Riverside Ave
5. *Full Name of Mother,*	Katherine Rupert
6. *Mother's Maiden Name,*	Kuehn
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Rupert
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Linnell
Address,	412 E Fort Ave
Remarks,	

1891000 2357

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B 31396

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I
1.	*Sex, (state whether male or female)*	Girl
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	June 3rd 1891
4.	*Place of Birth, (Street and Number)*	S. Eden Str. 320.
5.	*Full Name of Mother,*	Kathe Geier
6.	*Mother's Maiden Name,*	" Daffen
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	John Daffen
9.	*Father's Occupation,*	Landwirthor
10.	*Father's Birthplace,*	Pensylvanian
	Name of Medical Attendant, or other person who makes this Return,	Mrs. Buehler
	Address,	333 E. Washington St.
	Remarks,	8 9 1 8 0 0 3 5 8

CITY OF BALTIMORE

month, and shall set forth as far as the same can be ascertained, the name and surname, color, the day, month and year of birth, and the place of birth, and the name and surname of the father and mother of each child born, and the maiden name of the mother, which shall have been conferred in such child's infancy, and the day, month and year of birth of each child born after the first child born at a single birth, and the interval of time between the birth of each child and the next child born at a subsequent birth, and the day, month and year of the death of each child that shall die before the return is made, and shall state whether the child died before or after the return was made; and the day, month and year of the death of the mother, if she shall die in child-bed or within one month after delivery; and the day, month and year of the death of the father, if he shall die within one month after the birth of any child of which he was the father, and the day, month and year of the death of any child that shall die within one month after birth; and the day, month and year of the marriage of the parents, and the number of children born to them at the time of such marriage, which said facts and particulars the said Registrar is hereby authorized to require to be reported to him, and for the purpose of obtaining the same, he shall have power to send for persons and papers, and examine witnesses under oath, touching the same, and to issue subpœnas for the attendance of witnesses, which subpœnas shall be signed by the president of the Board of Health, and may be served by any police officer of the City of Baltimore; and any person who shall refuse to appear, after having been served with such subpœna, or refuse to answer such questions as may be put to him touching the premises, shall be guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore City, shall be liable to a penalty of not more than one hundred dollars, nor less than twenty dollars, for each offense, to be recovered in the name of the Mayor and City Council of Baltimore, before any justice of the peace of the State of Maryland, in the city of Baltimore, and shall be applied to the use of the Board of Health; and the said Registrar is hereby authorized to require the certificate of the physician, midwife or other person who was present at the birth of any child, as to the facts required to be reported to him, and any physician, midwife or other person who shall refuse to give such certificate, shall be guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore City, shall be liable to a penalty of not more than one hundred dollars, nor less than twenty dollars, for each offense, to be recovered in the name of the Mayor and City Council of Baltimore, before any justice of the peace of the State of Maryland, in the city of Baltimore, and shall be applied to the use of the Board of Health; and any person who shall hereafter fail to make a return of a birth, as required by this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as aforesaid, and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A. 31395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 4th 91
4. Place of Birth, (Street and Number) 1026 N Wolfe St
5. Full Name of Mother, Mary Elizabeth Thauley
6. Mother's Maiden Name, Mary Elizabeth Freede
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Samuel Thauley
9. Father's Occupation, Can maker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Thos J Summers M.D.

Address, 1026 N Wolfe St

Remarks, This child died 3 hours after birth which was premature being ab or about 6 and half months

Mother has been delivered 5 times Physician

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31398.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 4. 1891.
4. *Place of Birth, (Street and Number)* 1003 Stiles
5. *Full Name of Mother,* Annie Bongrass
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* John Bongrass
9. *Father's Occupation,*
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Caecilie Bernstein

Address, 12 S. Exeter st.

Remarks,

1891000 2360

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 31397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
Sex, (state whether male or female)	Female.
Race or Color, (if not of the white race)	White.
Date of Birth,	June 5, 1891.
Place of Birth, (Street and Number)	711 West Fifth St.
5. Full Name of Mother,	Lillie May Schultz.
6. Mother's Maiden Name,	Hall.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	William R. Schultz.
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

1891 JUN CITY OF BALTIMORE HEALTH DEPARTMENT

1 8 9 1 0 0 0 2 3 6 1

Penalty.—Section 32. That in case the name can be ascertained the full name of each child, if any shall have been omitted) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered daily signed by the undertaker or person in charge of the funeral. In case the birth of any child shall occur within the limits of the City of Baltimore, and no certificate of a physician or practical midwife shall be presented to the undertaker, it shall be the duty of the undertaker to report the facts required, and shall influence upon the mother, immediately thereafter, to report the birth of such child. Any undertaker who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ED. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) 11

1. *Sex,* (*state whether male or female*) Girl
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* June 5th 1891
4. *Place of Birth,* (*Street and Number*) E. Lombard St. 2022.
5. *Full Name of Mother,* Franziska Kudel
6. *Mother's Maiden Name,* " " Schaech
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Jos. Schaech
9. *Father's Occupation,* Bookkeeper
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Buehler

Address, 89 N Washington St.

Remarks,

month and shall set forth as far as the same can be ascertained the several matters hereinbefore required to be known and recorded touching the birth of each child born within the said month, and every such return shall be signed by the person making the same, and shall be delivered at the office of the Registrar of Vital Statistics of the City of Baltimore within the first ten days of each and every month succeeding the month in which the births therein mentioned shall have occurred. All midwives and persons other than physicians or surgeons who shall hereafter attend upon the birth of any child shall within ten days after the birth of such child report its birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to make such report as required by this section shall be subjected to the fine of ten (10) dollars for each offense. And all fines and forfeitures are recoverable

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 3rd 1891
4. Place of Birth, (Street and Number) S. Chapel Alley 422
5. Full Name of Mother, Mary Wilky
6. Mother's Maiden Name, " Collinger
7. Mother's Birthplace, Balto
8. Full Name of Father, Anton Collinger
9. Father's Occupation, workman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Buehler

Address, 1 Washington Alley

Remarks, 8 9 1 0 3 3 2 3 8 3

CITY OF BALTIMORE

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 5th June 1891
4. Place of Birth, (Street and Number) 1405 Lexington St
5. Full Name of Mother, Jane Johnson
6. Mother's Maiden Name, Myers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Johnson
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Virgil H Howell

Address, 430 E Pratt Ave

Remarks,

1 8 9 1 0 0 0 2 3 6 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 31503.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 1891 CITY OF BALTIMORE

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) White
3. Date of Birth, June 6, 1891
4. Place of Birth, (Street and Number) 1008 E. Pratt St
5. Full Name of Mother, Jette Feler
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Henry Feler
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter St

Remarks,

1 8 9 1 0 0 0 2 3 6 5

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Edward J Harp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7th 1891
4. Place of Birth, (Street and Number) Bank St. 2231
5. Full Name of Mother, Mary Singel
6. Mother's Maiden Name, Harp
7. Mother's Birthplace, Balto
8. Full Name of Father, Edw. Harp
9. Father's Occupation, Capt.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Buehler

Address, 891 Washington Av.

Remarks,

KODAK S

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 8th
4.	*Place of Birth, (Street and Number)*	# 220 S. Eden
5.	*Full Name of Mother,*	Amelia R. Brewster
6.	*Mother's Maiden Name,*	" " Lien
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Henry Brewster
9.	*Father's Occupation,*	Shipwright
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	M. D. Lieberman
	Address,	Howard 1226.
	Remarks,	8910002367

month, and shall set forth as far as the same can be ascertained by diligent inquiry, the age, sex, color, the full name and occupation of its parents, and the place of birth and the [illegible] of its mother, and shall specify the number of children born to such mother, including the child last born, and the number of such children then living, and the number of such children then dead, and the date of birth of each child then dead, and the age to which it lived. Such certificate shall be delivered, duly signed by the person required to make the same, to the Registrar of Vital Statistics of the City of Baltimore, or to such person as he may appoint to receive the same, within ten days after the birth of any child, and a like certificate shall be delivered in like manner within ten days after the death of any child, without a birth certificate having been previously returned, stating the fact, and the name, age, sex, color, residence and occupation of the parents of such child, if known, and the cause of death, and the name of the physician, if any, in attendance during the last illness of such child. The certificate required to be delivered within ten days after the death of a child shall be delivered by the undertaker if such child be buried by an undertaker, and if not buried by an undertaker, then by the person having charge of the burial of such child. Any person who shall neglect or refuse to report the birth or death of any child as required by this section, or who shall report any false statement touching any such birth or death, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five (5) dollars nor more than fifty (50) dollars, and any such person or persons who shall hereafter offend in any of the matters aforesaid shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8th 1891
4. Place of Birth, (Street and Number) 3118 O'Donnell St
5. Full Name of Mother, Mina O'Neil
6. Mother's Maiden Name, Mina Kirkwood
7. Mother's Birthplace, Maryland
8. Full Name of Father, Michael James O'Neil
9. Father's Occupation, Brakeman on B&O R.R.
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. D. W. Jones.

Address, 3119 O'Donnell St.

Remarks,

1891 U 0002368

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 4 [illegible]
4. *Place of Birth, (Street and Number)*	1600 Pressbury st
5. *Full Name of Mother,*	Lucy Dexter
6. *Mother's Maiden Name,*	Lucy Sylvester
7. *Mother's Birthplace,*	Kent county
8. *Full Name of Father,*	John L Dexter
9. *Father's Occupation,*	car driver
10. *Father's Birthplace,*	Kent county
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna H
Address,	548 N Wolfe st
Remarks,	

8 9 1 0 0 0 2 3 6 9

month, and shall set forth as far as the same can be ascertained the name, if any, of the child, if any shall have been conferred; its sex, color, the full name and occupation of the parents, the place of birth, and the said schedule shall be delivered, with a certificate of the Coroner, to the Clerk of the Court of Common Pleas, who shall cause the births of any child or children so returned to be recorded in a book to be kept for that purpose in the office of the Commissioners of Health, and shall occur without the attendance of a physician or practitioner of the healing art, the midwife in attendance upon the mother, immediately thereafter, is hereby required to report the birth to the Commissioners of Health, in the manner and within the period above required, and child to report its birth to the Commissioners of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

COPY OF RECORD

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

31608.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	4th.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	June 8, 1891.
4. *Place of Birth, (Street and Number)*	340 Elm ave.
5. *Full Name of Mother,*	Virginia Oliver Folsom.
6. *Mother's Maiden Name,*	Durham
7. *Mother's Birthplace,*	Ind.
8. *Full Name of Father,*	Robert Gifford Folsom
9. *Father's Occupation,*	Machinist.
10. *Father's Birthplace,*	Ind.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	391 Chestnut ave.
Remarks,	

1891 0002370

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

3109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9. 1891
4. Place of Birth, (Street and Number) ~~224~~ 231 S. Edwards
5. Full Name of Mother, Taube Shneider
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Hyam Shneider
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter St

Remarks,

8910002371

A 67 OF BIRTH

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

3/1/10

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 7, 1891.
4. *Place of Birth, (Street and Number)* 321 S. Eden st
5. *Full Name of Mother,* Ella Hilas
6. *Mother's Maiden Name,* Hess
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Louis Hilas
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Wm. L. Burstein

Address, 122 S. Exeter st.

Remarks,

1891 0002372

Penalty for making false statements in this Return.—Any person who shall knowingly make any false statement in this Return, or who shall refuse to give any information required by the Registrar of Vital Statistics, or who shall refuse to sign this Return after it has been correctly filled out, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense.

Penalty for neglect to make Return.—Any person required by law to make a Return of a birth, who shall neglect to make such Return within the time specified by law, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense.

Penalty for neglect to report birth.—Any person required by law to report a birth, who shall neglect to report the same within the time specified by law, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense.

Penalty for neglect to report birth of illegitimate child.—Any person required by law to report the birth of an illegitimate child, who shall neglect to report the same within the time specified by law, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense.

Penalty for neglect to report birth of child born in a house of correction, or other public institution.—Any person required by law to report the birth of a child born in a house of correction, or other public institution, who shall neglect to report the same within the time specified by law, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense.

Penalty for neglect to report birth of child born in a hospital.—Any person required by law to report the birth of a child born in a hospital, who shall neglect to report the same within the time specified by law, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense.

Penalty for neglect to report birth of child born in a lying-in asylum.—Any person required by law to report the birth of a child born in a lying-in asylum, who shall neglect to report the same within the time specified by law, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense.

Penalty for neglect to report birth of child born in a maternity hospital.—Any person required by law to report the birth of a child born in a maternity hospital, who shall neglect to report the same within the time specified by law, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense.

Penalty for neglect to report birth of child born in a foundling asylum.—Any person required by law to report the birth of a child born in a foundling asylum, who shall neglect to report the same within the time specified by law, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense.

Penalty for neglect to report birth of child born in a penitentiary.—Any person required by law to report the birth of a child born in a penitentiary, who shall neglect to report the same within the time specified by law, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense.

Penalty for neglect to report birth of child born in a jail.—Any person required by law to report the birth of a child born in a jail, who shall neglect to report the same within the time specified by law, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense.

Penalty for neglect to report birth of child born in a workhouse.—Any person required by law to report the birth of a child born in a workhouse, who shall neglect to report the same within the time specified by law, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense.

Penalty for neglect to report birth of child born in a house of refuge.—Any person required by law to report the birth of a child born in a house of refuge, who shall neglect to report the same within the time specified by law, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense.

Penalty for neglect to report birth of child born in a house of correction.—Any person required by law to report the birth of a child born in a house of correction, who shall neglect to report the same within the time specified by law, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense.

Penalty for neglect to report birth of child born in a house of refuge.—Any person required by law to report the birth of a child born in a house of refuge, who shall neglect to report the same within the time specified by law, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense.

Penalty for neglect to report birth of child born in a house of correction.—Any person required by law to report the birth of a child born in a house of correction, who shall neglect to report the same within the time specified by law, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 51411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd. child

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) White
3. Date of Birth. [illegible]
4. Place of Birth, (Street and Number) 122 [illegible]
5. Full Name of Mother. [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, St. Marys Co. Md.
8. Full Name of Father. [illegible]
9. Father's Occupation. Electric light worker
10. Father's Birthplace. St. Marys Co. Md.

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address. 33 S. Wiedyer St.

Remarks, Given [illegible] health [illegible]

1891000237 3

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

A 5141 V.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10. 1891.
4. Place of Birth, (Street and Number) 105 S. High st
5. Full Name of Mother, Josephine Streimer
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Martin Streiman
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter st

Remarks,

1 8 9 1 0 0 0 2 3 7 4

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 12th 1891
4. Place of Birth, (Street and Number) Eastern Ave 2346
5. Full Name of Mother, Louise Ulrich
6. Mother's Maiden Name, " Lorenz
7. Mother's Birthplace, Germania
8. Full Name of Father, John Lorenz
9. Father's Occupation, Saloonkeeper
10. Father's Birthplace, Balte.

Name of Medical Attendant, or other person who makes this Return, Mrs Buehler

Address, 1891 June 12 1327 Lexington St.

Remarks,

CITY OF BALTIMORE JOHNS HOPKINS 1891

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	4 Child.
1.	*Sex.* (state whether male or female)	Female.
2.	*Race or Color.* (if not of the white race)	
3.	*Date of Birth.*	June 13th 91
4.	*Place of Birth.* (Street and Number)	# 2127 Wolfe St.
5.	*Full Name of Mother.*	Annie Aidt
6.	*Mother's Maiden Name.*	" " Fechtelin.
7.	*Mother's Birthplace.*	Baltimore.
8.	*Full Name of Father.*	Louis A Aidt.
9.	*Father's Occupation.*	Confectioner
10.	*Father's Birthplace.*	Baltimore.
	Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
	Address.	# 106 S. Monroe St.
	Remarks.	

1 8 9 1 0 0 0 2 3 7 5

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 13 1911
4. *Place of Birth, (Street and Number)* 508 Broadway
5. *Full Name of Mother,* Mary Knepp
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Frederick Knepp
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Karl Bernstein

Address, 122 S. Exeter

Remarks,

8910002377

month and child, set forth as for the same child born alive, and in addition thereto the fact of such stillbirth, and the month of pregnancy at which occurred the death of the fetus or embryo. Every stillbirth shall be registered, duly signed by the proper person, as required by this section, within the first and third days of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and the Registrar, upon receiving such certificate, shall issue a burial permit therefor. Any person who shall bury or cause to be buried the body of a child for which a certificate of stillbirth is required by this section, without such certificate having been first obtained from the Registrar, or who shall fail to comply with any of the provisions of this section relating to stillbirths, shall be subject to the same penalties as are prescribed in this section for the burial of children born alive. The midwife in attendance upon the mother shall mechanically thereafter fail to deliver the certificate of stillbirth required to be delivered by her, and to report its birth to the Commissioner of Health, as required by this section, shall be subject to the fine of ten dollars for each offense; to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 7-27-56

RETURN OF A BIRTH

3116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Herbert Livingston Lovell 2d.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 13, 1891.
4. Place of Birth, (Street and Number) Drug store. Roland Ave, No number
5. Full Name of Mother, Mary Olivia Lovell.
6. Mother's Maiden Name, Johnson.
7. Mother's Birthplace, Md.
8. Full Name of Father, Herbert Eugene Lovell.
9. Father's Occupation, Druggist.
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8910002378

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother.* (*state whether* 1*st*, 2*d*, 3*d*, &c.). 2d
2. *Sex,* (*state whether male or female*). male
3. *Race or Color,* (*if not of the white race*) white
4. *Date of Birth.* June 12, 1891
5. *Place of Birth.* (*Street and Number*) 1005 E. Fawn st
6. *Full Name of Mother.* Sara Traube
7. *Mother's Maiden Name.*
8. *Mother's Birthplace.* Europe
9. *Full Name of Father.* Hannes Traube
10. *Father's Occupation.* Cigarmaker
11. *Father's Birthplace.* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Exeter st.

Remarks, 8910002379

BOARD OF HEALTH CITY OF BALTIMORE JUL 1891

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the bi[illegible] blank schedule, to be furnished by the Commissioner of month, and shall set forth as far as the same can [illegible] which have occurred under his or her care during the been conferred its sex, color, the full name and [illegible] certain [illegible] of each child. (If any shall have said schedule shall be delivered, duly signed by the [illegible] date and place of birth; and the third day of each and every month to the office of the [illegible] Health. [illegible] a certificate between the first and shall occur without the attendance of a physician or [illegible] midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] In case the birth of any child child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 311418.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* [illegible] June 13
4. *Place of Birth, (Street and Number)* Baltimore 1001 Chesapeake St
5. *Full Name of Mother,* Henrietta Forge
6. *Mother's Maiden Name,* Henriette Schumacher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Paull Forge
9. *Father's Occupation,* Labr
10. *Father's Birthplace,* Russia land

Name of Medical Attendant, or other person who makes this Return, M. J. Linneman

Address, [illegible] 1225.

Remarks,

1 8 9 1 0 0 0 2 3 8 0

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First 1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
Date of Birth,	June 14 th 1891
Place of Birth, (Street and Number)	1 Butcher Lane
5. *Full Name of Mother,*	Pauline Lauer
6. *Mother's Maiden Name,*	Pauline Halle
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Frederick Lauer
9. *Father's Occupation,*	Lazarer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Hesenzeth
Address,	543 Mc Hfenzeth
Remarks,	

1891000238 1

month, and shall set forth as far as the same can be ascertained the several matters hereinbefore required to be recorded in respect to births. Every midwife or other person who shall have been present at the birth of any child, or who shall have been in attendance upon the mother thereof, shall, within ten days after the date and place of birth, and the name, sex, color, the full name and occupation of the parents of such child, and the maiden name of the mother, and the number of the house in which such birth occurred, and all other particulars required by the Board of Health, and shall sign his or her name to the certificate of birth, and shall write his or her address after his or her signature. In case the birth of any child shall occur without the attendance of a physician or midwife, the person or parents of such child to report the birth to the undertaker employed to bury the body, or to the sexton of the burial ground in which the body is interred, and such undertaker or sexton shall, within the period above required, and who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before any justice of the peace of the city, and forfeitures are recoverable

CITY OF BALTIMORE

ENGR. BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	2d
1. *Sex.* (*state whether male or female*)	male
2. *Race or Color.* (*if not of the white race*)	white
3. *Date of Birth.*	June 15. 1870.
4. *Place of Birth.* (*Street and Number*)	1216 McElderry's
5. *Full Name of Mother.*	Lina Maria
6. *Mother's Maiden Name.*	Steiner
7. *Mother's Birthplace.*	Europe
8. *Full Name of Father.*	Simon Henri
9. *Father's Occupation.*	Tailor
10. *Father's Birthplace.*	Europe
Name of Medical Attendant, or other person who makes this Return.	Dr C Bernstein
Address.	122 S. Eutaw
Remarks.	

1891000 2382

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of the Registrar of Vital Statistics, Board of Health, Baltimore City, to cause to be printed a sufficient number of blank forms, which shall contain a list of the names of all the physicians practicing in the City of Baltimore, and shall set forth as far as the same can be ascertained, the full name and place of birth of each child, if any, which shall have been born alive, and the full name and place of birth, and the maiden name of the mother, and the full name, occupation and place of birth, and the usual residence of the father of each child, if any, which shall have been born alive, and the full name and residence of the physician, midwife or other person in attendance upon the mother immediately thereafter, and the full name and residence of the person or parents of such child or children, if any, who shall hereafter fail to report the birth of such child or children within the time and in the manner required, and any such person or persons, who shall hereafter fail to report the birth of such child or children, shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered before any justice of the peace, and all fines and forfeitures are recoverable.

BOARD OF HEALTH BALTIMORE CITY

WM J C DULANY CO CITY PRINTERS AND STATIONERS

A. 3142.

RETURN OF A BIRTH

CERTIFICATE CORRECTED 7-14-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) Margaret Mitchell Williams 4th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 16, 1891.
4. Place of Birth, (Street and Number) 257 Cedar ave.
5. Full Name of Mother, Catherine Elizabeth Williams.
6. Mother's Maiden Name, Grieves.
7. Mother's Birthplace, Md.
8. Full Name of Father, Joseph Thomas Williams
9. Father's Occupation, Merchant.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Cherimont ave.

Remarks,

8 9 1 0 0 0 2 3 8 3

CITY OF BALTIMORE HEALTH DEPARTMENT 1891

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been born alive, the sex, color, the full name and occupation of the parents, the date and place of birth of each child, and the said certificate shall be delivered, duly signed, to the Commissioner of Health within ten days after the birth. Any such report to be in the form of a certificate prescribed by the Commissioner of Health, and may be signed by any physician or practitioner of medicine who may have been present at the birth, or by the father or mother of such child, or in case of the death, absence or inability of both father and mother, by the householder in whose house the birth shall occur, or by the nurse in attendance. It shall be the duty of every physician or practitioner of medicine who shall attend upon any case of confinement, immediately thereafter to make and deliver to the person having charge of the premises a certificate containing the name, sex, color and number of the child born, the date of birth, and the full name of the parents, which certificate shall be delivered to the person in charge of the premises, who shall report the birth to the Commissioner of Health within the time prescribed by this section. Any physician or midwife who shall neglect or fail to comply with the provisions of this section shall be liable to a penalty of ten dollars for each offense, to be recovered as other penalties are collectible. Any such person or persons who shall neglect or refuse to make such report shall be subject to the fine of ten dollars for each offense, to be recovered as other penalties are collectible.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 17, 1911
4. *Place of Birth, (Street and Number)* 102 Market space
5. *Full Name of Mother,* Lizzie Baermann
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Jacob Baermann
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Wm. C. Brandstein

Address, 112 S. Exeter

Remarks,

1891000238 4

and J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17th 1891
4. Place of Birth, (Street and Number) W. Washington St. 617
5. Full Name of Mother, Sophie Grant
6. Mother's Maiden Name, " Kachler
7. Mother's Birthplace, Balto.
8. Full Name of Father, Ludwig Kachler
9. Father's Occupation, Storekeeper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Buehler

Address, 617 W. Washington St.

Remarks, 1891 June 17 Boy

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	June 18, 1891.
4. Place of Birth, (Street and Number)	543 Falls Road.
5. Full Name of Mother,	Mary Ellen McCauley.
6. Mother's Maiden Name,	Keagan.
7. Mother's Birthplace,	Pa.
8. Full Name of Father,	William Vernon McCauley.
9. Father's Occupation,	Machinist.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut — ave.
Remarks,	

8910002386

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31478.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first 1st
1. Sex, (state whether male or female)	Female (Sophie H Gross)
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 15th 1891
4. Place of Birth, (Street and Number)	1314 Pennsylvania Avenue
5. Full Name of Mother,	Emma Gross
6. Mother's Maiden Name,	Emma Johnston
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Gross
9. Father's Occupation.	Blacksmith
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Wm Emmet Wiesenfeld M.D.
Address,	1711 E Lombard St
Remarks,	

1891000 2387

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 31526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex, (state whether male or female)	~~Col~~ Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	June 21, 1891.
4. Place of Birth, (Street and Number)	243 Chestnut ave.
5. Full Name of Mother,	Maggie Ellen Mallonee.
6. Mother's Maiden Name,	Duvall.
7. Mother's Birthplace,	Va.
8. Full Name of Father,	Wilbert Randolph Mallonee.
9. Father's Occupation,	Mill operative.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	Elias H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	8910002388

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 S. C. Child.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 21st. 1911
4. *Place of Birth, (Street and Number)*	#3 Frederick Ave.
5. *Full Name of Mother,*	Kunigunda Boehm.
6. *Mother's Maiden Name,*	" " Arnold.
7. *Mother's Birthplace,*	Oberschleichach.
8. *Full Name of Father,*	Adam P. Boehm.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Unterschleichach
Name of Medical Attendant, or other person who makes this Return,	Annie Lychner
Address,	#100 S. Monroe St.
Remarks,	1891000 2389

Health. This schedule shall contain all the particulars required to be furnished by the Commissioner of Health, which shall be set forth as far as they can be ascertained from information received under his or her care during the month, and shall be delivered to the Registrar of Vital Statistics, or shall be mailed to him, within the period above required, and said schedule shall be delivered, duly signed, to the person [illegible] of the Board of Health. In case the birth of any child [illegible] attendance upon the mother, immediately after the birth, the person in charge of such case shall report the birth of such child to the Registrar of Vital Statistics, or shall mail to him, within the period above required, and [illegible] with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

BY J. C. BULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22nd
4. Place of Birth, (Street and Number) 1347 N Ramsay st
5. Full Name of Mother, Lou Le Bon
6. Mother's Maiden Name, " Hi
7. Mother's Birthplace, Balto City
8. Full Name of Father, Chas Pr
9. Father's Occupation, House Painter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return,

Address, 339 Hood Ave

Remarks, Colored

891000239 0

Health. This schedule shall contain a list of all births which shall occur in the family of any householder, or in any boarding house, tenement house, hotel, or other place of residence, and shall be furnished by the Commissioner of Health, or his authorized agent, to every householder, or the keeper of every boarding house, tenement house, hotel, or other place of residence, on the first day of each and every month in the year, and shall be returned to the office of the Registrar of Vital Statistics, or to such other person as may be designated by the Commissioner of Health, on the first day of the month next succeeding that for which it is furnished. In case the birth of any child shall occur without the attendance of a physician, midwife, or other person, he is required under his or her care during the confinement of the mother, the full name of each child, if any, shall have been conferred, its sex, color, the full name of the mother, and the date and place of birth, shall be entered on the schedule by the householder, keeper of boarding house, tenement house, hotel, or other place of residence, on the first day of the month next succeeding that on which the birth occurred, and the householder, keeper of boarding house, tenement house, hotel, or other place of residence, shall be entitled to receive from the Commissioner of Health a certificate between the first and fifth day of the month next succeeding that on which the birth occurred, which certificate shall be delivered to the Registrar of Vital Statistics, or to such other person as may be designated by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife, or other person, he is required within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22 1911.
4. *Place of Birth, (Street and Number)* 915 Stiles st
5. *Full Name of Mother,* Emma Hayward
6. *Mother's Maiden Name,* Sugg
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo J Hayward
9. *Father's Occupation,* Weaver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Hospital Nurse

Address, 122 S. Exeter st

Remarks,

8910002391

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 31 J 30.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 23. 1891.
4. Place of Birth, (Street and Number) 508 Oliver Place.
5. Full Name of Mother, Jensine Cecilia Peterson
6. Mother's Maiden Name, Jensen.
7. Mother's Birthplace, Denmark.
8. Full Name of Father, Christian P. Peterson.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Denmark

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut - ave.

Remarks,

1891000239 2

month, and shall set forth as far as the same can be ascertained by diligent inquiry, the time and place of birth, and the full name and occupation of the parents of each child born, the maiden name of the mother, and such other particulars as may be required by the Board of Health touching the birth of any child and the circumstances of the case; and in case a child shall be born dead after the fifth month of pregnancy, or in case the birth of any child shall occur without the attendance of a physician or midwife, then the parent or parents, or other person having charge of such child, shall report the birth to the Commissioner of Health, in the manner and within the time above required, and attendance upon the mother, immediately thereafter it shall be the duty of the physician or midwife in attendance to report the birth of such child to the Commissioner of Health, in the manner and within the time above required, and such physician or midwife shall be entitled to receive from the person employing him fifty cents for each report by him so made; and any person required by this section to report the birth of any child who shall refuse or neglect to do so within the time above specified, or who shall report falsely touching the same, shall be subjected to a fine of ten dollars for each offense, to be recovered as other fines are recoverable. All forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31431.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 23 1891.
4. Place of Birth, (Street and Number) 273 Hickory ave.
5. Full Name of Mother, Emma Jane Gross.
6. Mother's Maiden Name, Hagen.
7. Mother's Birthplace, Md.
8. Full Name of Father, William J. Gross.
9. Father's Occupation, Painter.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8910002393

month, and shall set forth as near the same cut ... been conferred its sex, color, the full name and ... the full name of its parents, the ... the full name of its parents, the ... shall be delivered, duly signed by the ... shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter ... child report its birth to the Commissioner of Health, ... jected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

... J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3/1/37.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 The Child

1. *Sex, (state whether male or female).* Female

Race or Color, (if not of the white race) Negro

Date of Birth, June 2 37

Place of Birth, (Street and Number) 324 E. Baltimore

Full Name of Mother. Florence J. Collins (Colored)

6. *Mother's Maiden Name,* Hall

7. *Mother's Birthplace.* Richmond Va.

8. *Full Name of Father,* S. H. Collins Colored

9. *Father's Occupation,* Laborer

10. *Name of Medical Attendant,* or other person who makes this Return, Thos. Wm. Jones

Address. 332 Woodyear St.

Remarks, Living & healthy

V 8 9 1 0 0 0 2 3 9 4 name

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been christened, the sex, color, date and place of birth, the name and residence of parents, and such other facts as said schedule shall be delivered, duly signed by the practitioner, or a certificate between the first and third day of each and every month to the office of the Commissioner of Health, stating that no births have occurred. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the parent or parents, or other person having charge of such child to report its birth to the Commissioner of Health, in the period and manner above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars, for each offense, to be recovered, with costs, by the proper forfeitures are recoverable.

HEALTH DEPARTMENT CITY OF BALTIMORE 1851

BY J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 24, 1891.
4. *Place of Birth, (Street and Number)* 217 N. High st.
5. *Full Name of Mother,* Kate Knight
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Knight
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bennett

Address, 122 S. Eaton st.

Remarks,

8 9 1 0 0 0 2 3 9 5

Health. This schedule shall contain a [illegible] which shall be furnished by the Commissioner of Health, and shall be filled up for all the births which have occurred under his or her care during the [illegible] as far as the same can be ascertained. The name of each child, if any, shall have said schedule shall be delivered, duly signed [illegible] the date said [illegible] of birth; and the third day of each and every month to the [illegible] Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother [illegible] of such birth, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	2 Dec June 1911
4. *Place of Birth, (Street and Number)*	707 E Eager St
5. *Full Name of Mother,*	Louise Hoyed
6. *Mother's Maiden Name,*	Howard
7. *Mother's Birthplace,*	Lincoln City, Nebraska
8. *Full Name of Father,*	Charles Hoyed
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Stewart
Address,	210 E Fort Ave
Remarks,	

C 9 1 0 0 0 2 3 9 6

3/30

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~ &c.) Second (2d)

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 18th 1891
4. Place of Birth, (Street and Number) No. 1521 Fair Mount Avenue
5. Full Name of Mother, Mrs. Catharine Ellen Reilley
6. Mother's Maiden Name, Miss Catharine E. Rowland
7. Mother's Birthplace. Baltimore, Md.
8. Full Name of Father. Mr. Michael Reilley
9. Father's Occupation. Tavern Keeper
10. Father's Birthplace. Ireland

Name of Medical Attendant, or other person who makes this Return. Wm. H. Clendinen, M.D.

Address, 201 North Broadway

Remarks,

8910002397

ON THE REVERSE SIDE OF THIS CERTIFICATE YOU WILL FIND THE LAW REQUIRING THE RETURN OF BIRTHS, AND THE PENALTY FOR NEGLECT. IT IS ESPECIALLY REQUESTED THAT THE FULL NAME OF THE CHILD BE GIVEN, IF IT HAS BEEN DETERMINED, AND THAT THE FULL NAME AND RESIDENCE OF THE PARENTS BE GIVEN IN EVERY CASE.

ON, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14th 1891
4. Place of Birth, (Street and Number) 1806 Hillyard St
5. Full Name of Mother, Mary Kirby
6. Mother's Maiden Name, Mary King
7. Mother's Birthplace, Balto City
8. Full Name of Father, Joseph Kirby
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto City, Md.

Name of Medical Attendent, or other person who makes this Return. Dr. Wm. Ogle, M.D.

Address, 111 E. Biddle St.

Remarks,

1891 0002398

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Every midwife or person other than a physician or practitioner who shall attend upon any case of birth, shall, within twenty-four hours after the birth of each child, make a full return of the particulars required by this section to be registered, as far as the same can be ascertained, to the Commissioner of Health, and shall deliver or cause to be delivered to the parent or person having charge of such child a certificate, setting forth the information required to be returned to the Commissioner of Health, and stating that such return has been made, and directing the delivery of such certificate to the physician or practitioner in attendance upon the next succeeding confinement of the mother of such child; and every midwife or person other than a physician or practitioner who shall neglect or refuse to make such return and deliver such certificate, shall forfeit and pay for each offence the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable. Every physician or practitioner who shall attend upon any case of birth, shall, within ten days after the birth of each child, make a full return of the particulars required by this section to be registered, as far as the same can be ascertained, to the Commissioner of Health, and shall deliver or cause to be delivered to the parent or person having charge of such child a certificate, setting forth the information required to be returned to the Commissioner of Health, and stating that such return has been made, and directing the delivery of such certificate to the physician or practitioner in attendance upon the next succeeding confinement of the mother of such child; and every physician or practitioner who shall neglect or refuse to make such return and deliver such certificate, shall forfeit and pay for each offence the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance within the time above specified, then the parent or person having charge of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1897

HEALTH DEPARTMENT JUL 29 1897 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	N
3. *Date of Birth,*	July 19 97
4. *Place of Birth, (Street and Number)*	2117 Gough
5. *Full Name of Mother,*	Ella D Bailey
6. *Mother's Maiden Name,*	Parrish
7. *Mother's Birthplace,*	~~Md~~ Alameda Co
8. *Full Name of Father,*	Louis M. Bailey
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Geo L Bickham
Address,	2260 Bway
Remarks,	

18910002399

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as is known to the informant all the facts required to be ascertained in respect to each birth. The name and residence of the medical attendant, midwife, or other person who shall have been conferred, its sex, color, the full name and occupation of the father, if any shall have been conferred, its sex, color, the full name and occupation of the father, if any shall have been conferred, shall be delivered, duly signed by the practitioner in the form of words and figures following: and the third day of each month next succeeding the occurrence of such birth. In case the birth of any child shall occur without the attendance of any person required by this section to report the same, the father or mother of such child, if living within the city, shall report the same within the time and in the manner and with the particulars required of such person in attendance upon the mother, immediately thereafter. It shall be the duty of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall be the duty of midwifery, or should no other person be in any such person in charge of such house to report the same as herein required. Any person required to report as herein required by this section who shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the births which have occurred under his or her care during the
been conferred) its sex, color, the full name of each child. (If any shall have
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 20th
4. *Place of Birth, (Street and Number)* 1263 Sargeant St
5. *Full Name of Mother* Babara Muse
6. *Mother's Maiden Name* Babara Mitchell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Muse
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other person who makes this Return, Helligonda Clifer

Address

Remarks, 649 Conpaca St

0000400

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born July 20th 1891
4. *Place of Birth, (Street and Number)*	# 1836 W Pratt Sts
5. *Full Name of Mother,*	Mrs Mary Schwab
6. *Mother's Maiden Name,*	Miss " Wells
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr Henry Schwab
9. *Father's Occupation,*	Beer Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 W Pratt Sts
Remarks,	8 9 1 0 0 0 2 4 0 1

Section 1. Be it ordained, &c., That the following shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said report shall be signed by the person making the same, and shall be delivered to the Commissioner of Health between the first and third day of each and every month; and any physician or midwife who shall neglect to make such report, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth of said child, and the particulars as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born July 20th 1891
4. *Place of Birth, (Street and Number)*	# 10. Carrollton Ave
5. *Full Name of Mother,*	Mrs Therese Lichau
6. *Mother's Maiden Name,*	Mrs " Schalk
7. *Mother's Birthplace,*	West Preisen Germany
8. *Full Name of Father.*	Mr Julius Lichau
9. *Father's Occupation.*	Milk man
10. *Father's Birthplace,*	West Preussen Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 W Pratt Str
Remarks,	

1 8 9 1 0 0 0 2 4 0 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3 31 901

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 20th 1891
4. Place of Birth, (Street and Number) No. 1127 Oldenus Street
5. Full Name of Mother, Mrs. Magdalena G. Grotendieck
6. Mother's Maiden Name, Miss M. G. Koenig
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Mr. William Joseph Grotendieck
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant or other person who makes this Return, Wm. H. Clendinen M.D.
Address, 201 N Broadway
Remarks,

1891 0002403

month, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the number of each child delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, and by the undertaker or other person who shall bury the body of any child who shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child or in his or her absence the nearest relative present, or the undertaker who shall bury the body of any such child, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color. (if not of the white race)*	White Race
3. *Date of Birth,*	Born July 2nd 1891
4. *Place of Birth, (Street and Number)*	# 431 Bokallwood St
5. *Full Name of Mother,*	Mrs Susie Reff
6. *Mother's Maiden Name,*	Miss " Seiffert
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr John Reff
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Wm Hiller
Address,	2127 W Pratt St
Remarks,	

1 8 9 1 0 0 0 2 4 0 4

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been theretofore born), the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person making the same, to the office of the Commissioner of Health, on the third day of each and every month; and any person who shall neglect or refuse to make such report, or cause the birth of any child attended upon or known by him or her to be reported as aforesaid, or who shall make a false report of the same, or who shall neglect or refuse to report its birth to the Commissioner of Health, at the time required, and in the manner and with the particulars required by this section, shall for each offense forfeit and pay a sum not exceeding ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born July 21st 1891
4. *Place of Birth, (Street and Number)*	# 30 Landsdowne Lane
5. *Full Name of Mother,*	Mrs Louisa Singer
6. *Mother's Maiden Name,*	Miss Heimans
7. *Mother's Birthplace,*	Würtenberg Germany
8. *Full Name of Father,*	Mr Chas Singer
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Würtenberg Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 W Pratt St
Remarks,	1891 0002405

SEC. 4. Be it further ordained &c. that the said Board shall secure, under his or her care during the first month, and shall set forth as far as the same can be ascertained the full name of each child of any such mother, the sex of such child, the full name and occupation of its father, the name and maiden name of its mother, and such other particulars as may be required by the said Board; and a certificate, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth of her child, it shall be the duty of the mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A. 31704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born July 21st 1891
4. *Place of Birth, (Street and Number)*	# 2124 Margaret Lts
5. *Full Name of Mother,*	Mrs Maria Driscell
6. *Mother's Maiden Name,*	Miss " Bloberger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr John Driscell
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Heiler
Address,	212 W Pratt St
Remarks,	

8 9 1 0 0 0 2 4 0 6

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name, residence and occupation of its parents, the date and place of birth; and the said scheduls shall be delivered, duly signed by the parent or nurse, to the Commissioner of Health, at the office of the Commissioner of Health, within the first and third days of every month. It shall be the duty of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of any child to report its birth to the Commissioner of Health, in the manner and within the time prescribed as aforesaid; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 31905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth July 2 1901
4. Place of Birth, (Street and Number) 6 Gross Alley
5. Full Name of Mother Mollie Coffee
6. Mother's Maiden Name "
7. Mother's Birthplace Balto
8. Full Name of Father —
9. Father's Occupation —
10. Father's Birthplace —

Name of Medical Attendant, or other person who makes this Return, Dr. H. Harper

Address 342 E. Hamburg St

Remarks 8 9 1 0 0 0 2 4 0 7

Every Birth is to be reported within ten days after occurrence, and as far as can be ascertained the full name of each child (if any) shall have been conferred, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attending physician or midwife, or other person who shall certify the birth, shall be entered, duly signed by the practitioner in the form as above. In case the birth of any child shall occur without the presence of a physician or midwife, or other person who shall certify the birth, the father or mother of such child is hereby required to report the same to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH — 31906.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that has been conferred; its sex, color, the full names and occupations of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, to the person whose duty it shall be to report the birth. Every midwife who shall attend the birth of any child shall, within the first week of every month, deliver to the office of the Commissioner of Health a certificate between the first and fifteenth days of each month, stating the number of births at which she has been in attendance upon the mother, during the previous month, and the names of the children born. Every physician or practitioner of midwifery, or should no other person be in attendance upon the mother, himself, who shall neglect to report the birth of any child as required by this section, or who shall neglect to deliver the certificate required by this section, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 2' 91
4. *Place of Birth, (Street and Number)*	587 Brunes av
5. *Full Name of Mother,*	Mrs Mary E Rotan
6. *Mother's Maiden Name,*	" Hruckle
7. *Mother's Birthplace,*	W Va
8. *Full Name of Father,*	Geo A Rotan
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	T C Worthington M D
Address,	840 W Lafayette st
Remarks,	

8910002408

BOARD OF HEALTH DEPARTMENT OF VITAL STATISTICS BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Dead

A 3190

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: William ~~Joseph~~ Reilly

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 3 '91
4. Place of Birth, (Street and Number) 309 madison st
5. Full Name of Mother, ~~Mary Kate (Riley)~~ Reilly
6. Mother's Maiden Name, Kate Hogan
7. Mother's Birthplace, Pottsville Pa
8. Full Name of Father, Michael P ~~(Riley)~~ Reilly
9. Father's Occupation, Laborer
10. Father's Birthplace, Newark N J

Name of Medical Attendant, or other person who makes this Return. T C Worthington M D

Address, 840 W Fayette st

Remarks, 1 8 9 1 0 0 0 2 4 0 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex and color of each child, the full name and occupation of each parent, the date and the place (including the street and number, if in a city) of birth, and the number of each child of the mother (whether living or dead). Such return shall be made in the form of a certificate between the first and third day of each and every month after the birth of any child, and shall be delivered, duly signed by the attendant upon the mother at the time of the birth of such child, or by the father or mother of such child, or by the householder or owner of the premises where such birth occurs, to the Commissioner of Health. In case the birth of any child shall occur upon the premises where the parents reside, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. Any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. S. SHLEMY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

3190 8.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 1 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 7 1891
4. Place of Birth, (Street and Number) 112 E Lombard St
5. Full Name of Mother, Annie Klevansky
6. Mother's Maiden Name, Caplan
7. Mother's Birthplace, Russia
8. Full Name of Father, Samuel Klevansky
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. J. H. Loellenbach M.D.

Address, 1810 E Baltimore St

Remarks,

1891000241 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth, and shall schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the father or mother of such child, or in case neither of them are able to report its birth to the Commissioner of Health, in the manner and within the period above required, such duty shall devolve upon the mother immediately after the birth, and each and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 31909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 24 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 & 7 (Twins)

1. Sex, (state whether male or female) male & Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11 '91
4. Place of Birth, (Street and Number) 217 W Saratoga St
5. Full Name of Mother, Mrs Catherine Jendrek
6. Mother's Maiden Name, " Pettiolff
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas E Jendrek
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, T C Worthington M D

Address, 840 W Fayette St

Remarks,

1 8 9 1 0 0 0 2 4 1 1

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of any institution, or in any family where there is no other person bound to report its birth, the duty of reporting such birth shall devolve upon the mother. Immediately thereafter it shall become the duty of the person in charge of such attendance upon the mother, immediately thereafter to report the birth of such child. And if the person so required to report the birth of any child shall refuse or neglect to do so within ten days from the date of such birth, or shall knowingly report a false statement touching any such birth, such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 31910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13th 1891
4. Place of Birth, (Street and Number) 806 Hanover St.
5. Full Name of Mother, Jetta Levin
6. Mother's Maiden Name, Behrman
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Levin
9. Father's Occupation, Merchant
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. J. H. Castlenberg M.D.

Address, 1810 E Baltimore St

Remarks,

8 9 1 0 0 0 2 4 1 2

JUL 1891

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Every Physician, Midwife, or other person who shall hereafter attend upon any birth, shall, within the first week thereafter, cause the same to be registered, and shall ascertain the full name of each child. If any shall have been conferred its sex, color, the full name and surname of the mother, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form, if such there be, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, himself or herself, it shall become the duty of the father, mother, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 31911.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 13 '91
4. *Place of Birth, (Street and Number)*	1128 N. Fulton ave
5. *Full Name of Mother,*	Mrs Mary Owings
6. *Mother's Maiden Name,*	" Davey
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Walter Owings
9. *Father's Occupation,*	U.S. Storekeeper
10. *Father's Birthplace,*	md
Name of Medical Attendant, or other person who makes this Return.	T C Worthington M D
Address,	840 W Fayette st
Remarks,	8910002413

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been omitted in the previous returns of the same parents, the date and place of birth; and the said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. The said no other person he in third day of each and every month certify to the Commissioner in the form of a certificate between the first and shall occur within the month, immediately thereafter. In the manner and within the period above required and any such person or persons shall neglect or refuse or fail to comply with the provisions of this section he shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. B. 31917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 14 '91
4. *Place of Birth, (Street and Number)*	1031 Ocean mount Ave
5. *Full Name of Mother,*	mrs Rosella Garner
6. *Mother's Maiden Name,*	" Hardesty
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Geo. B Garner
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return,	T C Worthington
Address,	840 W Fayette St
Remarks,	

8 9 1 0 0 0 2 4 1 4

...breau conferred its sex, color, the full name and residence of its parents, the date and place of birth, and the said child shall be delivered, duly signed by the practitioner in charge, to the person giving such certificate to the office of the Commissioner of Health. No certificate for the first and third of each month to the office of the Commissioner of Health. No certificate for the first and attendance upon the mother, immediately thereafter. It shall be the duty of the person or parents of such child to procure the certificate of birth herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 24 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1602 Edmondson st
4. Place of Birth, (Street and Number) 14 July
5. Full Name of Mother, Mary Gorsbatt
6. Mother's Maiden Name, Mary Koch
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Gorsbatt
9. Father's Occupation, Turner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Miss Schumann

Address, 709 South Bond st

Remarks,

1 8 9 1 0 0 0 2 4 1 5

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of every physician or midwife who shall be in attendance upon any case of birth occurring within the limits of Baltimore City, to report such birth to the Commissioner of Health, in the manner and within the period hereinafter required; and the Commissioner of Health is hereby authorized and required to prepare a blank form for the return of such births, which shall be printed and furnished to such physicians and midwives as may apply for the same. Sec. 2. And be it further enacted, That the return of each birth shall be made on the blank furnished by the Commissioner of Health, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall be the duty of the householder or owner of the premises where such child is born to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 3191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 24 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16 1891
4. Place of Birth, (Street and Number) 301 S. Caroll St.
5. Full Name of Mother, Josephine Petrungaro
6. Mother's Maiden Name, Conti
7. Mother's Birthplace, City
8. Full Name of Father, Leo Petrungaro
9. Father's Occupation, Shoemaker
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, William A. McElwee M.D.

Address, 3 E Fulton St

Remarks, 89 1 0 0 0 2 4 1 5

month and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been delivered, its sex, color, the full name and residence of its parents, the place of birth, and the said actuchdule shall be delivered, duly signed by the practitioner in the form of a certificate, as above, and the latter or such midwife or other person as shall have charge of the case, shall within five days thereafter shall report to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother immediately thereafter, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period of such case, the parent or parents of such child shall be required to make such report, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 1915.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	colored
3.	*Date of Birth*	July 19 '91
4.	*Place of Birth, (Street and Number)*	913 N Eutaw St
5.	*Full Name of Mother*	Mrs Katie Carroll
6.	*Mother's Maiden Name*	" O'neal
7.	*Mother's Birthplace*	Va
8.	*Full Name of Father*	Chas. Carroll
9.	*Father's Occupation*	waiter
10.	*Father's Birthplace*	V C
	Name of Medical Attendant, or other person who makes this Return	T C Worthington
	Address	840 W Fayette St
	Remarks	8910002417

WM J C DULANY CO CITY PRINTERS AND STATIONERS

A 6916

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 6 1891
BALTIMORE

3rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 20th 1891
4. Place of Birth, (Street and Number) Balto 1208 Pleasant St
5. Full Name of Mother, Mrs Julia A Moore
6. Mother's Maiden Name, Julia A Fagan
7. Mother's Birthplace, Portsmouth Va
8. Full Name of Father, Joshua Moore
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Eugene Talbot

Address, 10 Druid Hill Ave

Remarks,

8 9 1 0 0 0 2 4 1 8

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been (unreported) its sex, color, the full names and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the person making the same to the Commissioner of Health. In case the birth of any child shall occur within the limits of any city where there is a Registrar of Vital Statistics, or other person who shall perform the duties of such office, the said schedule shall be delivered to him instead of the Commissioner of Health. In case the birth of any child shall occur without the limits of any city where there is a Registrar of Vital Statistics, or other person who shall perform the duties of such office, the said schedule shall be delivered to the Commissioner of Health. In case the birth of any child shall occur in the absence of a physician or Practitioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, he shall, in like manner and within the period above required, and upon the same notice, report the same to the Commissioner of Health. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. E 3191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color. (if not of the white race)*	Colored
3. *Date of Birth,*	July 2 1911
4. *Place of Birth, (Street and Number)*	Balto No 733 Sarah ann st.
5. *Full Name of Mother,*	Fannie Johnson
6. *Mother's Maiden Name,*	Fannie Worsey
7. *Mother's Birthplace,*	West Virginia
8. *Full Name of Father,*	Harry Johnson
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Miss Minty Taylor
Address,	#162 Sarah ann St
Remarks,	8910002419

months, and each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the child, the midwife or person who shall become the duty of the person or parents of such child to report the same, as above required, within the first ten days of the month next succeeding the month in which the birth occurred, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the child, the midwife or person who shall become the duty of the person or parents of such child to report the same, as above required, within the first ten days of the month next succeeding the month in which the birth occurred, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above specified, and shall secure without the attendance of a physician or midwife a certificate of the cause of stillbirth, and shall report the same to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth. July 21, 89
4. Place of Birth, (Street and Number) 9 Mt. Royal Hill
5. Full Name of Mother. Maggie Sapp O'Brien
6. Mother's Maiden Name. "
7. Mother's Birthplace. Balto.
8. Full Name of Father. Jas. H. O'Brien
9. Father's Occupation. Mechanic
10. Father's Birthplace. Balto

Name of Medical Attendant, or other Person who makes this Return: Jas. M. Craighill

Address: 1720 N. Charles

Remarks:

HEALTH DEPT. BALTIMORE

8910002420

during the month and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been given at the time of the return of birth, the fact shall be stated, and the name subsequently given shall be reported to the Board of Health, and the said schedule shall be duly signed by the practitioner, midwife or other person in attendance at the birth, or by the parent, or in case of his absence or inability, by the householder or owner of the premises where the birth occurred. In case the child of unknown parentage, the information required shall be furnished to the Board of Health, in the manner and within the time above provided, except in the case of the finding of such child, when the return shall be made by the person finding the same. Any person who shall refuse or neglect to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 5th 91
4. *Place of Birth, (Street and Number)*	317 N. Washington St.
5. *Full Name of Mother,*	Mrs. Alice Virginia German Aiken
6. *Mother's Maiden Name,*	Wife " " German
7. *Mother's Birthplace,*	Balt. Md.
8. *Full Name of Father,*	George Benjamin Wm. Clillan Aiken
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return	C. C. Burke M. D.
Address,	1000 E. Balt. St.
Remarks,	Return C de Civ'g

8 9 1 5 0 0 2 4 2 X

ST & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

1920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)* 2[illegible] E Lanvale St
5. *Full Name of Mother,* Mrs Alice E Peters
6. *Mother's Maiden Name,* Mrs Alice E Adams
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* Warren Peters
9. *Father's Occupation,* Steel Setter
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return. Miss Grace [illegible]

Address, [illegible] Lanvale St

Remarks,

8 9 1 0 0 0 2 4 2 2

CITY OF BALTIMORE

Health Art. shall fail for 1st to 3d fail to same cap been conferred) its sex, color, the full name and said schedule shall be delivered, duly signed by third day of such week every month, or a physician or midwife of attendance upon the mother, immediately thereafter child to report its birth to the Commissioner of H any such Person who shall refuse or neglect to jected to the fine of ten (10) dollars for each offense

ENS. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 31921.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (State whether ~~male~~ or female) white
2. Race or color, (if not of the white race) July 9th 1921
3. Date of Birth, 642 Maryland Ave
4. Place of Birth, (Street and Number) Mary Edward Purcell
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, Md
7. Mother's Birthplace, Conrad Purcell
8. Full Name of Father, Gas Agent
9. Father's Occupation, Ireland
10. Father's Birthplace, Dr. H. Cairns
Name of Medical Attendant, or other person who makes this Return. 2100 Mt Royal Ave
Address,
Remarks, 1891000 2423

repeater of such birth, and shall enter the name of [illegible] under his or her care during the month, and shall set forth as far as the same can be ascertained the date and place of birth, and the sex, color and parentage of each child, and the name and residence of the [illegible] certificate shall be delivered, duly signed by [illegible] and every month to the office of the Registrar of Vital Statistics. [illegible] shall occur without the attendance of a physician or midwife, the parent or parents, or other person having charge of such child, shall report its birth to the Commissioner of Health within the time above specified, and any such person or persons, who shall hereafter fail to [illegible] shall be subject to the fine of ten (10) dollars for each offence, to be [illegible] fines and forfeitures are received.

[illegible] J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 31922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 1 0 0 0 2 4 2 4

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-7-49

RETURN OF A BIRTH. A 31943.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Grace Briscoe ~~Turner~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* African
3. *Date of Birth,* July 14th '91
4. *Place of Birth, (Street and Number)* 713 Vine St.
5. *Full Name of Mother,* Jennie Turner
6. *Mother's Maiden Name,* " Briscoe
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Henry Turner
9. *Father's Occupation,* Livery Stable Keeper
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner

Address, 424 W. Green St.

Remarks,

1891000002425

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH E 31934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Light complexion
3. Date of Birth,	16th July 1894
4. Place of Birth (Street and Number),	313 Glasgow Alley
5. Full Name of Mother,	Gertrude Carter - (not known)
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Charles Smith
9. Father's Occupation,	Hostler
10. Father's Birthplace,	Frederick Md.
Name of Medical Attendant, or other person who makes this Return.	Henry Meyers
Address,	233 Clay St.
Remarks,	

8910002425

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 31933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) African
3. Date of Birth, July 16th 91
4. Place of Birth, (Street and Number) ~~1504~~ 1508 Bank St.
5. Full Name of Mother, Catherine Roberts
6. Mother's Maiden Name, Butterme
7. Mother's Birthplace, Balto City
8. Full Name of Father, Francis Roberts
9. Father's Occupation, Grocery Store
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. J. B. Gaudnet

Address, 424 N. Greene St.

Remarks,

8 9 1 0 0 0 2 4 2 7

(M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS)

RETURN OF A BIRTH. 1916.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 17th 1891
4. Place of Birth, (Street and Number) 2630 - E. Johnson Place
5. Full Name of Mother, Annie Keller Enoch
6. Mother's Maiden Name,
7. Mother's Birthplace, Balt. County Md.
8. Full Name of Father, Geo H. Enoch
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Carroll County Md.

Name of Medical Attendant, or other person who makes this Return. Dr. Krause

Address, 2100 - Md Ave

Remarks,

1 8 9 1 0 0 0 2 4 2 8

J. G. DULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A. 31927.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 2 4 2 9

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...made each child of any adult have ...date and place of birth; and the ...a certificate between the first and ...in the case of a child born dead, or ...ery, or should no other person be in ...day of the person or parents of such ...within the period above required ...ance of the section shall be sub- ...other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 31928.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise of the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 19th 1891
4. Place of Birth (Street and Number)	Edgar Place
5. Full Name of Mother	Annie E. Stone Mathews
6. Mother's Maiden Name	Annie E. Sanford
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Frank Stone Mathews
9. Father's Occupation	Carpenter
10. Father's Birthplace	~~Md~~
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

1 8 9 1 0 0 0 2 4 3 0

RETURN OF A BIRTH.

3979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14th 91
4. Place of Birth, (Street and Number) 312 S. Patrick St.
5. Full Name of Mother, Mary E. Keyser
6. Mother's Maiden Name, " " Hunter
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Michael Keyser
9. Father's Occupation, Moulder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. B. Gardner

Address, 424 N. Greene St.

Remarks,

1 8 9 1 0 0 0 2 4 3 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 31930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	light brown skin
3. *Date of Birth,*	July the 21st
4. *Place of Birth, (Street and Number)*	Rebury st 872
5. *Full Name of Mother,*	Louisa Brown
6. *Mother's Maiden Name,*	Louisa Jacobs
7. *Mother's Birthplace,*	Eastern shore
8. *Full Name of Father,*	Joseph Bown
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	City of Baltimore
Name of Medical Attendant, or other person who makes this Return.	Lidia Somerville
Address,	646 Clinton avenue
Remarks,	

L 8 9 1 0 0 0 2 4 3 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth.	July 21. 1891
4. Place of Birth, (Street and Number)	501 Oxford St
5. Full Name of Mother.	Elizabeth M. Hart
6. Mother's Maiden Name.	Elizabeth M. Knell
7. Mother's Birthplace.	Balto.
8. Full Name of Father.	Walter R. Hart.
9. Father's Occupation.	Mechanic.
10. Father's Birthplace.	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return	M. Warfield. M.D
Address.	719 N. Howard St
Remarks.	18910002433

HEALTH DEPARTMENT JUL 28 1891 CITY OF BALTIMORE

...T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1933

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White Bohemian
3. *Date of Birth,* July 21st
4. *Place of Birth (Street and Number),* Balto. Municipal Hospital Board Co
5. *Full Name of Mother,* Agnes Chmielky
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return. Dr. Thos. Rasin M.D.

Address, Charles & McCulloh Sts.

Remarks,

8910002434

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, a like certificate of the births which occurred during the preceding month. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the mother of such child shall within ten days after the birth, cause the same to be registered as aforesaid, and in default thereof shall be subjected to a fine of not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Gilmore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, July 21st 91
4. Place of Birth (Street and Number), Baltimore University Hospital Dock St
5. Full Name of Mother, Sarah Rice
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Virginia
8. Full Name of Father, Tim Brown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. Robt. L. Nassin MD

Address, Charles and Centre Sts.

Remarks,

1 8 9 1 0 0 0 2 4 3 5

Simon Publishing Co., City Printers and Stationers

forfeit the sum of ten dollars for each offence, to be recovered in the name of the Mayor and City Council of Baltimore, to and for the use of the Board of Health, in the manner and within the period above mentioned. And it shall be the duty of the attendant or physician or person officiating at the birth, if there be no physician or person officiating at the birth, then the nearest relative, inmate or householder in the house where the birth occurs, or in the case of a birth occurring in a public institution, the superintendent or other officer thereof, to report the birth to the City Registrar of Vital Statistics, within the time and in the manner above mentioned, and every person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the like penalty for each offence, to be recovered in other cases and forfeitures are recoverable.

RETURN OF A BIRTH.

A 1930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) First (1st)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24th 1891
4. Place of Birth, (Street and Number) No 202 South Washington St.
5. Full Name of Mother, Mrs. Alice Matilda Byrne
6. Mother's Maiden Name, Miss Alice M. Litsinger
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, William James Byrne
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore, Maryland.

Name of Medical Attendant, or other person who makes this Return. Wm. H. Clendinen, M.D.

Address, 201 North Broadway

Remarks,

1 8 9 1 0 0 0 2 4 3 6

been conferred) its sex, color, the full name and [illegible] shall have said schedule shall be delivered, duly signed by the [illegible] e and place of birth; and the third day of each and every month to the office [illegible] of the form of a certificate between the first and shall occur without the attendance of a physician [illegible] In case the birth of any child attendance upon the mother, immediately thereafter [illegible] should no other person be in child to report its birth to the Commissioner of Health [illegible] the person or parents of such any such person or persons who shall hereafter fail [illegible] in the period above required, and jected to the fine of ten (10) dollars for each offense, to be [illegible] visions of this section shall be sub- [illegible] fines and forfeitures are recoverable.

HEALTH DEPT. CITY OF BALTIMORE JUL 25 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 31935

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Brown skin
3. Date of Birth, 24th of July 1891
4. Place of Birth, (Street and Number) Dirk St 116 2
5. Full Name of Mother, Josephine Gilson
6. Mother's Maiden Name, Josephine Cooper
7. Mother's Birthplace, Eastern shore Md
8. Full Name of Father, Isaac Gilson
9. Father's Occupation, porter
10. Father's Birthplace, Carrol Co Md

Name of Medical Attendant, or other person who makes this Return, Lydia Somerville

Address, 616 Clinton avenue

Remarks,

1 8 9 1 0 0 0 2 4 3 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1st July 1891
4. Place of Birth, (Street and Number) S. Duncan Alley 219
5. Full Name of Mother, Mary Patrick
6. Mother's Maiden Name, " Hagen
7. Mother's Birthplace, Balto
8. Full Name of Father, John Patrick
9. Father's Occupation, Laborer
10. Father's Birthplace, Irelands

Name of Medical Attendant, or other person who makes this Return, Mrs Buehler

Address, 235 1/2 Washington st

Remarks, T 6 9 1 0 0 0 2 4 3 8

been conferred) its sex, color, the full name and occupation of its parents, the ... have said schedule shall be delivered, duly signed by the practitioner in the case ... birth, ... the first day of each month, a correct return of the cases ... birth ... child ... shall have occurred ... the attendance of a physician or practitioner of midwifery, ... such ... attendance upon the mother, immediately thereafter it shall become the duty of ... such child, to report its birth to the Commissioner of Health, in the manner ... provided; and ... such ... shall ... be subject ... penalty ... shall ... be ... guilty ... misdemeanor ... shall ... be ... fined ... not ... dollars for each offense, to be recovered as other fines ... recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th
2. *Sex, (state whether male or female)* White
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* July
5. *Place of Birth, (Street and Number)* 1228 Essex St.
6. *Full Name of Mother,* Grace Simmons
7. *Mother's Maiden Name,* Mary Shultz
8. *Mother's Birthplace,* Penn.
9. *Full Name of Father,* Lewis Simmons
10. *Father's Occupation,* Painter
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Wm L Simmons

Address, 926 Gaughnawaga St.

Remarks,

1 8 9 1 0 0 0 2 4 3 9

BALTIMORE CITY BOARD OF HEALTH AUG 1 1891 REGISTRATION DEPARTMENT

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said Schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and fifth days of each month, to the officer or clerk of the Board of Health whose duty it shall be to receive the same; and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such report or return shall certify the fact of the birth, the number and sex of the children born, and all particulars required to be recorded in the Schedule aforesaid; and every person who shall neglect or refuse to report as aforesaid shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

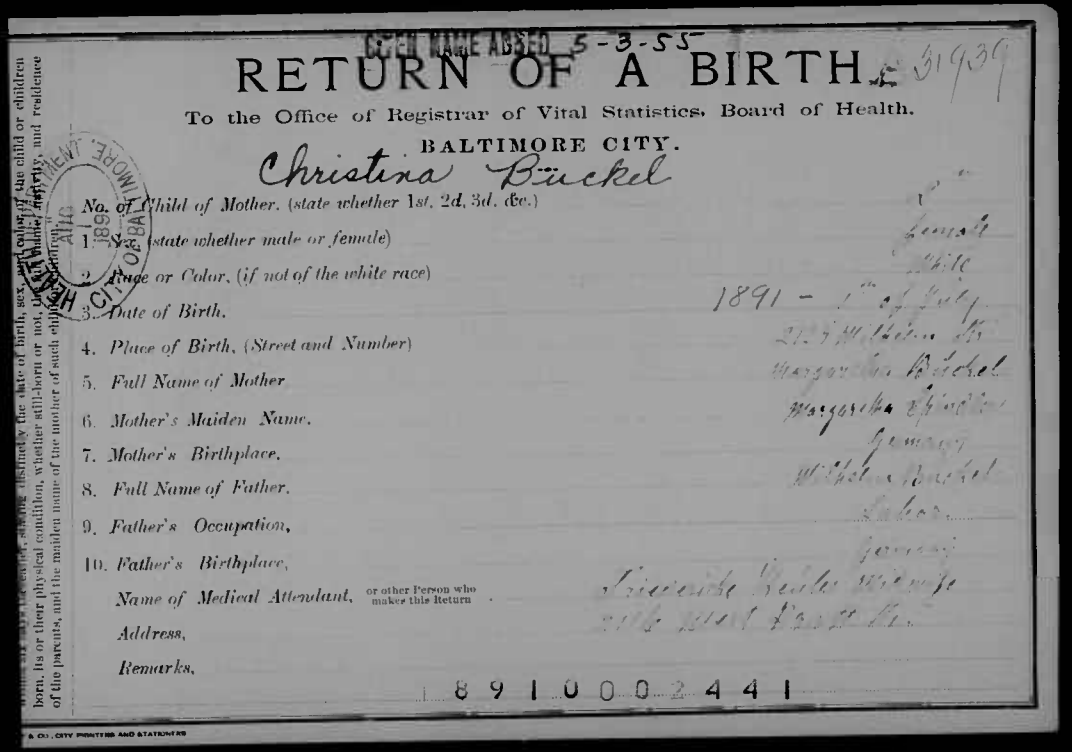
RETURN OF A BIRTH A 31938.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.)	Fourth
1. *Sex.* (*state whether male or female*)	Male
2. *Race or Color.* (*if not of the white race*)	
3. *Date of Birth.*	July 1st 1891
4. *Place of Birth.* (*Street and Number*)	1223 Washington
5. *Full Name of Mother.*	Georgia E. Higdon
6. *Mother's Maiden Name.*	" " Lewis
7. *Mother's Birthplace.*	Va
8. *Full Name of Father.*	Thomas F. Higdon
9. *Father's Occupation.*	Laborer
10. *Father's Birthplace.*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Connell
Address.	312 S. Donough
Remarks.	1891 0002440

been conferred as sex, color, the full name and residence of the parents, the date and place of birth and the said schedule with full every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the mother, or other person having charge of such child, is required to report the birth within ten days after the occurrence, and the place where the birth occurred, under the penalty prescribed in the preceding section. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS



COPY MADE ABOVE 5-3-55

RETURN OF A BIRTH.

31939

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Christina Büchel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth. 1891 - 1st of July.

4. Place of Birth, (Street and Number) 217 William St

5. Full Name of Mother Margaretha Büchel

6. Mother's Maiden Name. Margaretha Ehrlich

7. Mother's Birthplace. Germany

8. Full Name of Father. Michael Büchel

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Lizzie Beebe Midwife

Address, 218 West Lexington St.

Remarks,

8 9 1 0 0 0 2 4 4 1

BALTIMORE CITY HEALTH DEPARTMENT AUG 1891

Under the Act of Assembly, giving distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, surname, and residence of the parents, and the maiden name of the mother of such child or children.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 31940.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 207 Port St
4. *Place of Birth, (Street and Number)* 207 Port Alley
5. *Full Name of Mother,* Hattie Link
6. *Mother's Maiden Name,* Ickes
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Isac Link
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St

Remarks,

1891000244 2

month, and shall set forth as far as the same can be ascertained, the full name, sex, color, the full name and occupation of each parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician, midwife or person in charge, to the person or parents of such child to report its birth to the Commissioner of Health, or shall within the period above required, and every month thereafter, deliver to the office of the Registrar of Vital Statistics, with the certificate of birth, a schedule of all births occurring during the month, and if no birth occurred during the month, shall report the fact. Any person or persons who shall become the duty of the person or parents of such shall occur without the city limits, the person in charge of the case shall, within the first and third day of each and every month, deliver to the office of the Registrar of Vital Statistics, a schedule of all births occurring during the month, and if no birth occurred during the month, shall report the fact. Any person or persons who shall hereafter fail to comply with the provisions of this ordinance shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-18-58

RETURN OF A BIRTH

A 31941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ethel Eugenia L. Chambers

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1, 91
4. Place of Birth, (Street and Number) 1330 E Mount St
5. Full Name of Mother, Mrs Ellis Emerson Chambers
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto
8. Full Name of Father, Austin L Chambers
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, E. C. Ellis MD

Address, Lauvin Depot

Remarks, Instrumental

18910002443

...ing and shall set forth as far as the same can be ascertained the full name ... shall ... been conferred its sex, color, the full name and occupation of its parents, the ... and the said schedule shall be delivered, duly signed by the practitioner in the form ... first and third day of each and every month to the office of the Commissioner of Health. ... any child ... shall cause upon the mother, immediately thereafter it shall become the duty of such ... child to report his birth to the Commissioner of Health. In the manner and within the time ... any such person or persons who shall hereafter fail to comply with the ... and ... subjected to the fine of ten (10) dollars for each offense, to be recovered as other ... are recoverable.

CITY OF BALTIMORE BOARD OF HEALTH

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1st 1891
4. Place of Birth, (Street and Number) 1112 N. Stricker St.
5. Full Name of Mother, Anna P. Sapp
6. Mother's Maiden Name, Anna Papers.
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, J Sapp.
9. Father's Occupation, Printer.
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton M.D

Address, Calvert and Preston Sts

Remarks,

1891 CITY OF BALTIMORE REGISTRATION DIVISION

1 8 9 1 0 0 0 2 4 4

been conferred) its sex, color, the full name and occupation of its parents, the date and exact place of birth; and the name and address of the physician, midwife or other person who delivered it, duly signed by the latter, on a certificate furnished by the Board of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or other person, such child's father or mother, or the householder in whose house it was born, shall become liable to the penalties of the preceding section, unless such attendance upon birth to the Commissioner of Health, in writing, the particulars of this section shall be subject to a penalty of ten (10) dollars for each offense, to be recovered as other debts are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3191.3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth.
4. Place of Birth, (Street and Number)
5. Full Name of Mother.
6. Mother's Maiden Name.
7. Mother's Birthplace.
8. Full Name of Father.
9. Father's Occupation.
10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 1 0 0 0 2 4 4 5

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of such child, (if any shall have been conferred) its sex, color, the full name, residence and occupation of its parents, the time and place of its birth, the time when such birth was registered, and such other information as may be required by the Commissioner of Health. Every physician or person in attendance upon the mother at the birth of any child shall forward to the Commissioner of Health, within five days after the birth, a certificate of such birth, stating the time and place thereof, and the full name, residence and occupation of the parents of such child, if known to such physician or person, and such other information as may be required by the Commissioner of Health. Every undertaker or person acting as undertaker who shall bury the body of any child for which no certificate of birth has been returned as required by this section shall within ten days after such burial report the fact to the Commissioner of Health, stating the name, residence and occupation of the parents of such child, if known to such undertaker or person, and such other information as may be required by the Commissioner of Health. Every person who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as debts of like amount are recoverable by law.

RETURN OF A BIRTH. A 31944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 1st 1891
4. *Place of Birth, (Street and Number)*	2812 Cedar Ave
5. *Full Name of Mother,*	Lena Simpers
6. *Mother's Maiden Name,*	Folkert
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	R Lee Simpers
9. *Father's Occupation,*	Rail Road Employee
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadtler
Address,	2100 Druid Hill Ave
Remarks,	1891000 2446

698 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

31911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 1. 1891.
4. *Place of Birth, (Street and Number)* 401 Hamond Ave.
5. *Full Name of Mother,* Estella Dissay
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Konstantin Dissay
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Jas. C. Bernstein

Address, N.E. Exeter st

Remarks,

8910002447

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH.

A 3, 906.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1 1891
4. Place of Birth, (Street and Number) 911 E. Madison St
5. Full Name of Mother, Eva Harner
6. Mother's Maiden Name, Mower
7. Mother's Birthplace, Md.
8. Full Name of Father, Robt. Harner
9. Father's Occupation, Brakeman
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. J. H. Robinson

Address,

Remarks,

1 8 9 1 0 0 0 2 4 4 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 12th 1891.
4. Place of Birth, (Street and Number) 6 West Fifth St.
5. Full Name of Mother, Nellie Aloysius Smith.
6. Mother's Maiden Name, Gordon.
7. Mother's Birthplace, Md.
8. Full Name of Father, Thomas James Smith.
9. Father's Occupation, Stevedore.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Thos. H. Mitchell M.D.

Address, 29 Chestnut ave.

Remarks, 8 9 1 0 0 0 2 4 4 9

Every midwife or other person who shall attend upon any case of childbirth shall, within ten days after the birth, report to the Registrar of Vital Statistics, Board of Health, the name and residence of the parents, the sex, color, the full name and occupation, and the date and place of birth, and the number of each child born, if more than one at a birth, of each case attended by her or him; and the said midwife shall be delivered, duly signed by the person reporting, a certificate of every birth so reported. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above specified; and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 31918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 4 1891
4. Place of Birth, (Street and Number) [illegible] Morse alley
5. Full Name of Mother, ~~Mrs~~ Annie Smith
6. Mother's Maiden Name, Annie Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, [illegible] Johnson
9. Father's Occupation, [illegible] Wagon
10. Father's Birthplace, [illegible] Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs [illegible]

Address, [illegible] St.

Remarks,

CITY OF BALTIMORE 1891

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter violate the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1891000 2450

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 314 14

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CITY OF BALTIMORE 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 2nd 1891
4. Place of Birth, (Street and Number) 1202 Patterson Ave
5. Full Name of Mother, Mary J Baer
6. Mother's Maiden Name, Little
7. Mother's Birthplace, Penna
8. Full Name of Father, Benj H Baer
9. Father's Occupation, Dentist
10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return. Chas E Sadtler

Address, 2100 Druid Hill Ave

Remarks, C

1 8 9 1 0 0 0 2 4 5 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 7-27-56

RETURN OF A BIRTH.

31950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Justina Clark

1. *Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)*
   Sex, (state whether male or female) Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd July 189[illegible]
4. *Place of Birth, (Street and Number)* 1735 E. Lombard St.
5. *Full Name of Mother,* Kathe Clark
6. *Mother's Maiden Name,* Frischman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Jos. A. Clark
9. *Father's Occupation,* Lasher
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bachler

Address, 235 S. Washington St.

Remarks, 1891 00 8 45

CITY OF BALTIMORE 1891 AUG

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. E 31951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug 2, 1891
4. Place of Birth, (Street and Number) 803 Bucke St.
5. Full Name of Mother, Clara Barnett
6. Mother's Maiden Name, Clara Lewis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Bernard Barnett
9. Father's Occupation, Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. [illegible]

Address, 726 Eutaw St

Remarks,

8 9 1 0 0 0 2 4 5 3

been conferred) shall, before the full name and description required to be entered in the certificate of birth, and the said scheme shall be delivered, duly signed by the parent or parents of the child, or in case of their absence, by the person in charge of the house in which the birth shall have occurred, within the first and third day of each and every month to the office of the Commissioners of Health, or to such person as they shall appoint for the purpose, a certificate of birth of such child, containing the several particulars required to be entered in the certificate of birth hereinbefore directed to be kept by the Commissioners of Health, and in default thereof, or in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, under rules and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 of July
4. Place of Birth, (Street and Number) 0714 Eliot St.
5. Full Name of Mother, Käthe Schmidt
6. Mother's Maiden Name, Harfson
7. Mother's Birthplace, Balt
8. Full Name of Father, John Schmidt
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Mrs E. Hess

Address, 0524 Eliot St.

Remarks,

18910002454

...Section of the Public Laws of Maryland requires that the date and place of birth; and the full name, color, and birthplace of parents of every child born in this City shall be certified to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, it shall be the duty of the person or parents of such child to give information of the same within the period above required, and in such case the mother immediately after her confinement shall be subject to the penalties imposed by this section. OCT 14 1891 ...persons who shall hereafter violate any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 31963

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

Race or Color, (if not of the white race) white

Date of Birth, Dec 2 1891

Place of Birth, (Street and Number) 200 Eastern Ave

Full Name of Mother, Margaret Lewis

6. Mother's Maiden Name, Margaret Lewis

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo Lewis

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. H. Hartman

Address, 1216 Eastern Ave.

Remarks,

8 9 1 0 0 0 2 4 5 5

CITY OF BALTIMORE 1891

(Section 1. Be it ordained by the Mayor and City Council of Baltimore, that it shall be the duty of the Physician in attendance upon any case of birth, or in case there be no physician in attendance, then the person having charge of the house in which such birth occurs, or the parent or guardian of the child, if living in the house, or the nurse in attendance, to report to the Registrar of Vital Statistics, at the office of the Board of Health, the birth of any child born within the limits of Baltimore City, within ten days after the occurrence of such birth, which report shall state the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the number of each child of the mother, if living, and if dead, the number of those dead, which report shall be certified by the physician, nurse or person in attendance, if any there be, and shall be made upon blanks to be furnished by the Registrar of Vital Statistics, and shall be delivered at the office of the Board of Health within ten days after the birth of the child. And it shall be the duty of the Registrar of Vital Statistics, or some one of his assistants, to visit the house where any child is born, within thirty days after the birth of such child, and to ascertain the particulars required to be reported by this section, if the same have not been reported as herein required. Section 2. And be it ordained, that it shall be the duty of the Registrar of Vital Statistics, or some one of his assistants, to visit the house where any child is born, within thirty days after the birth of such child, and to report its birth, immediately thereafter, to the Board of Health, if the same have not been reported as herein required. Section 3. And be it ordained, that any person or persons who shall refuse or neglect to comply with the provisions of the preceding sections of this ordinance, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 31954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, July 2nd 1891
4. Place of Birth, (Street and Number) Baltimore. 132 Harford Ave
5. Full Name of Mother, Catherine Snyders
6. Mother's Maiden Name, Catherine Bernille
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Christian Snyders
9. Father's Occupation, Miner
10. Father's Birthplace, Marburg Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Barth Wadstein

Address, 926 Greenmount Ave

Remarks,

1 8 9 1 0 0 0 2 4 5 6

bean conferred) he sex color the full name and ... of ... and place of birth; and the ... schedule shall be delivered, duly signed by ... third day of each and every month to the office of ... shall occur without the attendance of a physician ... child to report its birth to the Commissioner of Health ... any such person or persons who shall hereafter fail to comply ... jected to the fine of ten (10) dollars for each offense, to be ... ties and forfeitures are recoverable.

BRS. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 31955.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	July 3 91
4.	*Place of Birth, (Street and Number)*	236 N. Bond
5.	*Full Name of Mother,*	Mollie Lehman
6.	*Mother's Maiden Name,*	" Hirsh
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Michael B Lehman
9.	*Father's Occupation,*	Salesman
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
	Address,	912 Mc Donogh
	Remarks,	8910002457

such conferral, its sex, color, the full name and occupation of the parents, the time and place of birth, and the said schedule shall be delivered, duly signed by the person in charge of the case, to the parent of such child, or to the person in charge of the house in which such child was born, within thirty days after the birth of any child third day of each and every month to the officer or person charged with the duty of registering births, a report of all births which shall occur within the city during the preceding month; and in case no birth shall occur within the time aforesaid, then a report to that effect shall be made by the person or persons aforesaid. Such report shall be made on a schedule to be furnished by the Commissioner of Health, in the form prescribed by him, and any such person or persons who shall neglect or refuse to make such report, or to make the same in the manner and within the time prescribed by this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered, with costs, as debts of like amount are recoverable by law. And the said Commissioner of Health shall cause to be printed and distributed to the persons aforesaid, blank forms of the schedules aforesaid, and shall prescribe such rules and regulations as he may deem necessary for the proper execution of the duties hereby imposed upon them, and for the collection of the penalties and forfeitures aforesaid.

RECEIVED
JUL 6 1891
REGISTRAR OF BALTIMORE CITY

WM J C BULLANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

E 31-56.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* June 3. 1891
4. *Place of Birth (Street and Number),* 16 Brown's Lane
5. *Full Name of Mother,* Carrie Brown
6. *Mother's Maiden Name,* Butcher
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John A Brown
9. *Father's Occupation,* Hucksters
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Edward H Condon M.D.

Address, 1 S Fayette

Remarks,

1891 0002453

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. B 31957.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
2. Sex, (state whether male or female) Female.
3. Race or Color, (if not of the white race) White.
4. Date of Birth, July 3, 1891.
5. Place of Birth, (Street and Number) 605 Fourth ave.
6. Full Name of Mother, Mary E. Houck
7. Mother's Maiden Name, Hale.
8. Mother's Birthplace, Md.
9. Father's Full Name, William L. Houck.
10. Father's Occupation, Bill operator.
11. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 1891 0002459

CITY OF BALTIMORE 4 1891

been conferred. Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said return shall be verified by the oath or affirmation of the person making the same. If any child born alive shall die before the expiration of the third day of each and every month to the office of the Commissioner of Health. The return of the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the return of the birth of such child shall be made by the person in charge of the house in which such birth occurs, or by the nearest relative present at such birth, or in case there is no relative present, then by the person having charge of the mother. Immediately thereafter it shall become the duty of such attendance upon the mother, immediately thereafter it shall become the duty of such attendant to make return of the birth of such child, in the manner and within the time above specified. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are by law recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31958.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 3, 1891
4. Place of Birth, (Street and Number) 130 Tyson St.
5. Full Name of Mother, Mrs Sarah Holmes
6. Mother's Maiden Name, Sarah Stephens
7. Mother's Birthplace, Piscataway Co Maryland
8. Full Name of Father, Joseph Holmes
9. Father's Occupation, Laborer
10. Father's Birthplace, St Louis Missouri

Name of Medical Attendant, or other person who makes this Return. Heather Lawrence

Address, 1 C Pratt St

Remarks,

1891000024 60

HEALTH DEPT. BALTIMORE CITY AUG 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred, as to sex, color, the full name and occupation of its parents, its date and place of birth; and the full name and residence of the physician, midwife or other person who delivered, duly signed by the practitioner if there be one present, shall be delivered to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or other person, it shall be the duty of each and every month to the office of practitioner of midwifery, or should no one of the parents of such child reside in the house in which such birth occurs, then the owner or agent of the house in which such birth shall occur without the attendance aforesaid, shall duly register it, shall within the period above required, and in the manner above directed, make return of the particulars required by the provisions of this section shall be made, and every person or persons who shall hereafter fail to make such return as aforesaid, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

B 31959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4th 1891
4. Place of Birth, (Street and Number) 2570 East St
5. Full Name of Mother, Annie Hoska
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Antonio Hoska
9. Father's Occupation, Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, G H Everhart M D

Address, 211 N Washington Ave

Remarks,

1891 0002461

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 31960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) male

Race or Color, (if not of the white race) white

Date of Birth, July 4th

Place of Birth, (Street and Number) 926 Hanover st

5. Full Name of Mother, Mrs Minnie Vander

6. Mother's Maiden Name, Minnie Beck

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Vander

9. Father's Occupation, Basket maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Wunch

Address, 800 Leadenhall st

Remarks, 1891 0002462

CITY OF BALTIMORE 1891 REGISTRAR'S OFFICE

Every child born alive within the City of Baltimore shall be registered, and the stone coffin be interred, the full name of each child, if any shall have been conferred, if delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health, by the person or persons of such child, if such child be born without the attendance of a physician or practitioner, by the person or parents of such child, if such child be born without the attendance of a physician or practitioner, by the person or parents of such attendance given in the certificate to the Commissioner of Health, by the person or persons required above required, and shall be sent in the certificate to the Commissioner of Health, by the person or persons required above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1
1. *Sex.* (state whether ~~male~~ or female)	
2. *Race or Color.* (If not of the white race)	
3. *Date of Birth,*	January 4th
4. *Place of Birth.* (Street and Number)	126 Wright St Balto
5. *Full Name of Mother,*	Josephine Scanlon
6. *Mother's Maiden Name,*	Josephine Price
7. *Mother's Birthplace,*	Phila Pa
8. *Full Name of Father,*	John F Scanlon
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Catherine Mundle
Address,	908 Swadenhall St
Remarks,	8910002463

been conferred on sex, colored; duly signed by the person making the return, and the said schedule shall be every month to the officer or person appointed to receive the same, and the third day of each month thereafter, without the attendance, shall forthwith cause the person required, and shall cause the person who shall refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

been conferred, its sex, color, the full name an[illegible] the date and place of birth; and the said schedule shall be delivered, duly signed [illegible] of a certificate between the first and third day of each and every month to the [illegible] In case the birth of any child shall occur without the attendance of a phy[illegible] or should no other person be in attendance upon the mother, immediately ther[illegible] of the person or parents of such child to report its birth to the Commissioner [illegible] within the period above required, and any such person or persons who shall hereb[illegible] provisions of this section shall be subjected to the fine of ten (10) dollars for each offen[illegible] fines and forfeitures are recoverable.

AUG 1891

RETURN OF A BIRTH.

3196 V

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Sixth

1. *Sex,* (*state whether male or female*) male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* July 4th 1891
4. *Place of Birth,* (*Street and Number*) 1523 W. Saratoga St.
5. *Full Name of Mother,* Katie Lappe
6. *Mother's Maiden Name,* Crean
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Chas. A. Lappe
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. John Neff M.D.

Address, 701 N. Carrollton ave

Remarks,

1 8 9 1 0 0 0 2 4 6 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been contracted), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by [illegible] on the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician [illegible] midwifery, or should no other person be in attendance upon the mother, immediately it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall fail to comply with any provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE [illegible] 18[illegible]

GIVEN NAME ADDED 2-27-52

RETURN OF A BIRTH.

31963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marguerite Anna Gunther

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 4th 1891
4. *Place of Birth, (Street and Number)* 1725 N. Bond St.
5. *Full Name of Mother,* Susie Gunther
6. *Mother's Maiden Name,* Susie Harrisburg
7. *Mother's Birthplace,* Baltimore. Md.
8. *Full Name of Father,* Chas. A. Gunther
9. *Father's Occupation,* Wood Turner
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton M.D.

Address, Calvert and Preston Sts

Remarks,

8910002465

WM. J.C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 4. 1914.
4. Place of Birth, (Street and Number) 1822 Clarion St
5. Full Name of Mother, Lottie Smith
6. Mother's Maiden Name, Mitchell
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Casper Lockhart
9. Father's Occupation, Driver.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Caroline Cahill

Address, 1822 Clarion St.

Remarks,

8 9 1 0 0 0 2 4 6 6

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, July 5th 1891
5. Place of Birth, (Street and Number) 1229 Division Street
6. Full Name of Mother, Florence Francis
7. Mother's Maiden Name, Simmons
8. Mother's Birthplace, Virginia
9. Full Name of Father, Andrew Jackson Francis
10. Father's Occupation, Tinner
11. Father's Birthplace, Baltimore Md

Name of Medical Attendent, or other person who makes this Return. Mrs. M. Maund Midwife

Address, 1229 Division Ave

Remarks,

1891 0002467

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3,966.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday, July 5, 1891
4. Place of Birth, (Street and Number) 815 West Street
5. Full Name of Mother, Jennie Wolf
6. Mother's Maiden Name, Jennie Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Wolff
9. Father's Occupation, Clerk
10. Father's Birthplace, Washington

Name of Medical Attendent, or other person who makes this Return. [illegible]

Address, [illegible] E. Baltimore St.

Remarks,

8 9 1 0 0 0 2 4 6 8

month, and shall set forth as far as the same can be ascertained the full ... of each child (if any) who shall have been conferred) ... color; the full name and residence of the ... and the place of birth of the father; and the ... said schedule shall be delivered, duly signed by the ... the first day of each and every month to the office of the Commissioner of ... shall deliver with the return of each birth ... attendance upon the mother, immediately ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail to comply with the ... subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ORR. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3967.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 5th 1891
4. *Place of Birth, (Street and Number)*	828 Columbia ave
5. *Full Name of Mother,*	Lana Snyder
6. *Mother's Maiden Name,*	" Medeal
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John A Snyder
9. *Father's Occupation,*	Cutter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Chas R Graham
Address,	
Remarks,	8910002469

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE CITY OF BALTO AUG 3 1891

No.	*Child of Mother, (state whether 1st, 2d, 3d, &c.)*	5th
2.	*Sex, (state whether male or female)*	male
	Race or Color, (if not of the white race)	white
3.	*Date of Birth,*	1st July
4.	*Place of Birth, (Street and Number)*	931 Leadenhall St.
5.	*Full Name of Mother,*	Loise Jacob
6.	*Mother's Maiden Name,*	Loise Bastels
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Fred Jacob
9.	*Father's Occupation,*	Baumeister
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Catherina Wemmel
	Address,	900 Leadenhall St
	Remarks,	

1 8 9 1 0 0 0 2 4 7 0

been conferred in sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall further specify the number of children to which the mother has given birth, and the third day of each and every month to the Clerk of the Circuit Court in the form of certificate between the first and fifteenth days of each month next following the birth of such child; and if any midwife or practitioner of midwifery shall neglect or refuse to make such certificate, or shall neglect or refuse to attend upon the Register personally therefor, if duly required, or shall become the bearer of a false certificate of such birth, or shall neglect or refuse to make the certificate required by this section within the time herein prescribed, such midwife or practitioner of midwifery shall forfeit and pay for each offense, to be recovered as debts of like amount are now recoverable by law, the sum of ten (10) dollars, and any such person or persons who shall hereafter fail to make the return required by this section, shall be subject to the fine of ten (10) dollars, for each offense, to be recovered as debts of like amount are now recoverable by law.

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 31969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, July 5 1891
4. Place of Birth, (Street and Number) 902 E. Caroline St.
5. Full Name of Mother, Mary Lilly Green
6. Mother's Maiden Name, Pierce
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Thomas Green
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks, 8910002471

Section 2. And be it further enacted, That the following shall be set forth as far as the same can be ascertained by reasonable inquiry, the name, sex, color, the full name and occupation of each parent, the date and place of birth, whether such birth was the first, second or other child born of the mother, and such other information as may be required by the Commissioner of Health, in each case of birth of any child hereafter born within the limits of Baltimore City; and it shall be the duty of each and every midwife, physician or practitioner in said city, who shall be in attendance upon the mother, at the birth of any child, to report the said birth to the Commissioner of Health, in the form and manner aforesaid, within the time aforesaid; and in default of any midwife, physician or practitioner so in attendance upon the mother, immediately thereafter it shall become the duty of the father of such child to report its birth to the Commissioner of Health, in the form and manner aforesaid, within the time aforesaid; and in default of any such report being made as aforesaid, the person or persons who shall be in default shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Second
1. Sex. (state whether male or female)	Female
2. Race or Color. (if not of the white race)	White
3. Date of Birth.	July 5. 1891
4. Place of Birth. (Street and Number)	1336 Argyle Ave
5. Full Name of Mother.	Georgie Rauch
6. Mother's Maiden Name.	Georgie Emmart
7. Mother's Birthplace.	Baltimore
8. Full Name of Father.	Chas. Rauch
9. Father's Occupation.	Mine Owner
10. Father's Birthplace.	New Jersey
Name of Medical Attendant, or other Person who makes this Return	Hector Warfield
Address.	29 N Howard St
Remarks.	1 8 9 1 0 0 0 2 4 7 2

...T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 5th
4. Place of Birth, (Street and Number) Baltimore 1882 Eutaw at
5. Full Name of Mother, Minnie E Walter
6. Mother's Maiden Name, Minnie "Connolly"
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John F Walter
9. Father's Occupation, Police
10. Father's Birthplace, Bavaria Germany

Name of Medical Attendent, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, 8910002473

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 of July
4. Place of Birth, (Street and Number) 2530 O Dunet St
5. Full Name of Mother, Betty Betty Underfer
6. Mother's Maiden Name, Betty
7. Mother's Birthplace, Balt
8. Full Name of Father, Andrew [illegible]erfer
9. Father's Occupation, Com. merch
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 524 Lancaster St

Remarks,

1 8 9 1 0 0 0 2 4 7 4

Jean cutsreal (Clerk) enter the full name and occupation of parent making the return, the date of birth; and the said return shall be delivered, duly signed by the practitioner, midwife or parent, to the Registrar between the first and third day of each and every month to the office of the Commissioner of Health. In the case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the parent or other person in charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31973.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 5 1891.
4. Place of Birth, (Street and Number) 1008 E. Pratt
5. Full Name of Mother, Annie Cohn
6. Mother's Maiden Name, Salomon
7. Mother's Birthplace, Europe
8. Full Name of Father, David Cohn
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Robt. Bernstein

Address, 122 S. Exeter

Remarks,

1 8 9 1 0 0 0 2 4 7 5

BOARD OF HEALTH AUG 8 1891 CITY OF BALTIMORE

tion conferred, its sex, color, the full name and occupation of its parents, the number of children to which the mother has given birth, including the first and such schedule shall be delivered, duly signed by the practitioner in attendance at the case of any child third day of each and every month to the officer of the Commissioner of Health, at the office of said Commissioner, and any person being shall occur without the attendance of such practitioner, it shall become the duty of the father, mother, nurse or other person in charge of such child, or in the absence of all these persons, of the householder of the house in which such birth shall occur, to report the same immediately thereafter. It shall become the duty of every practitioner who shall attend upon any case of birth in the city of Baltimore, to report such birth to the Commissioner of Health, at the time of his next visit to the house where such birth occurred, after the same shall have occurred, and in all cases where such practitioner shall fail to report such birth as herein required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 6 - 91
4. *Place of Birth, (Street and Number)*	612 N. Broadway
5. *Full Name of Mother,*	Elizabeth Slayth
6. *Mother's Maiden Name,*	" Williams
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Eugene Slayter
9. *Father's Occupation,*	Watchman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A Allwell
Address,	912 McDonogh
Remarks,	

8 9 1 0 0 0 2 4 7 6

METROPOLITAN PRESS AUG 4 1891 CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	6th
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	6th of July
4. *Place of Birth*, (*Street and Number*)	219 Christian St
5. *Full Name of Mother*	Lottie J. Hemans
6. *Mother's Maiden Name*,	Lottie Barkwill
7. *Mother's Birthplace*,	Md
8. *Full Name of Father*,	Manuel J. Hemans
9. *Father's Occupation*,	Sailor
10. *Father's Birthplace*,	Md
Name of Medical Attendant, or other Person who makes this Return	Frederick Neale Wilmer
Address,	219 East Fort Av
Remarks,	

8 9 1 0 0 0 2 4 7 7

CITY OF BALTIMORE

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. No. 31476.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	July 6 - 91
4.	*Place of Birth, (Street and Number)*	2603 E. Eager
5.	*Full Name of Mother,*	Ida May Smith
6.	*Mother's Maiden Name,*	" Kepler
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Samuel J. Smith
9.	*Father's Occupation,*	Brassmaker
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwood
	Address,	912 McDonogh
	Remarks,	1891 0002478

Seal of the City of Baltimore

been conferred in sex, color, the full name and accurate date and place of birth; and the well-founded belief that the mother intends to reside in Baltimore City. Any person who shall neglect or refuse to make such return within the time prescribed by this section shall be guilty of a misdemeanor, and upon conviction thereof shall be fined for each offense not less than five dollars nor more than twenty dollars. Any physician or midwife who shall neglect or refuse to make such return within the time prescribed by this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31477.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	9
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	July 6 1891
4.	*Place of Birth, (Street and Number)*	749 E. Chester St.
5.	*Full Name of Mother,*	Elizabeth Hildebrand
6.	*Mother's Maiden Name,*	Stein
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Samuel Hildebrand
9.	*Father's Occupation,*	Machinist
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Mary Stein
	Address,	1421 E. Oraft St.
	Remarks,	

1 8 9 1 0 0 0 2 4 7 9

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 6 1891
4. Place of Birth, (Street and Number) 242 E. Caroline St.
5. Full Name of Mother, Sara F. Gamant
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, New York
8. Full Name of Father, George E. L. Gamant
9. Father's Occupation, Captain of a Boat
10. Father's Birthplace, Boston Mass.

Name of Medical Attendant, or other person who makes this return, Mary Stein

Address, 427 E. Fath St.

Remarks, 1891000?480

... month, and shall set forth as far as the same can be ascertained ... shall be ... such child, the ... and place of birth, and the ... been conferred; ... delivered, duly signed by the practitioner ... person of ... the first and ... third day of each and every month to the office of the Commissioner ... Such ... shall be ... shall seem without the attendance of a physician or practitioner ... parents of such ... attendance upon the ... to the Commissioner of Health. In the manner and ... required, and ... any such person or persons who shall hereafter fail to comply with ... section, shall be ... fined to the fine of ten (10) dollars for each offense, to be recovered as other ... and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 31977.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 6 — 1891
4. Place of Birth, (Street and Number) 1014 Granby St.
5. Full Name of Mother, Grace Urban
6. Mother's Maiden Name, Cuningham
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adam Urban
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Harry Stein

Address, 1421 E. Pratt St.

Remarks,

8910002481

Section 4. Be it further enacted, That the same can be ascertained, the full name, age, color, nativity, residence and occupation of the father, and the full maiden name, age, color, nativity and residence of the mother of every child born within the limits of Baltimore City shall be registered in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the father, mother, householder or other person in attendance upon the mother, to report the birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. July 6th 1891
4. Place of Birth, (Street and Number) #1731 Patapsco st.
5. Full Name of Mother, Ellizibeth Heckwolf.
6. Mother's Maiden Name, Ellizibeth Leidig.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George F. Heckwolf.
9. Father's Occupation, Iron moulder
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Balthasar Meyrose

Address, 800 Leadenhall st

Remarks,

1891000 2482

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

D. 31981.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ...

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Male
3. Date of Birth, 6th July
4. Place of Birth, (Street and Number) 412 Park Alley
5. Full Name of Mother, Catherine Bassett
6. Mother's Maiden Name, Catherine Hester
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Bassett
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Caller Emma Thompson

Address, 800 Lexington St

Remarks,

8 9 1 0 0 0 2 4 8 3

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person making the return, to the undertaker who shall decide between the parents which of them shall make the return; and if they cannot decide between themselves, the father shall make the return, if he be in the county at the time of the birth, and if he be not in the county, the mother shall make the return; and if neither parent be in the county at the time of the birth, the return shall be made by the person in charge of the house in which the birth occurred, or if there be no such person, by the nearest householder, or if there be no other person to make the return, by the midwife, or if there be no midwife, by the physician or surgeon who shall become the duty of the person or persons on whom the duty is imposed by this section to make the return of any birth to make the return within the time prescribed by this section, such person or persons shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	July 6th 1891
4. Place of Birth, (Street and Number)	604 W Conway
5. Full Name of Mother,	Elizabeth Norney
6. Mother's Maiden Name,	Westcott
7. Mother's Birthplace,	New Jersey
8. Full Name of Father,	Frank E Norney
9. Father's Occupation,	Piano Maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham
Address,	
Remarks,	8910002484

CITY OF BALTIMORE

6M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A. 1982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) race
3. Date of Birth, 6th of July
4. Place of Birth, (Street and Number) 204 S Dallas st
5. Full Name of Mother, Barbara Sulzbacher
6. Mother's Maiden Name, Barbara Fisch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Sulzbacher
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Greenwood

Address, 1617 Lancaster st

Remarks,

1891000 2485

HEALTH DEPARTMENT BALTIMORE CITY

Wm J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ... of Child of Mother. (state whether 1st, 2d, 3d, &c.) 7
2. Sex. (state whether male or female) Female
3. Race or Color, (if not of the white race)
4. Date of Birth. July 7 1911
5. Place of Birth. (Street and Number) 427 S. Regester St.
6. Full Name of Mother, Mary E. Greely
7. Mother's Maiden Name, Carry
8. Mother's Birthplace, Baltimore
9. Full Name of Father. Joseph Greely
10. Father's Occupation, Painter
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address. 427 S Regester St.

Remarks, + 8 9 1 0 0 0 2 4 8 6

CITY OF BALTIMORE 1911

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31985.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, July 7th
4. Place of Birth, (Street and Number) 1425 Lancer's alley
5. Full Name of Mother, Emma Watkins
6. Mother's Maiden Name, Holloway
7. Mother's Birthplace, England
8. Full Name of Father, Harry Watkins
9. Father's Occupation, Coachman
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. J. C. Bunch M.D

Address, 511 Hanover St

Remarks,

1 8 9 1 0 0 0 2 4 8 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 7th 1891
4. *Place of Birth, (Street and Number)*	1039 N. Greene St.
5. *Full Name of Mother,*	Evelyn Milnor
6. *Mother's Maiden Name,*	Evelyn Westlake
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	Samuel E. Milnor
9. *Father's Occupation,*	Editor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. Newton
Address,	900 Cathedral St
Remarks,	8910002488

SEC. 14. And be it further enacted, That it shall be the duty of the physician, midwife or other person in attendance upon the birth of a child, to make a return of such birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after such birth, and the said Registrar shall deliver to such physician, midwife or other person in attendance upon the birth of a child, blank forms for such returns, and shall furnish the same free of charge; and it shall be the duty of each and every physician, midwife or other person in attendance upon the birth of a child, to call for and obtain such blank forms from the said Registrar of Vital Statistics, Board of Health, Baltimore City, and to make return of such birth as aforesaid. In case the birth of any child shall occur without the attendance of a physician, midwife or other person, he or she in charge of the house in which such birth occurs, or in which the mother of such child may be at the time of its birth, shall make return of such birth as aforesaid. And in case of the neglect or refusal of any physician, midwife or other person in attendance upon the birth of a child, or of the person in charge of the house in which such birth occurs, or in which the mother of such child may be at the time of its birth, to make return of such birth as aforesaid, within the time and in the manner herein prescribed, he or she shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	White
Date of Birth,	7
Place of Birth, (Street and Number)	832 Frederick ave
5. Full Name of Mother,	Mary E. Warfield
6. Mother's Maiden Name,	Mary E. Burton
7. Mother's Birthplace,	Prince George Co.
8. Full Name of Father,	John E. Warfield
9. Father's Occupation,	Teamster
10. Father's Birthplace,	Baltimore md
Name of Medical Attendant, or other person who makes this Return.	Mrs E. Wickes
Address,	
Remarks,	8910002489

CITY OF BALTIMORE JUN 26 1891

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be signed by the practitioner in the form of a certificate for the birth of any child which may occur without the attendance of a physician or midwife, the said schedule shall be signed by the person or parents of such child, or other person having charge of the same, and in default of the person or parents of such attendance upon the mother, immediately after the birth of such child, the said physician or midwife shall report the birth of such child to the Commissioner of Health within ten days thereafter, and any person who shall hereafter neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, the said penalty to be recovered, with costs, as other penalties are recoverable.

(M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.)

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 1 8 9 1 0 0 0 2 4 9 0

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, it shall be the duty of the mother, immediately after the birth of the child, to report its birth to the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
2. Sex, (state whether male or female)	Male
3. Race or Color, (if not of the white race)	White
4. Date of Birth,	July 7th 1891
4. Place of Birth, (Street and Number)	835 N. Wolf
5. Full Name of Mother,	Annie Doengis
6. Mother's Maiden Name,	" Attwell
7. Mother's Birthplace,	City
8. Full Name of Father,	George L. Doengis
9. Father's Occupation,	Baker
10. Father's Birthplace,	City
Name of Medical Attendant, or other Person who makes this Return.	John Boyd M.D.
Address,	1937 E. Monument St
Remarks,	

8910002491

ascertained the full name of each child (if any shall have been omitted), and the true and specific nature or cause of its ... and the name and residence of the midwife or nurse, if any shall have been in attendance upon the mother, immediately thereafter to the Health Officer of the City of Baltimore, a report in writing ... report its birth to the Commissioner of Health, in the form of a certificate to be furnished by the Commissioner of Health, and ... be in attendance upon the mother, immediately thereafter to report in writing ... certificate to be furnished by the Commissioner of Health, and ... or person who shall be required as other fines and forfeitures are ... provided for the recovery of fines and forfeitures, and ... shall refuse or neglect to comply with the provisions of ... or person who shall be required as other fines and forfeitures are ... provided for the recovery of fines and forfeitures, and ... shall refuse or neglect to comply with the provisions of ... shall forfeit and pay for every such offence a sum not exceeding ten (10) dollars ... with costs to be recovered as other fines and forfeitures are ... provided for the recovery of fines and forfeitures.

CITY REGISTRAR'S OFFICE BALTIMORE

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 31990.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth 5-th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 7th
4. Place of Birth, (Street and Number) Greenmount Ave 842
5. Full Name of Mother, Alice J. Arnold.
6. Mother's Maiden Name, Alice Mat
7. Mother's Birthplace, Balto. County. md
8. Full Name of Father, John Wm Arnold
9. Father's Occupation, Carpenter + Builder
10. Father's Birthplace, Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return. Mrs Wooden

Address, 936 Greenmount Ave

Remarks,

1 8 9 1 0 0 0 2 4 9 2

been conferred its sex, color, the full name and residence of the parents, and the date and place of birth, and the said clerk shall enter the same in a book to be kept for that purpose. In case the birth of any child shall occur without the attendance of a physician or [illegible] midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report the birth to the registrar of vital statistics in the manner and within the time prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 8th 1891
4. *Place of Birth, (Street and Number)* 314 N. Fulton Ave
5. *Full Name of Mother,* Carrie Landstreet
6. *Mother's Maiden Name,* Shipley
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Edward J. Landstreet
9. *Father's Occupation,* Bookkeeper
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. John N. Lee M.D.

Address, 761 N. Carrollton Ave

Remarks,

18910002493

RECEIVED AUG 1891 CITY OF BALTIMORE 801

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Juli 8 1891
4. Place of Birth, (Street and Number) 404 S Wolfe St
5. Full Name of Mother, Hulda Felzberger
6. Mother's Maiden Name, Hulda Huebsch
7. Mother's Birthplace, Stetten Germany
8. Full Name of Father, George Felzberger
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 1712 Eastern Av

Remarks,

8910002494

been conferred) its sex, color, the full name [illegible] its, the date and place of birth; and the said schedule shall be delivered, duly signed [illegible] form of a certificate between the first and third day of each and every month to the [illegible] Health. In case the birth of any child shall occur without the attendance of a p[illegible] midwifery, or should no other person be in attendance upon the mother, immediately [illegible] duty of the person or parents of such child to report its birth to the Commissioner of Health [illegible] within the period above required, and any such person or persons who shall here[illegible] provisions of this section shall be subjected to the fine of ten (10) dollars for each offense [illegible] other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 8th 1891
4. Place of Birth, (Street and Number) 1109 Hanticoke pr
5. Full Name of Mother, Maggie Jenger
6. Mother's Maiden Name, " Heas
7. Mother's Birthplace, Maryland
8. Full Name of Father, Edward C Jenger
9. Father's Occupation, Tinner
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Geo R Latane

Address,

Remarks,

1891000249 5

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and the number then living, to the Commissioner of Health, or to such person as he may designate for the purpose, within ten days after the birth; and the said midwife shall be delivered, duly signed by the practitioner, or midwife, as the case may be, to the person in charge of the premises where the birth occurred, within ten days after the birth, and on default of such delivery, or if no person be in charge of the premises, then the said midwife shall deliver the said certificate within ten days after the birth to the Commissioner of Health, or to such person as he may designate for the purpose. And every physician or practitioner of midwifery, or other person in attendance upon the mother, immediately thereafter if a still-birth occurs, and within ten days after the birth of a living child, shall report the fact to the Commissioner of Health, or to such person as he may designate for the purpose, and in default of so doing shall forfeit and pay such sum of money, not exceeding ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 6th 1891
4. Place of Birth, (Street and Number) 1251 Sargeant st
5. Full Name of Mother, Annie Milligan
6. Mother's Maiden Name, " White
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas Milligan
9. Father's Occupation, car driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Leo R Latham

Address,

Remarks, 8 9 1 0 0 0 2 4 9 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8th 1891
4. Place of Birth, (Street and Number) 70. Belair Ave. Balt.
5. Full Name of Mother, Amelia Mollon
6. Mother's Maiden Name, " Deer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, C. August Mollon
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wilhelmine Schmidt

Address, No. 1859 N. Gay St. City

Remarks, move

1891 0002497

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8: 1891
4. Place of Birth, (Street and Number) 1067 W. Lexington St
5. Full Name of Mother, Lizzie B. Fett
6. Mother's Maiden Name, Bangs
7. Mother's Birthplace, ~~Baltimore~~ Wilmington Del
8. Full Name of Father, John Fett
9. Father's Occupation, Salesman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. O. C. Williams

Address, 904 Madison Ave

Remarks,

1 8 9 1 0 0 0 2 4 9 8

...have conferred) its sex, color, the full name and occupation of ... of birth; and the ... shall be delivered, duly signed by the ... to be found of a certificate between the first and ... such schedule shall be delivered, duly signed by the ... of birth of any child ... shall occur within the ... of a physician or practitioner ... such birth, and every ... shall occur within the ... of a physician or practitioner ... such birth, and every ... shall occur within the ... of a physician or practitioner ... such birth, and every ... shall occur within the ... of a physician or practitioner ... such birth, and every ... shall occur within the ... of a physician or practitioner ... such birth, and every ... shall occur within the ... of a physician or practitioner ... such birth, and every ... shall occur within the mother, immediately thereafter it shall be ... of the ... above required, and ... child to report its birth to the Commissioner of Health, who shall ... to comply with the ... any such person or persons, who shall neglect or fail to comply with the ... shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other ... and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	John Mason Hundley Jr. 2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 8: 1891
4. Place of Birth, (Street and Number)	1002 Edmondson Ave
5. Full Name of Mother,	Helen Hundley
6. Mother's Maiden Name,	Swope
7. Mother's Birthplace,	"
8. Full Name of Father,	Baltimore
9. Father's Occupation,	J. Mason Hundley
10. Father's Birthplace,	Physician
Name of Medical Attendant, or other person who makes this Return.	Virginia
Address,	P. C. Williams
Remarks,	904 Madison Ave
	CITY CASE ADDED 8-28-52
	1891000249

been conferred, its sex, color, the full names and occupation of its parents, the place of birth, and the number of the child, if born alive, the first and last day of each and every attendance of a physician if any shall be rendered, and the cause of death, if the child shall not survive its birth. The Return of the birth of any child shall be signed by the attendant physician, midwife or nurse, and if there be no such person, then by the father or mother, householder, or other person present at the birth. The Return of the birth of any child born within the city limits shall be subscribed by the person or persons who shall have been in attendance upon its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, and any person who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31998.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8th
4. Place of Birth, (Street and Number) 522 Union St.
5. Full Name of Mother, Mrs Minnie Schilling
6. Mother's Maiden Name, Miss Minnie Seibold
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo W. Schilling
9. Father's Occupation, Proprietor
10. Father's Birthplace, Pennsylvania

Name of Medical Attendent, or other person who makes this Return, Wm H. Manuel Midwife

Address, 923 Penna Ave

Remarks,

1891000250 0

month, and shall set forth as far as he shall be able to ascertain, the full name, sex, color, date and place of birth, and the name conferred; its sex, color, the full name and place of residence of the parents, and the number of children born to the mother, including the child last born, and the number living; and in case the birth of any child shall occur after the expiration of the time above specified, and before the same shall be registered, the person required by this section to report the same shall state the reason for such delay. In case the birth of any child shall occur on board of any vessel, the master or other person in charge thereof shall report the same to the Commissioner of Health within ten days after the arrival of such vessel at any port in the State of Maryland, and in case the birth shall occur in any house, the owner or agent thereof shall report the same to the Commissioner of Health within ten days after the occurrence thereof, and it shall be the duty of the person or persons in attendance upon the mother, immediately thereafter, to notify the owner or agent of such house of the occurrence of such birth. Any person required by this section to report the birth of any child, who shall neglect or refuse to make such report, or who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31999.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	July 8/91
Place of Birth, (Street and Number)	314 Woodyear St
5. Full Name of Mother,	Sarah R Hauck
6. Mother's Maiden Name,	Taylor
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Joshua Hauck
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Maria Terry
Address,	304 E Woodyear St.
Remarks,	8910002501

CITY OF BALTIMORE JUL 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~1891 July 10~~ July 8 1891
4. Place of Birth, (Street and Number) 1009 E. Eager
5. Full Name of Mother, ~~Mary J. Kittelberger~~ Mary J. Hartman
6. Mother's Maiden Name, Mary J. Kittelberger
7. Mother's Birthplace, Germany
8. Full Name of Father, H. Henry Hartman
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendent, or other person who makes this Return. Mrs. Bertha

Address, [illegible]

Remarks, 1891000250 2

37000.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father.
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 1 0 0 0 2 5 0 3

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 32007

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color. (if not of the white race)* White

3. *Date of Birth,* July 6th 1891

4. *Place of Birth, (Street and Number)* 1531 Eutaw Ave

5. *Full Name of Mother,* Priscilla Brooks Cole

6. *Mother's Maiden Name,* Brooks

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father.* Joseph Brooks Cole

9. *Father's Occupation,* Cabinet maker

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Dr Stuart Hall

Address, 1531 Eutaw St

Remarks,

8 9 1 0 0 0 2 5 0 4

HEALTH DEPARTMENT JUL 1891 CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 32003.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8th July 1891
4. Place of Birth, (Street and Number) 525 Dolphin St.
5. Full Name of Mother, Katie A. Linzey
6. Mother's Maiden Name, Katie A Goode
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Jno. R. Linzey
9. Father's Occupation, Machinist.
10. Father's Birthplace, Baltimore, City

Name of Medical Attendent, or other person who makes this Return. Dr. W. Manuel Mitchell

Address, 918 Penna Ave

Remarks,

1891000 2505

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. B 37504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 8th July 1891
4. Place of Birth, (Street and Number) S. Madeira Alley 26.
5. Full Name of Mother, Helene May
6. Mother's Maiden Name, " Preller
7. Mother's Birthplace, Balto
8. Full Name of Father, Jacob May
9. Father's Occupation, workman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Buehler

Address, 235 E. Washington St

Remarks,

1 8 9 1 0 0 0 2 5 0 6

been conferred on sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered to the officer of the Commissioners of Health, &c. [illegible] of any child shall occur without the attendance of a physician or practitioner [illegible] attendance upon the mother immediately thereafter it shall become the duty of such child to report the birth to the Commissioners of Health, and every person who shall neglect or refuse to make such report as herein required, or who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. E. Inwood.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 8th July 1891
4. Place of Birth, (Street and Number) E. Washington St. 302
5. Full Name of Mother, Mary Kestenden
6. Mother's Maiden Name, Winkleine
7. Mother's Birthplace, Germania
8. Full Name of Father, Peter Kestensen
9. Father's Occupation, Barber
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mrs Boehler

Address, 235 E. Washington St.

Remarks.

T 8 9 1 0 0 0 2 5 0 7

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

32006.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race)
3. Date of Birth, July 8th.
4. Place of Birth, (Street and Number) 634 Fayette St.
5. Full Name of Mother, Barbara Reif.
6. Mother's Maiden Name, Hommer.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Simon Reif.
9. Father's Occupation. Brewery Workman.
10. Father's Birthplace, Germany.

Name of Medical Attendent, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks,

1 8 9 1 0 0 0 2 5 0 8

[illegible] been conferred by law upon the [illegible] full name and occupation of [illegible] street, [illegible] date and place of birth; and the [illegible] shall be delivered, duly signed by the practitioner [illegible] for the [illegible] between the first and fifth days of each and every month to the office of the Registrar [illegible] for the birth of any child [illegible] said office [illegible] shall [illegible] for [illegible] or other person [illegible] shall occur without the attendance [illegible] hereafter it shall be [illegible] or other person [illegible] required, and attendance upon [illegible] to the Commissioner of Health. In the [illegible] this section shall be sub- [illegible] child, [illegible] person or persons who shall hereafter fail to comply [illegible] as above [illegible] this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverible.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 3207.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1st July 1891
4. Place of Birth, (Street and Number) S. Caroline St. 316
5. Full Name of Mother, Kathe Weineg
6. Mother's Maiden Name, Fuchs
7. Mother's Birthplace, Germania
8. Full Name of Father, Jacob Weineg
9. Father's Occupation, Hostler
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Brehler

Address, 235 E. Washington St.

Remarks, 1891000 2509

Wm J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 32008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 1 1891
4. Place of Birth, (Street and Number) 15-18-1 Vine St
5. Full Name of Mother, Emma E Holland
6. Mother's Maiden Name, Emma E Gross
7. Mother's Birthplace, Maine
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, 1 8 9 1 0 0 0 2 5 1 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

over

RETURN OF A BIRTH. 3109.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Martin O'Malley

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) white
4. Date of Birth, July 18, 1951
5. Place of Birth, (Street and Number) 2416 Eastern Ave
6. Full Name of Mother, Mary Catherine O'Malley
7. Mother's Maiden Name, Mary Catherine Boyle
8. Mother's Birthplace, Baltimore Md
9. Full Name of Father, Martin J O'Malley
10. Father's Occupation, Policeman
    Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mary C Thompson

Address, 726 Virginia Ave

Remarks,

6 9 1 0 0 0 2 5 1 1

CITY OF BALTIMORE

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the practitioner in the case, if any, duly signed by the practitioner in the presence of the informant. Between the first and third days of each month he shall report to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, all births which have occurred within his district during the preceding month, and in case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents of such child shall report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and in default of such report, or if any person shall become liable to pay a penalty for the neglect of any midwife in attendance upon the mother, the Commissioner of Health, in the manner provided by this section, shall require such midwife to report the birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, and any such midwife or any persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of Ten (10) Dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 3216.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	July 9 91
4.	*Place of Birth, (Street and Number)*	2023 Pleasant Alley
5.	*Full Name of Mother,*	Mary Garrity
6.	*Mother's Maiden Name,*	" ~~Mc Kad~~ Mc Hugh
7.	*Mother's Birthplace,*	Ireland
8.	*Full Name of Father,*	Patrick Garrity
9.	*Father's Occupation,*	Ireland
10.	*Father's Birthplace,*	Laborer
	Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
	Address,	912 Mc Donogh
	Remarks,	1891000251 2

said schedule shall be delivered, duly signed by the practitioner or person in charge, to the registrar of vital statistics within the first and third days of each and every month to the office of the Commissioner of Health. In case of the birth of any child shall occur without the attendance of a physician or practitioner, the mother of such child, and in the absence or inability of the mother, any other person having knowledge of the birth, shall, within ten days after the birth, make a return of the same to the registrar of vital statistics, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 of July
4. Place of Birth, (Street and Number) 512 Port St
5. Full Name of Mother, Marge Wette
6. Mother's Maiden Name, Eble
7. Mother's Birthplace, Bavaria (Germ)
8. Full Name of Father, Georg Wettle
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Wm E Wm

Address, 4 Lancaster

Remarks, 1891000251 3

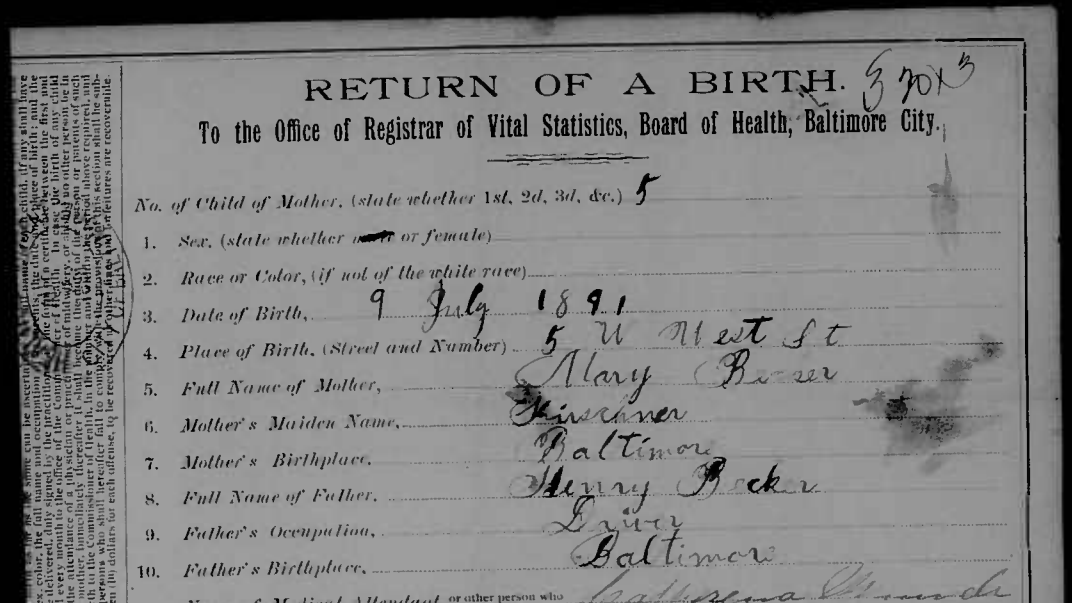
PUB. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	July 9 — 1891
4.	*Place of Birth, (Street and Number)*	259 S. Caroline St.
5.	*Full Name of Mother,*	Elizabeth Ann Davis
6.	*Mother's Maiden Name,*	White
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Conrad Davis
9.	*Father's Occupation,*	Salesman
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant or other person who makes this Return,	Mary Stein
	Address,	1127 E. Pratt St.
	Remarks,	18910002514

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.



RETURN OF A BIRTH. 3703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 9 July 1891
4. Place of Birth, (Street and Number) 5 N West St
5. Full Name of Mother, Mary Becker
6. Mother's Maiden Name, Kirchner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Becker
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Grounds

Address, 220 Stadenhall St

Remarks,

8910002515

[illegible] J. D. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 3014.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 9/91
4. Place of Birth, (Street and Number) 1209 Ensor st
5. Full Name of Mother, Annie M. J. O'Keefe
6. Mother's Maiden Name, " " Slattery
7. Mother's Birthplace, Ireland
8. Full Name of Father, William T. O'Keefe
9. Father's Occupation, Policeman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Edward P. McDonnell

Address, 208 Aisquith st

Remarks,

6 9 1 0 0 0 2 5 1 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 330163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Baltimore 9th July
4. Place of Birth, (Street and Number)	Baltimore 604 Parkin st
5. Full Name of Mother,	Emma Musgrove
6. Mother's Maiden Name,	Emma Shaffer
7. Mother's Birthplace,	Washington City
8. Full Name of Father,	William Musgrove
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs M. Shaffer
Address,	604 Parkin st.
Remarks,	

1 8 9 1 0 0 0 2 5 1 7

CITY OF BALTIMORE

month, and shall set forth as far as the same can be ascertained the [illegible] Every living the term aforesaid he shall be called. The full name and occupation of its [illegible] any shall have said schedule shall be delivered [illegible] and every month to the office of the Commissioner of Health. [illegible] third day of each and every month to the office of the Commissioner of Health. [illegible] shall occur without the attendance of a physician or practitioner [illegible] circumstances such midwife, immediately thereafter, it shall be the duty of [illegible] any such person or persons who shall hereafter fail to [illegible] child to report its birth to the Commissioner of Health, in this manner as [illegible] required, and subject to the fine of ten dollars for each offense, to be recovered [illegible] shall be subject to the fine of ten dollars for each offense, to be recovered [illegible] are recoverable.

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3716.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth. 21st of July

4. Place of Birth, (Street and Number) 729 N. Charles st

5. Full Name of Mother, Emma Thomas

[redacted]'s Maiden Name, Bond

[redacted]place, Baltimore

[redacted]me of Father, Edward Thomas

[redacted]. Father's Occupation, Glass Blower

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Mundt

Address, 30 Sandenhall St

Remarks, 1891000251 8

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 3207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT CITY OF BALTIMORE AUG 1 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 10 — 1891
4. Place of Birth, (Street and Number)	Andre St 1453 Locust Point
5. Full Name of Mother.	Jennie D McCusker
6. Mother's Maiden Name.	
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father.	Patrick McCusker
9. Father's Occupation.	Soldier
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	C. M. McElfresh M.D
Address,	109. Penn St
Remarks.	

1891000259

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Boards shall see that the name contained in the certificate. The full name of each child, if any shall have been conferred; its sex; color; the full names of its parents, the date and place of birth; and the said schedule shall be every month to the office of the Commissioner of Health. No child no other person he is required to report, without the attendance of a physician or midwife, the name of the person or parents of such child to report the birth, who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 3018.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10th July 1891
4. Place of Birth, (Street and Number) S. Broadway 320.
5. Full Name of Mother, Maggie Eickel
6. Mother's Maiden Name, " Fink
7. Mother's Birthplace, Balto.
8. Full Name of Father, Albert Eickel
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mr. Buehler

Address, 235 S. Washington St.

Remarks,

1 8 9 1 0 0 0 2 5 2 0

been entered in a book of the Register of Births, the full name of the child, if it shall have been named, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said entries shall be signed by the practitioner in the form of a certificate, as above required, first day of each and every month, a like report or certificate, as above required, for every birth which shall occur without the attendance of a physician or practitioner of midwifery, or shall occur during the absence from the mother homeunless thereafter it shall become the duty of the person attending upon the mother to make such report or certificate, in the manner and within the period above prescribed; and any such person or persons who shall neglect or refuse to make such report or certificate, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 12-14-54

RETURN OF A BIRTH.

13 3 2019.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ferdinand Carl ——— Michel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July the 10th 1891
4. Place of Birth, (Street and Number) No. 831 Columbia Ave
5. Full Name of Mother, Magdalena Michel
6. Mother's Maiden Name, Maurer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Michel.
9. Father's Occupation. Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendent, or other person who makes this Return. Miss Burgee

Address, 711 Cross St.

Remarks,

8910002521

Births shall be registered within ten days after birth; and the person required by law to report the birth shall state the full name, color, sex, date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the person required by law to report the birth, or to the undertaker who shall have charge of the interment of any child for which no physician's certificate is required. The form of certificate to be given by the undertaker to the person required by law to report the birth shall be furnished by the Commissioner of Health. In case of the failure of any child to be registered within the time specified, the undertaker shall report the case to the Commissioner of Health, and no undertaker shall bury the body of any child for which a certificate is required by this section, unless accompanied by a permit from the Commissioner of Health. It shall be the duty of the physician in attendance upon the mother, immediately thereafter to notify the parent or parents of such child to report its birth to the Commissioner of Health. In the case of the absence of the father, the duty shall devolve upon the mother, immediately thereafter; it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health. In the case of the absence of both parents, the duty shall devolve upon the occupant of the house in which the birth occurs, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in the manner that other penalties are recoverable.

GW. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3 70 70

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10th day of July
4. Place of Birth, (Street and Number) Baltimore No 725 Ramsay St.
5. Full Name of Mother, Ida May Kellhatz
6. Mother's Maiden Name, Ida May Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Washington Kellhatz
9. Father's Occupation. Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendent, or other person who makes this Return.

Address,

Remarks,

1891000 2522

month, and shall set forth, as far as the same can be ascertained, the name of such child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the time and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, or by the midwife, to the parent or nearest relative of any child born within the limits of the City of Baltimore, or to any other person he is attendance upon the mother, immediately thereafter it shall become the duty of the parent or nearest relative of such child to report its birth to the Commissioner of Health, in the manner directed by the rules and regulations of the Board of Health, and in accordance with the provisions of this section. This section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. 37021.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 10 1891

4. Place of Birth, (Street and Number) 1554 N Fremont ave

5. Full Name of Mother, Katie F Moore

6. Mother's Maiden Name, Kelbaugh

7. Mother's Birthplace, city

8. Full Name of Father, George A Moore

9. Father's Occupation, painter

10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other Person who makes this Return. Dr E Fetterhoff

Address, 902 N Fremont St

Remarks,

1891 000 2523

HEALTH DEPARTMENT BOARD OF HEALTH AUG 1891 CITY OF BALTIMORE

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be filled out, and the information therein required shall be duly certificate between the first and third day of each and every month to the Office of the Commissioner of Health in the form of a birth certificate to be prescribed by the Commissioner of Health, in the manner and with the information therein required. In the event of any child still-born or that shall die before the registration of a birth certificate, the physician or midwife in attendance at the birth or in the last illness of such child shall swear (or affirm) before a notary public to the facts and circumstances of the case, and shall report its birth to the Commissioner of Health, in the manner aforesaid. It shall become the duty of the person or parents of such child to report the birth and procure a certificate thereof, as aforesaid, within ten days after the birth, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than one dollar nor more than ten dollars for each offense to be recovered as other fines and forfeitures are now recovered by law.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male Wallace J.
2. *Race or Color, (if not of the white race)*	White 1 B. 11/12/20
3. *Date of Birth,*	10th of July
4. *Place of Birth, (Street and Number)*	Baltimore, 803 Eager st
5. *Full Name of Mother,*	Sarah Ellen Mcnurtley
6. *Mother's Maiden Name,*	" " Whelan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Mcnurtley
9. *Father's Occupation,*	Stable overseer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Wooden
Address,	934 Greenmount av
Remarks,	

1891 0002524

month, and shall set forth as far as the same shall be known to the informant, the sex, color, the full name, occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person making the same, to the person in charge of the premises at the time of the birth of any child born without the attendance of a physician or midwife, or to the nearest relative or friend in attendance upon the mother, immediately after the birth of any child born without the attendance of a physician or midwife, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any person who shall refuse or neglect to make such report, as aforesaid, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 3 M 13

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11th 1881
4. Place of Birth, (Street and Number) 1607 Eutaw st
5. Full Name of Mother, Mary E. Wilkes
6. Mother's Maiden Name, " " Fuller
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm A. Wilkes
9. Father's Occupation, Engineer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. W. H. Schwatka M.D.

Address, 1121 Lancaster st

Remarks, 1 8 9 1 0 0 0 2 5 2 5

month, and shall set forth as far as the same can be ascertained by inquiry of the parents or other informant, the full name and residence of the parents, the name, sex, color, the full name and residence of the physician or midwife present at the birth, and the day and hour of the birth of each child. If any child born alive shall die without a name before the return of the birth is required to be made, the word "unnamed" shall be entered in the return. Should no other person be in attendance at the birth of any child, the mother shall be required to make the return of such child. If any child shall have been still born, or shall die before the return of its birth is required to be made, the fact shall be stated in the return. The return of each birth shall be delivered, duly signed, at the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, or mailed to the same address, postage prepaid, within ten days after the birth, and a duplicate thereof shall be kept by the person making the return. Any person who shall neglect or refuse to make the return of any birth required by this section, or who shall make a false return of any birth, or who shall neglect or refuse to report the cause of death of any person dying without medical attendance of a physician or midwife, or who shall make a false report thereof, shall be guilty of a misdemeanor, and shall on conviction thereof be fined not less than fifty dollars nor more than one hundred dollars for each offense, to be recovered, with costs of suit, in the name of the Mayor and City Council of Baltimore, for the use of the Board of Health; and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as aforesaid. Penalties and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c)* 5
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* July 11th 1891
5. *Place of Birth, (Street and Number)* 433 First Street
6. *Full Name of Mother,* Annie B. Kinauff
7. *Mother's Maiden Name,* M. Swann
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father.* William Kinauff
10. *Father's Occupation.* Carpenter
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Rob Rankin M D

Address, Waverly Station Balto

Remarks,

8 9 1 0 0 0 2 5 2 6

CITY OF BALTIMORE 1891

Health Code, Sec. 36. "Any person who shall neglect or refuse to make out and transmit to the Registrar of Vital Statistics the return of a birth required by this article, within the time prescribed, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five nor more than twenty dollars for each offense."

Sec. 37. "If any child born alive shall die before a return of its birth has been made, the return of such birth shall be made before the burial of such child, and the return of such death shall be made within the time prescribed by this article. By the attendant, if there be one present at the birth; and if not, by the father of such child, if living and a resident of the house in which such birth occurred; if he be absent, or be not a resident of such house, then by the mother, if she be present at the birth; if she be absent, then by the owner, agent or lessee of such house; if such birth occurred in a hospital, asylum or other institution, then by the superintendent or other officer thereof. If such birth occurred without the attendance of a physician or practitioner or within the first twenty-four hours after such birth occurred without the attendance of a physician or practitioner, then by the person in attendance upon the mother, immediately thereafter. It shall become the duty of any person required by this section to report the birth of a child to the Registrar of Vital Statistics, to make such report as soon as practicable after the expiration of twenty-four hours from the time of such birth. Any person who shall neglect or refuse to make such report within the time prescribed by this section shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five nor more than twenty dollars for each offense, to be recovered as other fines under forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3728.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
Race or Color, (if not of the white race)	White
3. *Date of Birth,*	July 11, 1899
4. *Place of Birth, (Street and Number)*	2 Union Ave.
5. *Full Name of Mother,*	Mary McDermott
6. *Mother's Maiden Name,*	Mary Crawford
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Patrick McDermott
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	A. Robinson M.D.
Address,	756 E. Preston St.
Remarks,	

8910002527

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 11 1871.
4. Place of Birth, (Street and Number) 320 Hanover st
5. Full Name of Mother, Roncia Cash
6. Mother's Maiden Name, Casanada
7. Mother's Birthplace, Italy
8. Full Name of Father, Philip Cash
9. Father's Occupation,
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter st

Remarks, 1 8 9 1 0 0 0 2 5 2 8

AUG 1891 CITY REGISTER

WM J O SULLIVAN CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 3707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. Sex, (state whether male or female) Female Anie
2. Race or Color, (if not of the white race)
3. Date of Birth, 11 of July 1891
4. Place of Birth, (Street and Number) 1407 Andre Street Locust Point
5. Full Name of Mother, Kate Mayer
6. Mother's Maiden Name, Kate Sachtler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Herman Mayer
9. Father's Occupation, Steudare
10. Father's Birthplace, Bremen Germany

Name of Medical Attendant, or other person who makes this Return, Lina Lang

Address, 1477 Garrett Av Locust Point

Remarks,

1 8 9 1 0 0 0 2 5 2 9

month, and shall set forth as far as the same can be ascertained the ... of any child ... been conferred) its sex, color, the full name and occupation of its ... a certificate ... said schedule shall be delivered, duly signed by the practitioner in ... third day of each and every month to the office of the Commissioner of Health, in the manner ... shall occur without ... attendance upon the mother, immediately thereafter. It shall become ... child to report its birth to the Commissioner of Health, in the manner ... and to the person who shall hereafter fail to comply with the ... provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as ... Fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 3078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) 1209 Gates Alley
5. Full Name of Mother, Fannie Hawkins
6. Mother's Maiden Name, Fannie Dock
7. Mother's Birthplace, St. Mary's County Maryland
8. Full Name of Father, George Henry Hawkins
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return. Hawkins Conclave

Address, 1209 Gates St.

Remarks,

1891000 2530

HEALTH DEPARTMENT CITY OF BALTIMORE 1891

Every certificate of birth shall state the full maternal cognomen of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the householder or owner of the premises in which the birth occurs, or the nurse, if there be one in attendance, shall give information of the same within the period above required, and shall deliver upon blanks to be furnished by the Commissioner of Health, a certificate of such birth to the Commissioner of Health, and any such person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, recoverable, as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Fifth
1.	*Sex.* (state whether male or female)	Male
2.	*Race or Color.* (if not of the white race)	
3.	*Date of Birth.*	July 11 91
4.	*Place of Birth.* (Street and Number)	1338 N. Washington
5.	*Full Name of Mother.*	Katie Messerman
6.	*Mother's Maiden Name.*	" Caley
7.	*Mother's Birthplace.*	Balto
8.	*Full Name of Father.*	Frederick Messerman
9.	*Father's Occupation.*	Plumber
10.	*Father's Birthplace.*	Balto
	Name of Medical Attendant. or other person who makes this Return.	Mrs. Mary A. Allwell
	Address.	412 Mc Donogh
	Remarks.	8910002531

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 370 30

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 11 1891
4. *Place of Birth, (Street and Number)* 705 Cumberland Ave
5. *Full Name of Mother,* Ella Eichler Maurer
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* George W. Maurer
9. *Father's Occupation,* Conductor W. M. R. R.
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Frank Gough M.D.

Address, 705 Cumberland Ave

Remarks,

1 8 9 1 0 0 0 2 5 3 2

...months, and shall set forth as far as the same can be ascertained the full name and occupation of the parents, the sex, color, the full name and occupation of the informant, and the date of birth of each child born alive, and the date of each stillbirth; and every midwife, physician or other person who shall have been concerned in any birth or stillbirth, and who shall refuse or neglect to make such return, or to furnish such information, shall forfeit and pay for every such refusal or neglect the sum of ten (10) dollars; and every midwife, physician or other person who shall neglect to make such return within the time aforesaid, shall forfeit and pay for every such neglect the sum of ten (10) dollars; and every midwife, physician or other person who shall wilfully make a false return, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

...J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 37031.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) White Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 11-91

4. Place of Birth, (Street and Number) 2028 Chapline St

5. Full Name of Mother, Mrs Maggie Jane Commiskey

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Balto

8. Full Name of Father, John Commiskey

9. Father's Occupation, R.R.

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. E. B. Ullrich

Address, Union Square

Remarks,

1 89 1 0002533

month, and shall set forth as far as the same can be ascertained the name, sex, color, date and place of birth, full name, maiden name, birthplace, occupation of parents of each child born alive, and the number of children born to the mother, including the present birth, and the number of such children now living; and the attendance of a physician or practitioner of midwifery, or other person, at said birth; and the certificate of such attendant shall be delivered, duly signed by him, to the parent, or other person, having charge of the child, within ten days after the birth; and the parent or other person having charge of the child to report its birth to the Commissioner of Health, and to comply with the provisions of this section upon the attendance of a physician or practitioner of midwifery, or other person, at said birth, within ten days after the birth; and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as debts of like amount are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 5703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth. 11th July 1891
4. Place of Birth, (Street and Number) N. Wolfe St. 16.
5. Full Name of Mother, Maggie Wigglein
6. Mother's Maiden Name, Laber
7. Mother's Birthplace, Balto.
8. Full Name of Father, George Wigglein
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bachler

Address, 233 E. Washington St.

Remarks,

1891000254

month and shall set forth as far as the same can be ascertained, the full name, residence and occupation of the parents, (if any) shall have been conferred) the sex, color, the full name and residence of the physician or midwife present at the birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the person lie in the third day of each and every month to the office of the Commissioner of Health. In case a child born in a house where there is no attendance upon the mother immediately after its birth, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the time above specified, and in default of such duty, such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable

WM. J. D. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 12, 1891
4. *Place of Birth, (Street and Number)* 300 Pine St.
5. *Full Name of Mother,* Mrs Ida B. Finks
6. *Mother's Maiden Name,* Ida B. Winn
7. *Mother's Birthplace,* Richmond Virginia
8. *Full Name of Father,* Edward Bradly Finks
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Richmond Virginia

Name of Medical Attendant, or other person who makes this Return. Hattie Courtenay

Address, 609 Preston St.

Remarks,

1891000 2535

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Every physician, midwife, or other person who shall attend upon any birth, shall, within ten days after such birth, report to the Commissioner of Health the name, date and place of birth, and the name, color, the full name and occupation of the parents of the child, and the number of children born to the mother, including the present birth, and such other information as may be required by the certificate between the first and said schedule shall be delivered. This schedule or certificate shall be filled out and returned to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the father or mother of such child, or in case the father or mother is dead, or absent from the city, then the person having charge of such child, to report its birth to the Commissioner of Health within the period above required, and attendance upon the mother, immediately thereafter, shall make such report. Any midwife or other person who shall neglect or refuse to make the report required by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 37034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	July 12th
4. Place of Birth, (Street and Number)	Baltimore Columbia Ave No 1234
5. Full Name of Mother.	Emma Lee Keller
6. Mother's Maiden Name.	Emma Lee Spunks
7. Mother's Birthplace,	Richmond Va.
8. Full Name of Father.	William Oscar Keller
9. Father's Occupation,	Tobe Fitter
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Mrs M. Shaffer
Address,	No 604 Durham street
Remarks.	8910002536

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be asc[illegible] the [illegible] name of each [illegible], if any shall have been conferred, its sex, color, the full name and occupat[illegible] its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the [illegible] of a certificate between the first and third day of each and every month to the office of the Commissioner [illegible] case the birth of any child shall occur without the attendance of a physician or pra[illegible] should no other person be in attendance upon the mother, immediately thereafter it shall [illegible] the person or parents of such child to report its birth to the Commissioner of Health, in the [illegible] the period above required, and any such person or persons who shall hereafter fail to comply [illegible] provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 12 1891
4. *Place of Birth, (Street and Number)* 1708 Division St
5. *Full Name of Mother,* Lizzie Deitrich
6. *Mother's Maiden Name,* Lizzie Arond
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Deitrich
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Helenzehl

Address, 5 4 8 Mc Mecher St

Remarks,

1 8 9 1 0 0 0 2 5 3 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 17036.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color. (if not of the white race)*	~~Mulatto~~ White
Date of Birth,	July 12, 1891
Place of Birth, (Street and Number)	1218 Randall St.
5. *Full Name of Mother,*	Ella Meyndoff
6. *Mother's Maiden Name,*	Ella Harris
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Haines
9. *Father's Occupation,*	Foreman
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	M. K. Cuskey
Address,	213 E. Heath St
Remarks,	Cerg Hill

8 9 1 0 0 0 2 5 3 8

CITY OF BALTIMORE REGISTER'S OFFICE 1891

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of the father, and the full name and place of birth; and the said schedule shall be delivered by the said physician, midwife or other person in attendance upon the birth, to the officer of the city or county in which the birth occurred, within ten days after the birth. In case the birth be first and shall occur without the attendance of a physician, midwife or other person in attendance upon the birth, the person or parents of such child to report its birth to the commissioner of health in the city or county in which the birth occurred, within ten days after the birth. The physician, midwife or other person in attendance upon the birth, shall be entitled to receive from the city or county in which the birth occurred, the sum of twenty-five cents for each and every birth by him reported, and the person or persons who shall neglect or refuse to report such birth shall be subjected to the fine of ten (10) dollars for each offense. Section 1 of Chapter 123 of the Acts of 1890 as amended by Chapter 113 of the Acts of 1892 and Chapter 123 of the Acts of 1894 and Chapter 123 of the Acts of 1896 and Chapter 123 of the Acts of 1898 and Chapter 123 of the Acts of 1900 and Chapter 123 of the Acts of

RETURN OF A BIRTH.

32037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, July 12 1891
5. Place of Birth, (Street and Number) 1745 Johnson St
6. Full Name of Mother, Lizzie Nagel
7. Mother's Maiden Name, Lizzie Myers
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Henry Nagel
10. Father's Occupation, Stevedore
11. Father's Birthplace, Baltimore
12. Name of Medical Attendant, or other person who makes this Return. M. K. Custer
13. Address, 213 E. Hamburg St
14. Remarks, Going Well

1891 JUL 13 CITY OF BALTIMORE HEALTH DEPARTMENT

1891 0 0 0 2 5 3 9

month, and shall set forth, as far as the same can be ascertained, the full name of each child of any adult have been born, and the sex of the child, the full name and occupation of its parents, the date and place of birth, and the usual residence of the parents at the time of such birth; and every physician or midwife who shall attend upon any case of child-birth shall be delivered, duly signed by the practitioner in charge, to the person who is required to register the birth of any child within ten days after such birth; and every householder in whose house any child shall be born shall, within ten days after such birth, cause the birth of any child to be reported to the office of the Registrar of Vital Statistics, and in default of such report by the parents or either of them, and no other person be in the house at the time of such birth, then by the householder in whose house such birth shall occur; and every such report shall be made in writing, and shall contain all the facts required to be reported concerning births as aforesaid; and any person who shall neglect or refuse to make such report as aforesaid, or who shall make any false report of any birth, or who shall neglect or refuse to furnish any information required by the Registrar of Vital Statistics, or his assistants, concerning any birth, shall be guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore City, or before any justice of the peace of Baltimore City, shall be fined not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEC. 13. Every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SUN, J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 37038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	First
1.	*Sex,* (*state whether male or female*)	Female
2.	*Race or Color,* (*if not of the white race*)	White
3.	*Date of Birth,*	July 12th 91
4.	*Place of Birth,* (*Street and Number*)	2214 E Balto
5.	*Full Name of Mother.*	Emma J. Lenard
6.	*Mother's Maiden Name.*	" J. Muckelroy
7.	*Mother's Birthplace.*	Balto
8.	*Full Name of Father.*	Wm L. Lenard
9.	*Father's Occupation.*	Telegraph Operator
10.	*Father's Birthplace.*	Balto
	Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Adler
	Address.	912 McDonogh
	Remarks.	† 8910002540

BOARD OF HEALTH BALTIMORE

BRO J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 370 39

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 July 91

4. Place of Birth, (Street and Number) 1304 Plum Alley

5. Full Name of Mother, Gertrude Crowley

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Cork Ireland

8. Full Name of Father, Jeremiah Crowley

9. Father's Occupation, Driver

10. Father's Birthplace, Cork Ireland

Name of Medical Attendent, or other person who makes this Return. Mrs Davis

Address, [illegible]

Remarks,

8 9 1 0 0 0 2 5 4 1

month, and shall set forth in such form as for as the same can be ascertained the full name, sex, color, date and place of birth, and parentage of each child born alive, and of any child born dead after the fifth month of gestation, of which a birth shall hereafter have been registered; the name, age and occupation of its parents, the number of children born to such parents, and the number now living; and shall also state whether the child was born in wedlock or not; and such certificate shall be delivered, duly signed by the person in attendance, or by the father or mother of such child, to the Commissioner of Health, or to such person as he shall appoint for the purpose, within ten days after the birth of such child, and every month to the office of the Commissioner in the form of a list, a certificate of the birth of each child born during the month preceding, with the name, residence and occupation of the person in attendance upon the mother at the birth of such child, and the name and residence of the father; and if there be no person in attendance upon the mother at the birth of such child, it shall become the duty of the father or mother of such child to report its birth to the Commissioner of Health in the manner and within the time aforesaid. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-9-56

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Marie ~~Scholl~~ Scholliam

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 of july 1891
4. Place of Birth, (Street and Number) Baltimore 110 Pydney Street
5. Full Name of Mother, Mrs Margareta Scholliam
6. Mother's Maiden Name, Margareta Ganzhorn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick J Scholliam
9. Father's Occupation, Wood Carver
10. Father's Birthplace, New york

Name of Medical Attendent, or other person who makes this Return. Miss Bangs

Address, 111 Cross St.

Remarks, 18910002542

month, and shall set forth as far as the same can be ascertained, the date of birth, sex, color, name and occupation of its parents, and the number of children born to the mother, and whether the same be the first, second or other child of the mother, and whether the birth be single, twin or triplet, and the name given to the child, if any, and the place where the birth occurred. Every such certificate shall be signed by the practitioner in the case, or if there be no such practitioner, then by the nearest relative present at the birth, or by the householder of the house in which the birth occurred, or by the owner or agent of the building in which the birth occurred, if the same occurred in a building not a house, or by the person having charge of any institution in which the birth occurred. Every such certificate shall be delivered by the person signing the same to the office of the Commissioner of Health, or to such person as he may designate to receive the same, within ten days after the birth to which it relates occurred. Every such certificate shall be in such form as the Commissioner of Health may prescribe, and shall contain such other information as he may require. No person shall remove the body of any child for burial or other disposition beyond the limits of Baltimore City, nor shall any person inter the body of any child in Baltimore City, without the certificate of birth required by this section having been first made and delivered as herein provided. Any person who shall violate any of the provisions of this section shall be guilty of a misdemeanor and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offense. Any midwife who shall neglect or refuse to make the certificate required by this section, or to deliver the same as herein provided, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the 12th of July
4. *Place of Birth, (Street and Number)* 1116 Hanover street
5. *Full Name of Mother,* Minnie Schoen
6. *Mother's Maiden Name,* Minnie Bernhardt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father.* John Schoen
9. *Father's Occupation.* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendent, or other person who makes this Return. Mrs Berry

Address, 711 Cross St.

Remarks,

1891000 2543

month, and shall set forth as far as the same can be ascertained by diligent inquiry, the full name and occupation of the parents, the name and [illegible] of birth, and the [illegible] sex, color, the full name and occupation of [illegible] and every such certificate shall be signed by the person making the same, and the said schedule shall be delivered, duly signed by the practitioner or [illegible] certificate of the birth of any child [illegible] third day of each and every month to the office of the registrar of vital statistics, and every such practitioner or [illegible] shall before visiting the house or place where any child may be born, inquire of the parents or parent of such child or other person having charge of such child whether a certificate of the birth of such child has been delivered to the registrar, and if it shall appear that such certificate has not been delivered as aforesaid, such practitioner or other person shall immediately thereafter make out and deliver such certificate; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. 37047.

GIVEN NAME ADDED 6-19-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Julius Oliver Ziegfeld

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
2. Sex, (state whether male ~~or female~~)
3. Race or Color, (if not of the white race) White
4. Date of Birth, 1471 Lanstorp St
5. Place of Birth, (Street and Number) July 12 N.
6. Full Name of Mother, Adalaide Ziegfeld
7. Mother's Maiden Name, Adalaide Stahler
8. Mother's Birthplace, Balto
9. Full Name of Father, Thomas Ziegfeld
10. Father's Occupation, Lithographer
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Dr. F. L. Hahn

Address, 1224 Knight St

Remarks,

1 8 9 1 0 0 0 2 5 4 4

month, and shall set forth as far as the same can be ascertained the full name, color, sex, and parentage of the child, and the full name and occupation of the parents, and the time and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form aforesaid, to the Commissioner of Health within ten days after the birth shall occur without the attendance of a practitioner, or within ten days after the commencement of any case of birth in which there was attendance upon the mother, immediately thereafter it shall be the duty of the person in attendance upon the mother, and in case there was no such person then the father or mother of such child, to report its birth to the Commissioner of Health, in the manner aforesaid; and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

CITY OF BALTIMORE

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 12th July 1891
4. Place of Birth, (Street and Number) Essex Str. 2215
5. Full Name of Mother, Mary Marrieck
6. Mother's Maiden Name, Tripper
7. Mother's Birthplace, Germania
8. Full Name of Father, Jakob Marrieck
9. Father's Occupation, Stevendore
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mrs Bachers

Address, 233 S. Washington Str.

Remarks, 1891000 2545

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

3044.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 13.
4. *Place of Birth, (Street and Number)* 1101 Hamburg. Baltimore
5. *Full Name of Mother,* Mary Gohlke.
6. *Mother's Maiden Name,* Mary Bolz.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Julius Gohlke.
9. *Father's Occupation,* Wheelwright
10. *Father's Birthplace,* Germany

Name of Medical Attendent, or other person who makes this Return. Wm. A. Burns M.D.

Address, 1116 Cross St

Remarks,

6910002546

month, and shall set forth as far as the same can be ascertained, the name, if any, and the sex, color and place of birth; and the name, residence and occupation of the parents, and the time when and the place where the marriage of the parents was solemnized; and the number of children born to the mother, and the number now living; which certificate shall be signed by the practitioner, midwife or other person who shall have been employed in the case, or in default thereof by the householder of the house in which the birth occurred, and shall be delivered, duly signed by the practitioner, midwife or other person, to the father or mother of the child, if either be living and in the city, within ten days after the birth, and a like certificate shall be made and delivered in like manner by the father or mother of any child born elsewhere than in a house, within ten days after the arrival of such child in the city; and it shall be the duty of the father or mother of any child born in a house, or in default thereof the householder of the house in which such child was born, to report the birth of such child to the office of the Commissioner of Health, at the end of each and every month; and it shall be the duty of the father or mother of any child born elsewhere than in a house, or in default thereof the householder of the house in which such child was born, to report the birth of such child to the office of the Commissioner of Health, at the end of each and every month after the arrival of such child in the city; and it shall be the duty of the Commissioner of Health, in the month of January in each year, to report to the Mayor and City Council the number of births which have occurred in the city during the preceding year; and any midwife, practitioner or other person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable. Forfeitures are recoverable.

GEO. W. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white race.
3. Date of Birth, Saturday 18 June 1881.
4. Place of Birth, (Street and Number) Latte 761 west Cross St.
5. Full Name of Mother, Bertha Gusweiss.
6. Mother's Maiden Name, Bertha Miersch.
7. Mother's Birthplace, Tauroggo west Prussian.
8. Full Name of Father, William Miersch.
9. Father's Occupation, Machinist
10. Father's Birthplace, Marburg a d Lahn Hessen Germany

Name of Medical Attendent, or other person who makes this Return. Mrs Bangs

Address, [illegible] St.

Remarks,

8 9 1 0 0 0 2 5 4 7

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, the sex and color, the name and occupation of the parents, the date and place of birth; and the [illegible] person who shall neglect or refuse to make such report for each child born, within the time specified, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than ten dollars nor more than fifty dollars for each offense. Only physicians or midwives who have been duly appointed by the Commissioners of Health shall be authorized to report births; and it shall be the duty of each and every midwife to report to the office of the Commissioners of Health the name of every child born alive, the sex and color, the name and residence of the parents, the date and place of birth, within the first and third days of each month, and shall not receive any fee for her services in any case until she has made such report. No undertaker or other person shall bury or remove the dead body of any child, or permit the same to be buried or removed, without the attendance of a physician or practitioner duly appointed by the Commissioners of Health, or a midwife duly appointed as aforesaid, unless a certificate of birth shall have been first obtained from the Commissioners of Health, or from the physician or midwife who attended the mother during her confinement, stating the name of the child, the name of the parents, the date and place of birth, and the cause of death. Any undertaker or other person who shall violate any of the provisions of this section shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than ten dollars nor more than fifty dollars for each offense. Any physician or midwife who shall neglect or refuse to report births as required by this section, or who shall violate any of the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, July 13th 89
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Baltimore
8. Full Name of Father, [illegible]
9. Father's Occupation, Mercantile Clerk
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks,

1 8 9 1 0 0 0 2 5 4 8

HEALTH DEPARTMENT CITY OF BALTIMORE JUL 30 1891

Section 2. Be it further enacted, That it shall be the duty of the Registrar of Vital Statistics to furnish to the proper officer of each Board of Health, Board of Commissioners of Health, or Health Officer, a sufficient number of blank forms of certificates of births, deaths and marriages, and of blank forms of returns of births, deaths and marriages, and of blank forms of returns of births, deaths and marriages, and shall set forth, as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said officer shall enter and record the returns so received in a book or books to be kept for that purpose, and shall, on the third day of each and every month, transmit a copy of such record to the office of the Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, the duty of the person or parents of such child to report the birth as herein required shall devolve upon the occupant of the house in which such birth occurs, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with the costs, as other debts are paid forfeitures are recoverable.

J. C. GALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 3007.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd and 4th:
1. *Sex, (state whether male or female)*	Two Female (Twins)
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 13th. 1891
4. *Place of Birth, (Street and Number)*	837 Argyle
5. *Full Name of Mother,*	Ella Busick.
6. *Mother's Maiden Name,*	Ella Strobel
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Chas. W. Busick.
9. *Father's Occupation,*	Hatter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton M.D.
Address,	Calvert and Preston Sts.
Remarks,	

1891 0002549

month, and shall set forth as far as the same can be ascertained the name and surname of each child (if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered month to the office of the Registrar of Vital Statistics, in case the first and last days of each month fall on Sunday, then on the following day. In case the person or parties in charge of such schedule shall refuse or neglect to deliver the same as herein required, or shall omit to report any birth which occurs without the attendance of a physician or midwife, the duty of the person or parents of such child to report it as herein required, and the penalty for such neglect or refusal, shall be the same as if the attendance of a physician or midwife had been present. Any midwife who shall neglect or refuse to report to the Registrar of Vital Statistics, within the period above required, and in the manner above directed, the birth of any child at which she officiates, shall forfeit and pay for each offense, to the use of the City of Baltimore, the sum of ten (10) dollars, to be recovered as debts of like amount are recoverable. And any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 3018

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child of any sex that have been conferred in sex, color, the full name and occupation of its parents, the date and place of birth, whether the child was born alive or dead, and such other particulars as may be required by the Board of Health. The certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the father or mother of such child to report the birth as herein required, and in default of either parent reporting such birth, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, recoverable as other fines and forfeitures are recoverable.

CITY OF BALTIMORE JUL 30 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th:

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13th 1891
4. Place of Birth, (Street and Number) 1316 Greenmount ave,
5. Full Name of Mother, Virginia Poole Bamberger,
6. Mother's Maiden Name, Virginia Poole
7. Mother's Birthplace, Baltimore. Md
8. Full Name of Father, Jos. Bamberger
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore. Md.

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton. M.D.

Address, Calvert and Preston Sts.

Remarks,

1891000 2550

MM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3 10 04

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Augusta M. Kummer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 6 th.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 15 th June
4. *Place of Birth, (Street and Number)* 807 Druid Hill Ave
5. *Full Name of Mother,* Johanna Minna Ida Kummer
6. *Mother's Maiden Name,* " " Ida Eschemann
7. *Mother's Birthplace,* Braunschweig Germany.
8. *Full Name of Father,* August Henry Kummer
9. *Father's Occupation,* Shoe Cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendent, or other person who makes this Return. Mrs Krause

Address, 711 Green St

Remarks,

1891000251

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37080.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 13th July 1891
4. Place of Birth, (Street and Number) 1523 Nicholson St
5. Full Name of Mother, Annie Grace Shuman
6. Mother's Maiden Name, Yewell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Julius Shuman
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yewell

Address, 436 E Fort Ave

Remarks,

8910002552

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 3405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Kind
1.	*Sex, (state whether male or female)*	Madchen
2.	*Race or Color, (if not of the white race)*	Weiß
3.	*Date of Birth,*	13 Juli
4.	*Place of Birth, (Street and Number)*	1. Bone str 822
5.	*Full Name of Mother,*	Marie Barth
6.	*Mother's Maiden Name,*	Marie Bein
7.	*Mother's Birthplace,*	Hessland
8.	*Full Name of Father,*	Julius Barth
9.	*Father's Occupation,*	Arbeiter
10.	*Father's Birthplace,*	Hessland
	Name of Medical Attendant, or other person who makes this Return.	Marie Barth
	Address,	Bone str. 822
	Remarks,	1 8 8 7 0 0 8 3 8 5 5 3

month and shall set forth as far as the same can be ascertained, the full name and occupation of the parents of such child, the full name and occupation of the person who shall have been conferred) its sex, color, the full name and occupation of the parents of such child, the place of birth, and the time of birth; and the said schedule shall be delivered, duly signed, by the person who shall have been in attendance upon the mother immediately thereafter. It shall become the duty of each and every person who shall be present at the birth of any child within the period above required, and who shall neglect or refuse to report the same as herein required, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. SULLIVAN CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	Sex, (state whether male or female)	Female
2.	Race or Color, (if not of the white race)	White
3.	Date of Birth	July 13th
4.	Place of Birth, (Street and Number)	315 E. Fort Ave
5.	Full Name of Mother	Alice Marshall
6.	Mother's Maiden Name	" McDavid
7.	Mother's Birthplace	Washington D.C.
8.	Full Name of Father	Chas E. Marshall
9.	Father's Occupation	Machinist
10.	Father's Birthplace	New York
	Name of Medical Attendant, or other person who makes this Return	H. Rauch M.D.
	Address	511 Hamm St
	Remarks	

1891000255 4

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	July 13, 1891.
4. *Place of Birth, (Street and Number)*	16 Sloss Hill, Mt. Vernon.
5. *Full Name of Mother,*	Sarah Salome Hood.
6. *Mother's Maiden Name,*	Wolf.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Clarke Buchanan Hood.
9. *Father's Occupation,*	Mill operative.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Cathedral ave.
Remarks,	18910002555

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born alive), the fully same and occupation of its parents, the date and place of birth, and the sex of each child; which return shall be verified by the oath or affirmation of such person. And the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be required by this section to report the birth to the Commissioner of Health, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE CITY

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13th 1891
4. Place of Birth, (Street and Number) 857 Hanover street
5. Full Name of Mother, Rose Monahan
6. Mother's Maiden Name, Rose Murray
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Monahan
9. Father's Occupation, Stone Mason
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Hazelhurst

Address, 543 W. Fayette st

Remarks, 8910002556

month, and shall set forth as far as the same can be ascertained, the name and residence of each child, if any, shall have been omitted from the certificate of birth, and the full name and occupation of the father of such child, and the certificate between the first and second enumeration shall be delivered, duly signed by the person making the same, to the Commissioner of Health. If any such certificate shall be delivered, duly signed by the person making the same, to the Commissioner of Health. If any case the birth of any child third day of each and every month to the office of the Commissioner of Health, and no other person be required to make return of such birth, unless the same shall have been omitted by the person above required, and shall occur without the attendance of either physician or midwife, the parent or parents of such child or in case of the absence of the parents, then the householder in whose house such birth occurs, shall immediately thereafter make return of such birth to the Commissioner of Health. And every person who shall neglect or refuse to make return of any birth as required by the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered, with costs and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color. (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 2 5 5 7

GEO. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 32056.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14/91
4. Place of Birth, (Street and Number) 905 Leadenhall Street
5. Full Name of Mother, Maggie Kraus.
6. Mother's Maiden Name, Maggie Kuhlman
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Henry Kraus.
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return. Christina Munch.

Address, * 905 Leadenhall Street

Remarks,

1891000 2558

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 32037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 Child
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* July 14th 1911
5. *Place of Birth, (Street and Number)* #1815 Lombard St
6. *Full Name of Mother,* Anna Klemm
7. *Mother's Maiden Name,* Weber
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* George Klemm
10. *Father's Occupation,* Bristle Finishes
11. *Father's Birthplace,* Baltimore

Name of Medical Attendand, or other person who makes this Return. Louis L. Lehr

Address, #106 E. Monument St

Remarks, 8910002559

CITY OF BALTIMORE

1911

month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth of said child, and such other information as the Commissioner of Health may require. The first and third days of each month are appointed for the collection of said returns, and every person in charge of any child said days as aforesaid, without the attendance of a physician or practitioner of midwifery, shall be in attendance upon the mother, immediately thereafter it shall become the duty of such person to report its birth to the Commissioner of Health in the manner aforesaid, and any such person who shall wilfully fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

3. Date of Birth, July 14, 1891

4. Place of Birth, (Street and Number) 1337 Argyle Ave

5. Full Name of Mother, Myrtle Walz

6. Mother's Maiden Name. Anderson

7. Mother's Birthplace, Va.

8. Full Name of Father, Geo. J. Walz

9. Father's Occupation, Druggist

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. L. Morrison (Col'd)

Address, 937 W. Fayette St

Remarks,

1 8 9 1 0 0 0 2 5 6 0

CITY OF BALTIMORE 1891

...hat of the births which have occurred under his or her care during the month and shall set forth as far as the same can be ascertained the full name of each child if any, sex, color, date and place of birth, full name and occupation of parents, the date and place of marriage of parents, and such other information as may be required by the Board of Health. In case the parents, or either of them, shall refuse or neglect to furnish the information required, the person in attendance upon the mother, or the householder, shall report the birth to the Registrar of Vital Statistics in the manner and within the time above specified. Every child shall occur without the attendance of a physician or midwife, the parents or householder shall report the birth to the Registrar of Vital Statistics in the manner and within the time above specified. Every person who shall refuse or neglect to comply with the provisions of this section shall be guilty of a misdemeanor, and shall be subjected to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

...hn Murphy & Co., City Printers and Stationers.

37009

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ANNA Polach

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth*	14 July 1891
4.	*Place of Birth, (Street and Number)*	270 Pearl St
5.	*Full Name of Mother*	Rachel Polach
6.	*Mother's Maiden Name*	Schlussy
7.	*Mother's Birthplace*	Russia
8.	*Full Name of Father*	Joseph Polach
9.	*Father's Occupation*	Painter
10.	*Father's Birthplace*	Russia
	Name of Medical Attendant, or other person who makes this Return	E. Scherman
	Address	172 Albemarle St
	Remarks	4/30/54 MA

GIVEN NUMBER 1 0 0 0 2 5 6 1

month, and shall set forth as far as the same can be ascertained the full name, each child, if any, to have been conferred, its sex, color, the day, month, year and place of birth, and the full name of the mother before marriage, which statement shall be signed by the practitioner in the form in which it is received, and shall be delivered at the office of the Commissioner of Health within ten days after the birth of such child, and every such practitioner shall keep a register of the births so attended by him, which shall at all times be open to the inspection of the Commissioner of Health, and shall accur without the attendance of a physician or practitioner of the city or other person in charge of such attendance upon the mother, the Commissioner of Health, in the manner and within the period required, and shall forthwith report the same to the Commissioner of Health, and for the neglect or refusal to make such report any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. SULLIVAN CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

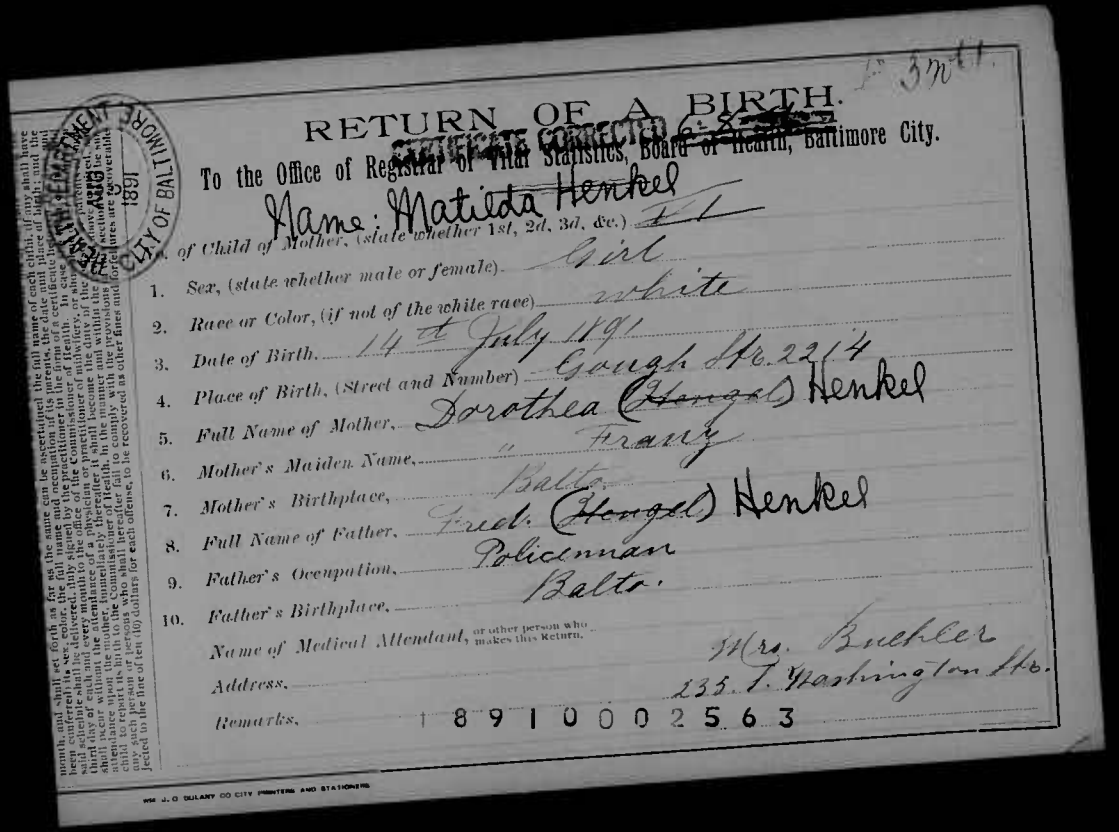
A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 14, 1891
4. Place of Birth, (Street and Number)	145 August
5. Full Name of Mother,	Annie Meskill
6. Mother's Maiden Name,	Kenny
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Michael J Meskill
9. Father's Occupation,	Boiler Maker
10. Father's Birthplace,	New York
Name of Medical Attendant, or other person who makes this Return.	J Frank Lanahan M.D.
Address,	725 Fremont Ave
Remarks,	1891 0002562

REGISTERED
MAR 5 1892
BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.



RETURN OF A BIRTH.

CERTIFICATE CORRECTED & SIGNED

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Matilda Henkel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth. 14th July 1891
4. Place of Birth, (Street and Number) Gough St. No. 2214
5. Full Name of Mother, Dorothea (Hengel) Henkel
6. Mother's Maiden Name, " Franz
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred. (Hengel) Henkel
9. Father's Occupation, Policeman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Buehler

Address, 235 E. Washington St.

Remarks. 1891000263

RECEIVED AUG 1891 REGISTRATION DEPARTMENT BALTIMORE CITY OF BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, shall be delivered. Any physician or midwife who shall neglect or refuse to make such return, or who shall wilfully make a false return of the time of birth in any case, shall forfeit and pay for each offence a sum not exceeding Ten Dollars, to be recovered as other fines and forfeitures are recoverable by law. Any person or persons who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 3767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14, 1911
4. Place of Birth, (Street and Number) 2412 Hillcrest Rd.
5. Full Name of Mother, Virginia Pugh
6. Mother's Maiden Name, Christina Klotz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Indiana Pugh
9. Father's Occupation, Car-conductor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Alfred L. Tarsney M.D.
Address, 726 Eager St.
Remarks, 1891000025 64

Health. This schedule shall contain a list of the births which occur in each house, and shall be filled out by the head of the family, or by the nearest relative present at the birth, or by the attending physician, midwife, or nurse, within ten days after the birth; and the Board of Health may require a certificate of any birth to be verified by the testimony of the attending physician, midwife, or nurse, before a notary public or justice of the peace. In case of the death of any child before the return of the birth has been rendered, the fact of such death shall be stated in connection with the birth. In case of the failure, refusal or neglect of any person required by this section to perform the duties herein imposed, such person shall forfeit and pay for each offence a sum not exceeding fifty dollars, to be recovered as debts of like amount are recoverable.

PRINTED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 7-17-56 13

RETURN OF A BIRTH. 3706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Norma Ruth ~~Buttler~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14. 1891
4. Place of Birth, (Street and Number) 1127 Bailey Ave.
5. Full Name of Mother, Tenty Buttler
6. Mother's Maiden Name, Tenty Steeler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Buttler
9. Father's Occupation, Engineman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. R. Caskey

Address, 212 E. Heath St

Remarks, Young Gill

1891000 2565

Health. This schedule shall contain [illegible] of each child (if any shall have [illegible]) month, and shall set forth as far as the same can be ascertained the name of each child (if any shall have been conferred) its sex, color, the full name and occupation [illegible] date and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] certificate between the first and third day of each and every month to the office [illegible]. In case the birth of any child shall occur without the attendance of a physician [illegible] should no other person be in attendance upon the mother, immediately thereafter [illegible] the period above required, and child to report its birth to the Commissioner of Health [illegible] of this section shall be subject to the fine of ten (10) dollars for each offense [illegible] and forfeitures are recoverable. any such person or persons who shall hereafter [illegible]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 15th 91
4. Place of Birth, (Street and Number) 1112 Saratoga St.
5. Full Name of Mother, Annie Neumann
6. Mother's Maiden Name, Annie Schrick
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Henry Neumann
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N. Poppleton St

Remarks, 8910002566

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 332 (a).

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c~~)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 2 5 6 7

AUG 1 1910 CITY OF BALTIMORE

GEO. J. C. IRLAM & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 32166.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* June 15 1891
5. *Place of Birth, (Street and Number)* 611 Luzerne St
6. *Full Name of Mother,* Emma Keller
7. *Mother's Maiden Name,* Emma Wessels
8. *Mother's Birthplace,* Germany
9. *Full Name of Father,* John Keller
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary C. Cheevers

Address, 726 Luzerne St.

Remarks,

8 9 1 0 0 0 2 5 6 8

CITY OF BALTIMORE

...child, if any shall have ... place of birth; and the ... death between the first and ... the birth of any child ... to other persons than ... parents of such ... the period above required, and ... section shall be sub- ... forfeitures are recoverable ... and dollars for each offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Negro
3. *Date of Birth,*	Dec 3 1891
4. *Place of Birth, (Street and Number)*	711 Low St.
5. *Full Name of Mother,*	Kate Laurence
6. *Mother's Maiden Name,*	Kate Phillips
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John Laurence
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mrs C Laurence
Address,	726 Lemmon St.
Remarks,	

8 9 1 0 0 0 2 5 6 9

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A. 30068.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 15. 1891.
4. Place of Birth, (Street and Number) [illegible] Wellington St
5. Full Name of Mother, [illegible] Hill
6. Mother's Maiden Name, [illegible]nberger
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Hill
9. Father's Occupation, Plumber
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. 1605 [illegible] / Caroline [illegible]iller.

Address,

Remarks, 1 8 9 1 0 0 0 0 2 5 7 0

Health. This schedule shall contain [illegible] the full name of each child (if any shall have been conferred) its sex, color, the full name and oc[illegible] the date and place of birth; and the mouth, and shall set forth as far as the same can be ascertained [illegible] form of a certificate between the first and been conferred) its sex, color, the full name and [illegible] Health. In case the birth of any child said schedule shall be delivered, duly signed by [illegible] or should no other person be in third day of each and every month to the office [illegible] duty of the person or parents of such shall occur without the attendance of a physician [illegible] within the period above required, and attendance upon the mother, immediately [illegible] provisions of this section shall be sub-child to report its birth to the Commissioner [illegible] fines and forfeitures are recoverable. any such person or persons who shall hereafter [illegible] jected to the fine of ten (10) dollars for each offense [illegible]

HEALTH DEPARTMENT, CITY OF BALTIMORE, JUL [illegible] 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 320 19

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, 15th of July 1891
4. Place of Birth, (Street and Number) 2210 E. Lombard St.
5. Full Name of Mother. Mary Lizzie Williams.
6. Mother's Maiden Name, Mary Lizzie Webster.
7. Mother's Birthplace, Baltimore City, Md.
8. Full Name of Father, William Carey Williams.
9. Father's Occupation, Tinsmith.
10. Father's Birthplace, Worcester County, Md.

Name of Medical Attendant, or other person who makes this Return. Mary E. Carey

Address, 2210 E. Lombard St. Balto. Md.

Remarks,

1 8 9 1 0 0 0 2 5 7 1

Health. This schedule shall contain a list of the ... under his or her care during the ... month, and shall set forth the ... been conferred, its sex, color, the full name ... said schedule shall be delivered, duly signed by the ... shall occur without the limits of ... attendance upon the mother, immediately ... child to report its birth to the Commissioner of ... days after such birth, such person, who shall ... subjected to the fine of ten dollars for each offense, to ... I each child, if any shall have ... and place of birth; and the ... In case the first and ... or should no other person be ... of the person, or parents of such ... violation of this section shall be ... er fines and forfeitures are recoverable.

HEN. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 32070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. "Fits schedule shall contain a list of the births which have occurred in each week, and shall be delivered, duly signed by the person required to make the return, or by some other person on his or her behalf, to the Registrar of Vital Statistics, at the office of the Commissioner of Health, on the first Monday of each and every month; and every person required to make a return of a birth to the Commissioner of Health, who shall neglect or refuse to make such return within the time limited by this section, or who shall make a false return, or who shall neglect or refuse to report its birth to the Commissioner of Health, in the manner herein required, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

	No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	fifth
1.	*Sex*, (*state whether male or female*)	Male
2.	*Race or Color*, (*if not of the white race*)	White
3.	*Date of Birth*	15 July
4.	*Place of Birth*, (*Street and Number*)	1317
5.	*Full Name of Mother*	Maggie Watson
6.	*Mother's Maiden Name*	A Lotz
7.	*Mother's Birthplace*	Baltimore
8.	*Full Name of Father*	Alfred J Watson
9.	*Father's Occupation*	Teamster
10.	*Father's Birthplace*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Catherine A Ulmer M.D.
	Address	800 Saratoga St
	Remarks	

8910002572

BALTIMORE CITY DEPARTMENT OF HEALTH

894 J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

32071.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)	
1.	*Sex, (state whether male or ~~female~~)*	
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth.*	July 15th 1891
4.	*Place of Birth, (Street and Number)*	No 13 N. Barney St.
5.	*Full Name of Mother.*	Johanna Sonnenleiter
6.	*Mother's Maiden Name.*	Köhnlein
7.	*Mother's Birthplace.*	Baltimore
8.	*Full Name of Father.*	John Sonnenleiter
9.	*Father's Occupation.*	Cabinet maker
10.	*Father's Birthplace.*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	
	Address.	
	Remarks.	8910002573

Health. This schedule shall contain a list of the births which ... shall occur in his or her care during the month, and shall set forth as near as can be ascertained the full name and occupation of the parents, the place of birth, and the full name and occupation of the person making the return, and the date of the birth; and the name of the child, if any shall have been conferred, shall be delivered, duly signed by the person making the return, to the Commissioner of Health within ... days after the birth. And no other person ... shall deliver to the Commissioner of Health any certificate of birth, or any other return in relation thereto, except as herein provided, under the penalty of ... dollars for each offense. And every person who shall neglect or refuse to make the above required return within the time ... shall be subject to the fine of ten (10) dollars for each offense, to be recovered ... in the name of the City of Baltimore.

BOARD OF HEALTH OF BALTIMORE CITY

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 3320'17

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 15 1891
4. Place of Birth, (Street and Number) 1613 Fawn St
5. Full Name of Mother, Mary Smith
6. Mother's Maiden Name, Wilson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Rudolph Smith
9. Father's Occupation, Tailor
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who made this Return Mary Shin

Address, 421 E Pratt St.

Remarks,

8910002574

Health. This schedule shall contain a list of the births which have occurred in the family during the month, and shall be filled out and delivered to the Registrar of Vital Statistics within ten days after the last birth mentioned therein. If no birth has occurred during the month, the fact shall be reported within the same time. Every physician, midwife or other person in attendance upon the mother at the birth of any child shall be required to deliver to the parent, guardian or other person having charge of such child, a blank schedule, as above provided, and to call for the same when the child is one month old, and to make out and deliver to the Commissioner of Health, in the manner and within the time above required, such schedule, duly filled out and signed, as far as the same can be ascertained from the parent, guardian or other person having charge of such child. Every person who shall neglect or refuse to deliver such schedule, duly filled out and signed, as above required, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other penalties are recoverable by law.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 33073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 15 July 1891
4. Place of Birth, (Street and Number) 1145 E. Baltimore St
5. Full Name of Mother, Lena Wintersheimer
6. Mother's Maiden Name, " Pinkaly
7. Mother's Birthplace, Europe
8. Full Name of Father, Henry Wintersheimer
9. Father's Occupation, Cloak Dealer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Thos R. Ellis

Address, 1502 Lexington St

Remarks,

1 8 9 1 0 0 0 2 5 7 5

Health. This schedule shall contain a true and correct answer to each question hereof, and the full name of each child of any shall have been delivered, (date, sex, color, and full name of each child born alive, and the date of each and every month to the officer or agent appointed for the purpose by the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the certificate thereof may be made by the father, mother, nurse, householder, or other person present at the birth, within the period above required, and attendance upon the Commissioner of Health, in the manner provided by the provisions of this section shall be applicable to the case of each child born alive within the City of Baltimore. Any person or persons who shall hereafter violate any of the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, and for every day's neglect after the same shall be discovered, a like fine and forfeiture are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ada Flegman

9. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25th July 1891

4. Place of Birth, (Street and Number) 117 Harrison St

5. Full Name of Mother, Bessie Flegman

6. Mother's Maiden Name, Herman

7. Mother's Birthplace, Austria

8. Full Name of Father, Simon Flegman

9. Father's Occupation, Baker

10. Father's Birthplace, Hungary

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 S. Albemarle St

Remarks, 6-10-92

GIVEN NAME ADDED.

1 8 9 1 0 0 0 2 5 7 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the name and residence of each child born, the full name of each parent, and the name, if any, given to the child, the full name and occupation of its parents, the date of birth, and the number of each child born at one birth, and the number of children of the mother living. Every child born alive shall be reported, whether it survives or not, and the said schedule shall be delivered, duly signed by the practitioner in the form of a return of births, on the first Tuesday of each and every month to the office of the Commissioner of Health. If no birth shall occur within the month, a similar return shall be made stating that fact. The parent of such child, or other person having charge of the child, shall immediately thereafter report the birth in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars, to be recovered as other fines are now recoverable. Jected to the fine of ten dollars, for each offense, to be recovered as other fines are now recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	2nd Kinder
	Sex. (*state whether male or female*)	Knabe
	Race or Color. (*if not of the white race*)	Weiss
	Date of Birth	15 Juli
4.	*Place of Birth.* (*Street and Number*)	1312 Forest Avenue Lakespoint
5.	*Full Name of Mother*	Rosa Hausman
6.	*Mother's Maiden Name*	Rosa Weiss
7.	*Mother's Birthplace*	Austria Poland
8.	*Full Name of Father*	Samuel Hausman
9.	*Father's Occupation*	Schneider
10.	*Father's Birthplace*	Poland
	Name of Medical Attendant, or other person who makes this Return.	Hattie Pell
	Address	
	Remarks	1891 0 0 0 2 4 7 8 28

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37076.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be delivered, duly signed by the person in charge, to the Registrar of Vital Statistics within ten days after the expiration of the said month. To enable the Registrar to issue the birth of any child free of charge, the certificate between the first and third day of each month every physician or midwife, or other person in charge of a case, shall report to the Registrar the birth of each child to whose birth he or she was in attendance during the preceding month. If a physician or midwife shall neglect or refuse to report the birth of any child within the period above required, and any such person or persons, when requested by the Commissioner of Health, shall refuse or neglect to report its birth to the Commissioner of Health, or shall fail to comply with any requirements of this section shall be subject to the fine of ten (10) dollars for each offence. The recovered as other debts and forfeitures are recoverable by law.

CITY OF BALTIMORE BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth. July 16th/91
4. Place of Birth, (Street and Number) 2 F 2027 Frederick Ave.
5. Full Name of Mother, Caroline Ziegler.
6. Mother's Maiden Name, Caroline Laa.
7. Mother's Birthplace, Ulm. Bavaria.
8. Full Name of Father, George Ziegler.
9. Father's Occupation, Liquor Dealer.
10. Father's Birthplace, Mattsberg. Bavaria.

Name of Medical Attendant, or other person who makes this Return, Annie Lindner

Address, #106 S. Monroe St.

Remarks, 8910002578

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 32077.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 th July 1894
4. Place of Birth, (Street and Number) 134 Read St
5. Full Name of Mother, Lena Berg
6. Mother's Maiden Name, Cohen
7. Mother's Birthplace, Russia
8. Full Name of Father, Charley Berg
9. Father's Occupation, Store keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, C. Sherman

Address, 42 Albemarle St

Remarks,

8910002579

Health. This schedule shall contain a list of the births which have occurred in the family of any householder during the month, and shall set forth as far as the same can be ascertained the name, sex, color, the full name and occupation of the parents, and the date of birth of each child born during the month. The schedule shall be signed by the householder in the presence of a witness, and the said schedule shall be delivered to the physician or midwife in attendance upon the next succeeding birth, and the physician or midwife shall deliver the same to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the mother, immediately thereafter, shall become the informant, or the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33078.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred in the house or tenement occupied by the person to whom it is delivered, during the month, and shall set forth as far as the same can be ascertained therein, the name, sex, color, and the day and hour of birth of each child born therein, the full names and residence of the parents of such child, and the number of children born to the mother, and whether the same be the first, second, third or other child born to such mother, and whether the attendance of a physician or midwife was had at the birth of such child, and if so, the name and residence of such physician or midwife; and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and without the attendance upon the mother, immediately thereafter, of a physician or midwife, and it shall be the duty of every physician or midwife in attendance upon any such birth to report the same to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the payment of a fine of ten dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	3
1. *Sex.* (state whether male or female)	Female
2. *Race or Color.* (if not of the white race)	White
3. *Date of Birth.*	11 July 1894
4. *Place of Birth.* (Street and Number)	111 S. Calhoun St
5. *Full Name of Mother.*	Emily Brown
6. *Mother's Maiden Name.*	Shaffer
7. *Mother's Birthplace.*	Russia
8. *Full Name of Father.*	Harry Brown
9. *Father's Occupation.*	Tailor
10. *Father's Birthplace.*	Russia
Name of Medical Attendant, or other person who makes this Return.	C. Sherman
Address.	112 S. Calhoun St
Remarks.	

1891000258 0

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-17-56

RETURN OF A BIRTH 37079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carrie Haas

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	July 6 99
4. Place of Birth, (Street and Number)	215 N. Fremont Ave.
5. Full Name of Mother,	Rosie L. Haas
6. Mother's Maiden Name,	" " Friel
7. Mother's Birthplace,	Hessen Darmstadt Germany
8. Full Name of Father,	Leopold Haas
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Baden Germany
Name of Medical Attendant, or other person who makes this Return,	Edward P. Davis
Address,	208 Arlington Ave
Remarks,	

1891000258 1

Health. This schedule shall contain a list of the births which occur in each family during the month, and shall set forth as far as the same can be ascertained, the full name, sex, color, and date of birth of each child, the full name and occupation of the parents, and the date of the marriage of the parents, the number of children born to the present mother, and the number now living, the number of children born to any former wife of the father, and the number now living, the place of birth of each child (street and number if in the city), and the full name of the physician or other person who attended at the birth. Said schedule shall be delivered, duly signed by the parent, householder, or other person in charge of the house, to the registrar of the district, within ten days after the birth of any child, and no other person be in any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12 th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color. (if not of the white race)*	
3. *Date of Birth,*	16 th July 1891
4. *Place of Birth, (Street and Number)*	1103 Fort Ave
5. *Full Name of Mother,*	Nettie Rebstock
6. *Mother's Maiden Name,*	Eckells
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Rebstock
9. *Father's Occupation,*	Brick Layer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Agnew
Address,	736 E Fort Ave
Remarks,	

1 8 9 1 0 0 0 2 5 8 2

Register of each birth and shall enter the same on a blank form furnished under his or her hand. This schedule shall contain a list of the births which have occurred since the date of the last preceding return, and shall set forth as far as the same can be ascertained the full name of each child born, the sex and color, the date and place of birth, the name and residence of the parents, the date and place of the marriage of the parents, the occupation of the father, and such other particulars as may be required by the Commissioner of Health. Every such return shall be verified by the subscription in the form of a certificate thereon of the person making the same, to the effect that the statements therein contained are true to the best of his or her knowledge and belief. Each such return shall be delivered to the Registrar of Vital Statistics, or shall be deposited in the post office, addressed to him, postage prepaid, within ten days after the birth to which it relates shall occur. If any physician or midwife in attendance upon any birth shall neglect or refuse to make such return as aforesaid, or if any person required by this ordinance to make such return shall neglect or refuse to do so within the time above limited, such physician, midwife or person shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recovered.

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

3708[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* Jul. 16, 1891
4. *Place of Birth, (Street and Number)* 803 Howard Street
5. *Full Name of Mother,* Mrs. Annie [illegible]
6. *Mother's Maiden Name,* Mrs. Annie Bird
7. *Mother's Birthplace,* [illegible] County Virginia
8. *Full Name of Father,* Philip L. [illegible]
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* [illegible] County Virginia

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible] St.

Remarks, 1 8 9 1 0 0 0 2 5 8 3

[illegible]

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 3708

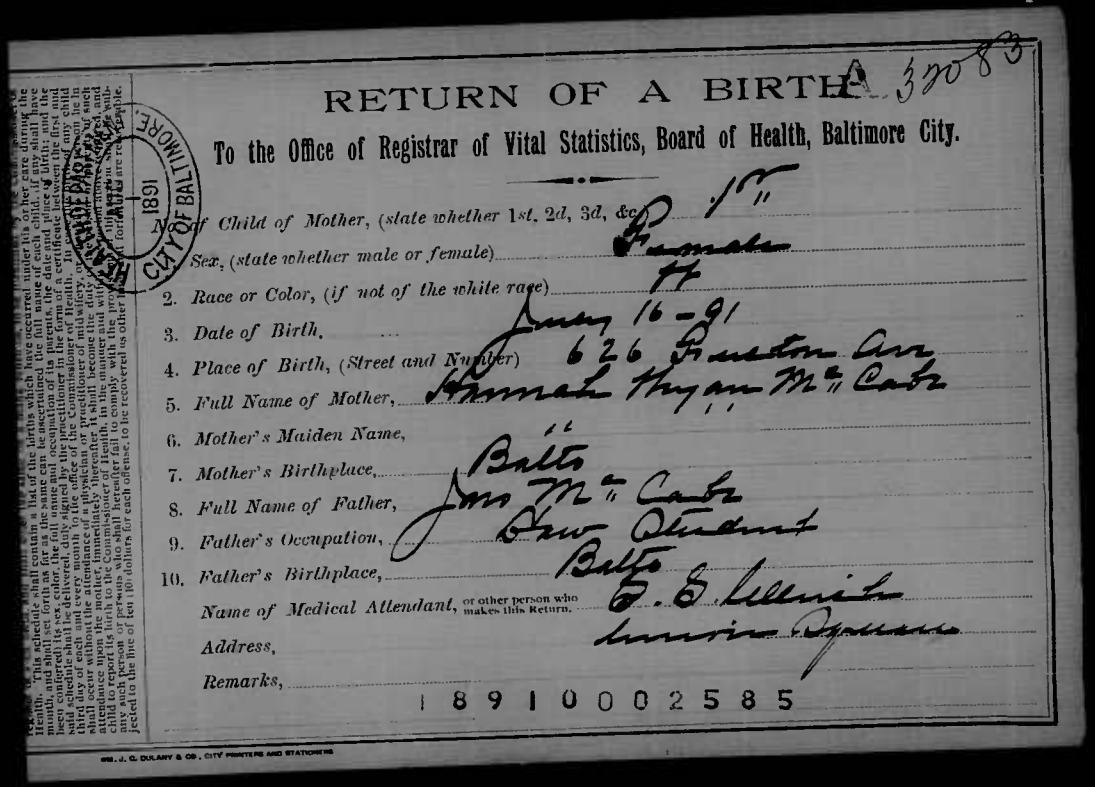
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Child of Mother*, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5th
2. *Sex*, (*state whether male or female*) Female
3. *Race or Color*, (*if not of the white race*) White
4. *Date of Birth*, July 16-91
5. *Place of Birth*, (*Street and Number*) 15 1/4 St Paul St
6. *Full Name of Mother*, Mrs Caroline Louise Jackson
7. *Mother's Maiden Name*, "
8. *Mother's Birthplace*, Balto
9. *Full Name of Father*, Chas Jackson
10. *Father's Occupation*, Painter
    Father's Birthplace, Balto
    Name of Medical Attendant, or other person who makes this Return. E. B. Lefevre
    Address, Runnin Square
    Remarks,

1 8 9 1 0 0 0 2 5 8 4

HEALTH DEPARTMENT CITY OF BALTIMORE AUG 1 1891

Wm. J. C. Dulany & Co., City Printers and Stationers



RETURN OF A BIRTH

A 32083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother,* (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st
2. *Sex,* (*state whether male or female*) Female
3. *Race or Color,* (*if not of the white race*) W
4. *Date of Birth,* June 16-91
5. *Place of Birth,* (*Street and Number*) 626 Preston Ave
6. *Full Name of Mother,* Hannah Thyan McCabe
7. *Mother's Maiden Name,* "
8. *Mother's Birthplace,* Balto
9. *Full Name of Father,* Jas McCabe
10. *Father's Occupation,* Law Student
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. E. E. Lillenthal

Address, Lumin Square

Remarks,

1 8 9 1 0 0 0 2 5 8 5

CITY OF BALTIMORE 1891 REGISTRAR OF VITAL STATISTICS

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 16th July 1891
4. Place of Birth, (Street and Number) S. Bond St. No. 604.
5. Full Name of Mother, Rosina Hofmeister
6. Mother's Maiden Name, " Gabel
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles Hofmeister
9. Father's Occupation, Saloon keeper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs. Buehler

Address, 1891 Washington Ave.

Remarks, 1891 0 0 2 2 5 8

Health. This schedule shall contain a list of the births which happen in every family under his or her care during the month, and shall set forth as far as the same can be ascertained, the name, sex, color, the full name and occupation of the parents, place of birth, and the full address of each child born; and every such physician, midwife, or other person shall, within ten days after the birth of any child been conferred his or her certificate of the same, and every month thereafter, deliver to the Commissioner of Health a list of all births which shall have occurred without the attendance of a physician or midwife, of which no other person has rendered a return, and shall, on the first Monday in each month, report to the Commissioner of Health the names of all persons who have died during the preceding month, and the cause of death, as far as can be ascertained, and the name and residence of the attending physician, if any. Every such physician, midwife, or other person who shall neglect to make the returns required by this section, or who shall make any false return, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other penalties and forfeitures are recoverable

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 16th 1891
4. Place of Birth, (Street and Number) Collington Ave. 402
5. Full Name of Mother, Karolina Maier
6. Mother's Maiden Name, " " Schnell
7. Mother's Birthplace, Germania
8. Full Name of Father, Jacob Maier
9. Father's Occupation, Plumber
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1891000 1587 Kushler
2351 Washington Ave.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 3086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ninth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 16 1891
4. Place of Birth, (Street and Number) 527 S Ann St
5. Full Name of Mother, Bertha Walter
6. Mother's Maiden Name, Bertha Bowen
7. Mother's Birthplace, Poland
8. Full Name of Father, David Walter
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Europe Poland

Name of Medical Attendant, or other person who makes this Return. Midwife Mrs. Hunter

Address, Loppleton near Baltimore St

Remarks, 23 1891 1000 2588 Susan Hunter

HEALTH DEPARTMENT CITY OF BALTIMORE JUL 28 1891 RECEIVED

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT CITY OF BALTIMORE JUL 22 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

3. *Date of Birth,* July 16, 1891

4. *Place of Birth, (Street and Number)* 1531 William St

5. *Full Name of Mother,* Alice Stone

6. *Mother's Maiden Name,* Alice Hubert

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Benjamin Stone

9. *Father's Occupation,* Fireman

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. M. R. Caskey

Address, 213 E. Heath St

Remarks, Doing Well

1891000 2589

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 32088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* July 16th 1891
4. *Place of Birth, (Street and Number)* # 885 W. Lombard St
5. *Full Name of Mother,* Alice Mason
6. *Mother's Maiden Name,* " Spicer
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Richard C. Mason
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. H. L. Sheard M.D.

Address, 855 W. Lombard St

Remarks,

1891 0 0 2590

1891 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 10-20-91.

RETURN OF A BIRTH

A 330089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lola Rosenthal

1. No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) white
4. Date of Birth, July 16, 1891
5. Place of Birth, (Street and Number) 18 S. Exeter st.
6. Full Name of Mother, Bessie (Rubins) Rosenthal
7. Mother's Maiden Name,
8. Mother's Birthplace, Europe
9. Full Name of Father, Herman (Hyman) Rosenthal
10. Father's Occupation, Tailor
11. Father's Birthplace, Europe
12. Name of Medical Attendant, or other person who makes this Return, Hy C. Bornstein
13. Address, 122 S. Exeter st
14. Remarks,

091000291

HEALTH DEPARTMENT AUG 3 1891 CITY OF BALTIMORE

Form No. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if it have been named, the sex, color, the full name and occupation of each parent, the residence of each parent, the place of birth, and the date of birth of each child; and the physician, midwife or other person in the form of a certificate between the first and third days of each month every certificate of birth which he or she may have given during the preceding month, and if no birth have occurred during the month to report the fact. Any physician or midwife who shall neglect to make such return or certificate, or who shall refuse or neglect to furnish any information required by the Commissioner of Health in relation to any birth at which he or she was in attendance upon the mother, immediately thereafter, in the manner and form prescribed by the Commissioner of Health, and any physician or midwife who shall neglect or refuse to report such birth to the Commissioner of Health, in the manner and form prescribed by him, within ten days after the occurrence thereof, shall be subject to the fine of ten dollars, for each offense, to be recovered as debts of like amount are recoverable by action of debt in the name of the Mayor and City Council of Baltimore.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 3 1890.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 13, 1891.
4. Place of Birth, (Street and Number) No. 1512 Eiswith Street.
5. Full Name of Mother, Katie Sigmund
6. Mother's Maiden Name, Katie Hintag
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Sigmund
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore.

Name of Medical Attendent, or other person who makes this Return. Dr. A. Elwell, M.D.

Address, 1724 Hanover St.

Remarks, 8910002592

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 4-16-57

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Katie May Smith Eighth
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Seventeenth of June 1891
4. Place of Birth, (Street and Number)	504 West Lee St. Balto. Md.
5. Full Name of Mother,	Ida Jane Smith.
6. Mother's Maiden Name,	Taylor
7. Mother's Birthplace,	England.
8. Full Name of Father,	Wm. E. Smith.
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Pennsylvania.
Name of Medical Attendent, or other person who makes this Return.	[illegible]
Address,	[illegible]
Remarks,	1891000293

BOARD OF HEALTH OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31777.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
Date of Birth,	July 7 91
Place of Birth, (Street and Number)	1301 Preston
Full Name of Mother,	L. Davis
6. *Mother's Maiden Name,*	L. Davis
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Farin Davis
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Ed H Lewis M D
Address,	1301 Preston St Balto
Remarks,	

8910002594

CITY OF BALTIMORE 1891

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

Race or Color, (if not of the white race)

Date of Birth, July 7/91

Place of Birth, (Street and Number) 164 Biddle

Full Name of Mother, Ellen Sandall

6. Mother's Maiden Name, Ellen

7. Mother's Birthplace, Edinburgh Scotland

8. Full Name of Father, Peter Gardner

9. Father's Occupation, Stonecutter

10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return. Wm. H. Simmons M.D.

Address, [illegible]

Remarks, 8910002595

CITY OF BALTIMORE MAR 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lucy Mildred Buckmaster

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July the 7 1891
4. Place of Birth, (Street and Number) 1714 south Charles st
5. Full Name of Mother, Lucy South
6. Mother's Maiden Name, Lucy Buckmaster
7. Mother's Birthplace, Middleres County Virginia
8. Full Name of Father, William Buckmaster
9. Father's Occupation, Laborer
10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other person who makes this Return. Sarah Jane Wilson

Address, 115 west Fleet street

Remarks,

18910002596

317 24 ward

Health. This schedule shall contain a list of ... month, and ... been conferred) its sex, color, the full ... said schedule shall be delivered, duly signed ... third day of each and every month to the ... shall duly register the same in a book ... attendance upon the mother, immediately ... child to report its birth to the Commissioner of ... any such person or persons, who shall hereafter fail ... subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 7th 2 a.m. 1891
4. Place of Birth, (Street and Number) 2138 W Fayette St
5. Full Name of Mother, Hattie Flannagan
6. Mother's Maiden Name. Hattie Murray
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Jno. P. Flannagan
9. Father's Occupation, Mercantile Salesman
10. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other Person who makes this Return. A Hayston M.D.

Address, 1136 Lexington St.

Remarks. 8910002597

CITY OF BALTIMORE JUL 8 1891

RETURN OF A BIRTH A 31/26

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male.
2. Race or color, (if not of the white race) White
3. Date of Birth, July 3rd
4. Place of Birth, (Street and Number) 4112 Hanover St
5. Full Name of Mother, Mary Lyon
6. Mother's Maiden Name, Mary O'Connor
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas Lyon
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs N. O. Connor Mother

Address, Attended — Child born when I

Remarks, arrived

1891 0 [illegible]

J. E. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	William S.C. Heimiller First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 3, 1891
4. Place of Birth, (Street and Number)	1127 E Preston St
5. Full Name of Mother,	Lester J Heimiller
6. Mother's Maiden Name,	Wilkerson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William F Heimiller
9. Father's Occupation,	Carpenter Foreman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	J Frank Crouch M.D.
Address,	720 Grummont Ave
Remarks,	8910002599

...month, and shall set forth as far as the same can be ascertained, the full name of each child of any shall have been born since the last preceding return; the full name of each parent; the color of each; the place of birth; and the age of each parent at the time of birth of such child; and the number of children born to each parent, living and dead, respectively; and the number of children born alive to such person or parents of such child now living; and the number of children born alive to such person or parents of such child who have died before the age of one year; and the number of children born alive to such person or parents of such child who have died within the period above recited. Such return shall occur without delay after the birth, and shall be attested by the signature of the mother, immediate attendance upon the birth, or other person who may be present at the birth. In the manner and subject to the penalties and forfeitures of this section it shall be the duty of each and every person who shall perform the office of midwife, or other attendance upon the mother, immediately after the birth to the Commissioner of Health, a certificate of such birth, containing the information required to be given by the mother, and such other information as may be required by the Commissioner of Health. In case the child is born in a house, the person in charge of the house shall be subject to the penalties and forfeitures of this section. Any person who shall neglect or refuse to make such return as herein required shall be subject to the fine of ten (10) dollars for each such offense, and all fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 3-16-59

RETURN OF A BIRTH.

A 31428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mae Sunkett

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 4th /91

4. Place of Birth, (Street and Number) Burgundy Ally 4638.

5. Full Name of Mother, Mary Ann ~~Sanquet~~ Sunkett

6. Mother's Maiden Name, Mary Ann Johnson

7. Mother's Birthplace, Cambridge Md.

8. Full Name of Father, Henry ~~Sanquet~~ Sunkett

9. Father's Occupation, Drayman

10. Father's Birthplace, Accomack Cty Va.

Name of Medical Attendant, or other person who makes this Return. Catherine Riley

Address, # 26 Russell St

Remarks,

1 8 9 1 0 0 0 2 6 0 0

HEALTH DEPARTMENT JUL 1891 CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 5th Oct
4. Place of Birth, (Street and Number) 242 Washington Ave
5. Full Name of Mother, Barbara Gabel
6. Mother's Maiden Name, Sommer
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Gabel
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Alex L. Gross

Address, 707 E. Monument St

Remarks,

1891000260 1

BOARD OF HEALTH

OFFICE OF REGISTRAR OF VITAL STATISTICS

BALTIMORE CITY

Health, and shall set forth as far as the same can be ascertained, the date of birth, the sex, the color, the place of birth, and the name, residence and occupation of each parent of such child; and the number of children born to the mother, and the number now living, and the number of children born between the first and second births, and the number of children born between the second and third births, and the number of children born between the third and fourth births, and the number of children born between the fourth and fifth births, and the number of children born between the fifth and sixth births, and the number of children born between the sixth and seventh births, and the number of children born between the seventh and eighth births, and the number of children born between the eighth and ninth births, and the number of children born between the ninth and tenth births, and the number of children born between the tenth and eleventh births, and the number of children born between the eleventh and twelfth births, and the number of children born between the twelfth and thirteenth births, and the number of children born between the thirteenth and fourteenth births, and the number of children born between the fourteenth and fifteenth births, and the number of children born between the fifteenth and sixteenth births, and the number of children born between the sixteenth and seventeenth births, and the number of children born between the seventeenth and eighteenth births, and the number of children born between the eighteenth and nineteenth births, and the number of children born between the nineteenth and twentieth births, and the number of children born between the twentieth and twenty-first births, and the number of children born between the twenty-first and twenty-second births, and the number of children born between the twenty-second and twenty-third births, and the number of children born between the twenty-third and twenty-fourth births, and the number of children born between the twenty-fourth and twenty-fifth births, and the number of children born between the twenty-fifth and twenty-sixth births, and the number of children born between the twenty-sixth and twenty-seventh births, and the number of children born between the twenty-seventh and twenty-eighth births, and the number of children born between the twenty-eighth and twenty-ninth births, and the number of children born between the twenty-ninth and thirtieth births, and the number of children born between the thirtieth and thirty-first births, and the number of children born between the thirty-first and thirty-second births, and the number of children born between the thirty-second and thirty-third births, and the number of children born between the thirty-third and thirty-fourth births, and the number of children born between the thirty-fourth and thirty-fifth births, and the number of children born between the thirty-fifth and thirty-sixth births, and the number of 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fiftieth and two hundred and fifty-first births, and the number of children born between the two hundred and fifty-first and two hundred and fifty-second births, and the number of children born between the two hundred and fifty-second and two hundred and fifty-third births, and the number of children born between the two hundred and fifty-third and two hundred and fifty-fourth births, and the number of children born between the two hundred and fifty-fourth and two hundred and fifty-fifth births, and the number of children born between the two hundred and fifty-fifth and two hundred and fifty-sixth births, and the number of children born between the two hundred and fifty-sixth and two hundred and fifty-seventh births, and the number of children born between the two hundred and fifty-seventh and two hundred and fifty-eighth births, and the number of children born between the two hundred and fifty-eighth and two hundred and fifty-ninth births, and the number of children born between the 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RETURN OF A BIRTH. A 31730.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* — — —
3. *Date of Birth,* July
4. *Place of Birth, (Street and Number)* 776 Light St
5. *Full Name of Mother,* Lillie Schaub
6. *Mother's Maiden Name,* Foemmel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Schaub
9. *Father's Occupation,* Brewery Agent
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks,

1891000260 2

CITY OF BALTIMORE 1891

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JNO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31/31.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 6 1891

4. Place of Birth, (Street and Number) 1335 Hanover St

5. Full Name of Mother, Willie M. McDonnell

6. Mother's Maiden Name, Bond

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick McDonnell

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return. Frank Cromwell

Address, 120 Hanover Street

Remarks, 8910002603

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 31732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 7th
4. *Place of Birth, (Street and Number)*	No 626 Patterson Avenue
5. *Full Name of Mother,*	E A Funk
6. *Mother's Maiden Name,*	E A Knopp
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	J F Funk
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Donnelley
Address,	1635 Little Walsh street
Remarks,	None

8910002604

Health. This schedule shall contain a list of all births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the date of each child, if any shall have been conferred; its sex, color, the full name and residence of the parents, and the number of a certificate between the first and said schedule shall be delivered every month to the office of the Registrar of Vital Statistics of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or nurse in charge of such child to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered by other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 7 of July
4. Place of Birth, (Street and Number) No 912 Chester St
5. Full Name of Mother, Lena
6. Mother's Maiden Name, Baer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jacob Mirsky
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 2 6 0 5

month, and shall set forth, as far as the same can be ascertained, the full name and date of birth of each child, if any, that have been born of the mother, and the full name and date of birth of the last child born before the present birth, if there be any living child of the mother under the age of ten years; and if there be no such living child, then the fact shall be stated. The certificate of birth required by this section to be made shall be delivered, duly signed by the person making the same, to the physician or person in attendance upon the mother, or if there be no such physician or person in attendance, then it shall be the duty of the mother, within ten days after the birth, to make and deliver such certificate. In case the birth of any child occurs without the presence of a physician or person in attendance upon the mother, immediately thereafter it shall be the duty of the person who is by this section required to report the birth of such child to the Commissioner of Health, to make and deliver such certificate. Any person who shall violate the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. 31434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	7th of July 1891
4. Place of Birth, (Street and Number)	521 North Wolf street
5. Full Name of Mother,	Ellen F. Wankel
6. Mother's Maiden Name,	Ellen F. Gardner
7. Mother's Birthplace,	Washington
8. Full Name of Father,	Lorenz Wankel
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Casimir Kunkel
Address,	213 North Chapel st. per Justina Kunkel
Remarks,	Health

C 1 0 0 0 2 6 0 6

CITY OF BALTIMORE

BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A. 31/30

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colord not of the White Race
3. Date of Birth,	July 8th 1891
4. Place of Birth, (Street and Number)	Balto City Md. 1020 Vine St
5. Full Name of Mother,	M. E. C. Williams
6. Mother's Maiden Name,	Mary Jane Cathrine Blair
7. Mother's Birthplace,	Charles County Md
8. Full Name of Father,	Henderson Williams
9. Father's Occupation,	Porter
10. Father's Birthplace,	Chesterfield County Virginia
Name of Medical Attendant, or other person who makes this Return.	Mrs Minitta Taylor
Address,	762 Sarah Ann St
Remarks,	8910002607

month, and shall set forth as far as the same can be ascertained, the name, sex, color, the full name of the parents, and the residence of such child, the date of birth, and the name and residence of the attendant, if any, at the birth; and the said schedule shall be delivered, by the physician, midwife or other person in attendance, at the birth of any child, within ten days after the birth, to the office of the Registrar of Vital Statistics; and if no other person is in attendance at the birth of any child, then the father or mother of such child shall report the birth as herein required, and shall cause the name of such child to be entered in the said schedule; and if the birth of any child shall occur upon the premises of any boarding house, hotel, or other public institution, it shall become the duty of the keeper, steward, or other person having charge of such premises, to report the birth as herein required, and to cause the name of such child to be entered in the said schedule; and if the birth of any child shall occur upon the premises of any private family, it shall become the duty of the head of such family to report its birth to the Commissioner of Health, and to cause the name of such child to be entered in the said schedule; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other forfeitures are recovered.

CITY OF BALTIMORE

BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3/1/36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 1 0 0 0 2 6 0 8

BOARD OF HEALTH REGISTERED 1891 CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Thursday July 9th 1903 A.M.
5. *Place of Birth, (Street and Number)* 1526 Hollins st
6. *Full Name of Mother,* Mary A. Hancock
7. *Mother's Maiden Name,* Mary A. Suttliff
8. *Mother's Birthplace.* Baltimore City
9. *Full Name of Father.* Albert R. Hancock
10. *Father's Occupation.* Freight Agent B & O R.R.
11. *Father's Birthplace.* A. A. County Md

Name of Medical Attendant, or other person who makes this Return. Abraham A. Isaacs Dr

Address, Park Ave & Mulberry st Baltimore Md

Remarks, 1 8 9 1 0 0 0 2 6 0 9

month, and shall set forth as far as the same can be ascertained, the name, residence and occupation of the parents, the sex, color, and date of birth of the child, and the number of births which the mother has previously had, and the number of such births which have been registered; and the said certificate shall be fully signed by the practitioner, midwife or other person who shall have been present at the birth of any child or children, or who shall have attended the mother during her confinement; and such certificate shall be delivered within the said time to the person required by this section to make the return of the birth of such child or children, or to the undertaker who shall have been employed to bury the body of such child or children, and shall be by him delivered to the person required by this section to make the return of the birth of such child or children, before he shall be entitled to receive any fee for burying the body of such child or children; and no undertaker shall bury the body of any child or children without the certificate of a physician, midwife or other person who was present at the birth of such child or children, or who attended the mother during her confinement, or without the certificate of the coroner, as hereinafter provided for; and every undertaker who shall bury the body of any child or children without such certificate as aforesaid, shall forfeit and pay the sum of ten dollars for each offense, to be recovered, with costs of suit, in the name of the Mayor and City Council of Baltimore, before any justice of the peace of Baltimore City, on the complaint of any person who shall hereafter sue for the same; and it shall be the duty of the Health Officer to report to the State's Attorney for Baltimore City the name of any undertaker who may neglect or refuse to comply with the provisions of this section, and every such undertaker shall be subject to the fine of ten (10) dollars for each offense, to be recovered as aforesaid.

REGISTERED JUL 23 1903 REGISTRAR OF VITAL STATISTICS CITY OF BALTIMORE MD

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31738.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th of July 1891
4. Place of Birth, (Street and Number) 225 North Chapel st.
5. Full Name of Mother, Mary Robel
6. Mother's Maiden Name, Mary Dumpfoh
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peters Robel
9. Father's Occupation, Tailore
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Cescintia Kunkel

Address, 213 North Chapel st per Cestina Kunkel

Remarks, Healthy

1891 0002610

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 31739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, ~~&c.~~)

1. Sex, (~~state whether male or~~ female) July 2d
2. Race or Color, (~~if not of the~~ white race) W
3. Date of Birth, 1324 N. Broadway
4. Place of Birth, (Street and Number) Emma E. Butchelor,
5. Full Name of Mother, Emma E. Holge[illegible],
6. Mother's Maiden Name, Baltimore City, Md.
7. Mother's Birthplace, Wallace A. Butchelor,
8. Full Name of Father, Upholsterer,
9. Father's Occupation, Baltimore City, Md.
10. Father's Birthplace, John [illegible] Hospital
    Name of Medical Attendant, or other person who makes this Return.
    Address, 662. W. Lexington St.
    Remarks,

8 9 1 0 0 0 2 6 1 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Friday morning July 10th 1891 8 o'clock a.m.
4. Place of Birth, (Street and Number) 110 Patterson Av
5. Full Name of Mother Susan M Simons
6. Mother's Maiden Name Susan M Lambert
7. Mother's Birthplace Newfoundland
8. Full Name of Father James Simons
9. Father's Occupation Brakesman on B&O
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return J E Richard MD

Address 1010 Chesapeake St

Remarks Easy and natural Labor it is a fine boy both Mother and Son are doing Well

00026 12

(1) The Act of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, [illegible] or of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 3174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks. 1891000261 3

CITY OF BALTIMORE

WM J. C DULANY CO CITY PRINTERS AND STATIONERS

...the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 31042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 13 1891, CITY OF BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female).* female

2. *Race or Color, (if not of the white race)* white

Date of Birth. July 3

Place of Birth, (Street and Number) 404 Cumberland St

Name of Mother, Margaret Stebbins

Mother's Maiden Name, Margaret Barnet

7. *Mother's Birthplace,* Carroll Co

8. *Full Name of Father,* Charles Stebbins

9. *Father's Occupation,* farmer

10. *Father's Birthplace,* Baltimore Co

Name of Medical Attendant, or other person who makes this Return. Ida Fuller

Address. 602 [illegible] St

Remarks. 8910002614

Wm. J. C. Dulany Co. City Printers and Stationers

RETURN OF A BIRTH

S 31743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* July 3/91

4. *Place of Birth (Street and Number),* 212 S. Caddington Av.

5. *Full Name of Mother,* Mary Barnett

6. *Mother's Maiden Name,* Mary Hand

7. *Mother's Birthplace,* Balto. city

8. *Full Name of Father,* James Barnett

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. R. W. Merrifield M.D

Address, 129 S. Broadway

Remarks,

8 9 1 0 0 0 2 6 1 5

Baltimore Publishing Co., 913 Printers and Stationers.

RETURN OF A BIRTH

A 31704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	June 3rd 91.
4. Place of Birth, (Street and Number)	12 N. Gay str.
5. Full Name of Mother,	Katie Buchta
6. Mother's Maiden Name,	Katie Uhl
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	George F. Buchta
9. Father's Occupation,	Fireman
10. Father's Birthplace,	Balto. Md
Name of Medical Attendant, or other person who makes this Return.	Thos H. A. Hoyer M.D.
Address,	1019 N. Caroline St.
Remarks,	8910002616

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required in the form prescribed by said schedule shall be delivered, duly signed by the Commissioner of Health, to the person in charge of each and every office of the Commissioner of Health, within the first three days of each month; and every physician or practitioner of midwifery who shall neglect or refuse to make such return as aforesaid, or who shall neglect or refuse to attend upon the mother, immediately thereafter, if until become and will be required, had child to report its birth to the Commissioner of Health, shall forfeit and pay for every such neglect or refusal to comply with the provisions of this section a sum not less than five nor more than ten dollars, to be recovered as other fines are collected.

CITY OF BALTIMORE

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 6 91
4. Place of Birth, (Street and Number)	1503 Baker St
5. Full Name of Mother,	Alice Gray
6. Mother's Maiden Name,	Alice Bell
7. Mother's Birthplace,	Boston
8. Full Name of Father,	Wm Gray
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Va
Name of Medical Attendant, or other Person who makes this Return.	J. E. Shinnick M.D.
Address,	
Remarks,	

8910002617

317 W.

CITY OF BALTIMORE

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 31946.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED JUL 13 1891 REGISTRAR OF VITAL STATISTICS CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, July 6th 91

Place of Birth, (Street and Number) 126 ~~Sargent~~ St

5. Full Name of Mother, Annie Richter

6. Mother's Maiden Name, Annie Waltemeyer

7. Mother's Birthplace, Portland, Maine.

8. Full Name of Father, Geo Richter

9. Father's Occupation, Car Driver

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Henry C. Ohle, MD

Address, 1618 Bway

Remarks,

8 9 1 0 0 0 2 6 1 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

8 9 1 0 0 0 2 6 1 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred the sex, color, the full name and occupation of the parents, the date and place of birth; and the said facts of each and every month to the office of the Registrar of Vital Statistics, on or before the first and third days of each month, under the penalty hereinafter provided. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the father, mother, or other person in charge of such child, to report the same within the period above required, and attendance upon the child, to the Commissioner of Health, within the period above required, and in case the father, mother or other person in charge of such child, or person or persons who shall hereafter fail to report such birth, shall be subjected to the fine of ten (10) dollars for each offense. In case the birth of any child should no other person be in attendance, it shall be the duty of the person in whose house or premises such child was born, to report the same as above required, and in case of neglect or refusal to do so, such person shall be subject to the same penalties as the father, mother or other person in charge of such child. All penalties and forfeitures are recoverable.

RECEIVED JUL 13 1891 CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 7th 91
4. Place of Birth, (Street and Number) 310 S. Paffelton pl
5. Full Name of Mother, Annie Teagin
6. Mother's Maiden Name, Annie Ellerby
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Teagin
9. Father's Occupation, Iron Moulder
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Key C. Hill M.D.

Address, 1203 West Fayette St

Remarks, 18910002620

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second. (2nd)
1. *Sex,* (state whether male or female)	Male
Race or Color, (if not of the white race)	White
2. *Date of Birth,*	July 7th 1891
3. *Place of Birth,* (Street and Number)	704 Baker St.
5. *Full Name of Mother,*	Martha A. Earp.
6. *Mother's Maiden Name,*	Marsden
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Charles C. Earp
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return	Louis W Knight M.D
Address,	414 N. Greene
Remarks,	

1891 0002621

within six days. Register, Stamp, &c. Sec. 13. Art. 12. Code of Public Local Laws.

Physician, Midwife, or other person having charge of the child or children born, its or their physical condition, whether living or dead, the sex, color, name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CITY OF BALTIMORE 1891

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 31 43.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 1 1891

4. Place of Birth, (Street and Number) 904 N. Ann

5. Full Name of Mother, Annie Vincent

6. Mother's Maiden Name, Moore

7. Mother's Birthplace, Balto

8. Full Name of Father, Harry B. Vincent

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. B. Schnatka M.D.

Address, 1003 N. Bway

Remarks,

1 8 9 1 0 0 0 2 6 2 2

HEALTH DEPARTMENT JUL 13 1891 CITY OF BALTIMORE

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 31757.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	8th of July 1891
4. Place of Birth, (Street and Number)	No 1925 Somerset St
5. Full Name of Mother,	Lena Wagner
6. Mother's Maiden Name,	Lena Herring
7. Mother's Birthplace,	Germany
8. Full Name of Father,	August Wagner
9. Father's Occupation,	Iron finisher
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Dr. [illegible] Lauer
Address,	No 1039 Harford Ave
Remarks,	Balto Md

1 8 9 1 0 0 0 2 6 2 3 9 1

CITY OF BALTIMORE

month, and shall set forth as far as the same can be ascertained ... been conferred) the sex, color, the full name and residence of the parents, the ... said schedule shall be every month to the office of the Clerk of the ... third day of each month, and every midwife who shall attend upon the birth of any child ... without the attendance of a physician after it shall become ... attendance upon the mother. Immediately on the receipt of ... child so reported as living, and for every neglect or refusal to report ... any such person or persons who shall hereafter fail to comply with the ... subject to the fine of ten (10) dollars for each offense, to be recovered ...

... of any child ... between the first and ... birth of any child ... midwife or other person ... returns of such ... have required, and ... tion shall be sub- ... ties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	third
Sex, (state whether male or female)	male
Race or Color, (if not of the white race)	Brown Skin
Date of Birth,	July 10 t
Place of Birth, (Street and Number)	533 Lansburg St
5. *Full Name of Mother*	annie Rine
6. *Mother's Maiden Name,*	annie Skiner
7. *Mother's Birthplace,*	South Carliner
8. *Full Name of Father,*	Charles Rine
9. *Father's Occupation,*	Watter
10. *Father's Birthplace,*	Baltimore Cy
Name of Medical Attendant, or other Person who makes this Return	harriett hammond
Address,	2 27 arch St
Remarks,	

1891 JUL 13 CITY OF BALTIMORE

1 8 9 1 0 0 0 2 6 4

A. CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* [illegible] Boy
2. *Race or Color, (if not of the white race)* [illegible] Called so
3. *Date of Birth,* [illegible] 1891
4. *Place of Birth, (Street and Number)* 112 N. Carlton St
5. *Full Name of Mother,* Virginia Richardson
6. *Mother's Maiden Name,* Virginia Johnson
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Charles Richardson
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* West River Md

Name of Medical Attendant, or other person who makes this Return. Mary Atkinson Jones

Address, 1121 Druid Hill Ave Baltimore

Remarks,

8 9 1 0 0 0 2 6 2 5

...J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Male,
2. *Race or color, (if not of the white race)*	White,
3. *Date of Birth,*	July 10. 1891.
4. *Place of Birth, (Street and Number)*	1340 Mosher st.
5. *Full Name of Mother,*	Ella Keefer,
6. *Mother's Maiden Name.*	Roswald,
7. *Mother's Birthplace,*	Dorchester Co. Md.
8. *Full Name of Father,*	D. P. Keefer,
9. *Father's Occupation,*	Stone cutter,
10. *Father's Birthplace,*	Frederick Co. Md.
Name of Medical Attendant, or other person who makes this Return.	J. L. Engle M. D.
Address,	1007 Fawn alley
Remarks,	

8910002626

been conferred its sex, color, the full name and the date and place of birth; and the said midwife shall be delivered, duly signed by ... of a certificate between the first and third day of each week ... Health. In case the birth of any child shall occur without the attendance of a physician or ... midwifery, or should no certificate be delivered ... the midwife within the period above required, and ... child to report its birth to the Commissioner ... fail to comply with the provisions of this section shall be subject to the ... dollars for each offence, to be recovered as other fines and forfeitures are recoverable

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (stote whether 1st, 2d, 3d, &c.)	Eright Child
1. Sex (state whether male or femole),	female
2. Roce or Color (if not of the white rnee),	Colored
3. Date of Birth,	11 July
4. Placc of Birth (Street and Number),	City 1311 monroest
5. Full Name of Mother,	Lizzie Williams
6. Mother's Maiden Name,	Lizzie wilson
7. Mother's Birthplace,	2 co no
8. Full Name of Father,	Charles williams
9. Father's Occupation,	Labor
10. Father's Birthplace,	Hagerstown
Name of Medical Attendont, or other person who makes this Return.	Janie warren
Address,	
Remnrks,	

1 8 9 1 0 0 0 2 6 2 7

Limoe Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1899 CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Color, (if not of the white race) White

3. Date of Birth, July 1

4. Place of Birth, (Street and Number) 622 Bond St.

5. Full Name of Mother, Katie Rostinski

6. Mother's Maiden Name, Kaminski

7. Mother's Birthplace, Poland

8. Full Name of Father, Martin Rostinski

9. Father's Occupation, Tailor

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krotzka

Address, 816 S. Ann St.

Remarks,

8910002628

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 31757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1st 1891
4. Place of Birth, (Street and Number) 261 Hoffman St
5. Full Name of Mother, Emily Martina Spalding
6. Mother's Maiden Name, Rennold
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Sotheron K. Spalding.
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, S. A. Kenny M.D

Address, 1520 Druid Hill Ave

Remarks, 1 8 9 1 0 0 0 2 6 2 9

been conferred) its sex, color, the full name and ... date and place of birth, and the ... said schedule shall be delivered, duly signed ... Provided, however, that in case the birth of any child ... shall occur without the attendance of a physician or midwife, or should no other person be in ... attendance upon the mother, immediately after the birth of such child, the parent or parents of such child to report its birth to the Commissioner of Health, as above required, shall be subject to the fine of ten (10) dollars for each offense. ... fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

E.F. 3173.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, 1 July

Place of Birth, (Street and Number) 209 S Ellis Street

5. Full Name of Mother, Sarah Bauer

6. Mother's Maiden Name, Sara Elsa

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jacob Bauer

9. Father's Occupation, Engraver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Schumann

Address, 909 South Bond St

Remarks,

1891 0002630

CITY OF BALTIMORE HEALTH DEPARTMENT JUL 1891

Each unlawful sex, color, the full name and occupation of his parents, the date and place of birth; and the name of the midwife, if any, present at the birth. And it shall be the duty of the physician in attendance upon any case of birth to make the return required by this section; and in case there be no physician in attendance upon the case, then the midwife present at the birth shall make such return; and in case there be no physician or midwife in attendance upon the case, then the father of such child, or in case of his absence, the mother, shall make such return within the time above required, and any such person who shall hereafter fail to make such return as above required, shall be subjected to the fine of ten dollars, for each offense, to be recovered as debts of like amount are now recoverable

J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

No. 31759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 - th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	4 - July 1891
Place of Birth, (Street and Number)	816 W - Mulberry St
Full Name of Mother	Katie Caton
6. *Mother's Maiden Name*	Katie Gallagher
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	John - Caton
9. *Father's Occupation*	Glass Packer
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return	Mrs Dr Walter
Address	Susan Walter 23 N Poppleton St
Remarks	2891 0 0 0 2 6 3 1

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-11-56

RETURN OF A BIRTH.

A 31760.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elsa Sophia Housewald

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 5 th 1891
4. Place of Birth, (Street and Number) No: 2103 Fulton Ave
5. Full Name of Mother, Sophie Housewald
6. Mother's Maiden Name, Sophie Kammer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adolph Housewald
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 1 0 0 0 2 6 3 2

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31761.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd Child
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	July 6 th 1891
4.	*Place of Birth, (Street and Number)*	116 n Henrietta st.
5.	*Full Name of Mother,*	Catharn Masky
6.	*Mother's Maiden Name,*	Schpan
7.	*Mother's Birthplace,*	America
8.	*Full Name of Father,*	Otto Masky
9.	*Father's Occupation,*	Butcher
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	J. Lohwasser midwife
	Address,	1038 Hanover st.
	Remarks,	8 9 1 0 0 0 2 6 3 3

CITY REGISTRAR

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	1 st Child
1.	*Sex*, (*state whether male or female*)	male
2.	*Race or Color*, (*if not of the white race*)	
3.	*Date of Birth*,	July 7 th 1891
4.	*Place of Birth*, (*Street and Number*)	1228 Wall st
5.	*Full Name of Mother*,	Mathilda Seifert Newman
6.	*Mother's Maiden Name*,	
7.	*Mother's Birthplace*,	Germany
8.	*Full Name of Father*,	Paul Seifert
9.	*Father's Occupation*,	Maschinist
10.	*Father's Birthplace*,	Germany
	Name of Medical Attendant, or other person who makes this Return,	J. Lohwasser midwife
	Address,	1032 Hanover st.
	Remarks,	8910002634

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 31763.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	Eighth
1. *Sex,* (*State whether male or female*)	Male
2. *Race or color,* (*if not of the white race*)	White
3. *Date of Birth,*	July 7 - 1891
4. *Place of Birth,* (*Street and Number*)	836 Hanover St
5. *Full Name of Mother,*	Belle Berger
6. *Mother's Maiden Name,*	" Ramsey
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	John Berger
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	C. C. Zeigler
Address,	602 Hanover
Remarks,	1 8 9 1 0 0 0 2 6 3 5

been conferred its sex, color, the full name and occupation of its parents, and the time and place of birth; and the said schedule shall be delivered, duly signed by the person giving the information, to the person required to report its birth to the Commissioner of Health, or other person authorized to receive the same, within the period above required, and shall occur without the limits of the city, a certificate of the birth of any child born to a resident of the city, signed by the physician or midwife present at the birth, or by the mother, immediately thereafter, and the person required to report the birth of any child to the Commissioner of Health, or other person authorized to receive the same, who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered, with costs, before any justice of the peace of Baltimore city, on the complaint of any such person or persons, who shall sue for and prosecute the same; and all fines and forfeitures are recoverable

J. D. ONLEY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-30-59

RETURN OF A BIRTH

A 31764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ella May Stone

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 5 1891
4.	*Place of Birth, (Street and Number)*	525 W. Lexington St
5.	*Full Name of Mother,*	Florence Stone
6.	*Mother's Maiden Name,*	Florence Mitchell
7.	*Mother's Birthplace,*	Baltimore Md.
8.	*Full Name of Father,*	George W. Stone
9.	*Father's Occupation,*	Collector
10.	*Father's Birthplace,*	Baltimore Md.
	Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
	Address,	23 N Poppleton St
	Remarks,	8910002636

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 31760.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 th Child
1.	*Sex, (state whether male or female)*	female
	Race or Color, (if not of the white race)	
	Date of Birth,	July 11 — 1891
	Place of Birth, (Street and Number)	818 Lexington st.
5.	*Full Name of Mother,*	Mary Fishel
6.	*Mother's Maiden Name,*	Andrew
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	William Fisher
9.	*Father's Occupation,*	Glasspacker
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	J. Schwasser mid wife
	Address,	1032 Hanover st.
	Remarks,	1891000263 7

HEALTH DEPARTMENT RECEIVED JUL 15 1891 CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31766.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, July the 11
4. Place of Birth, (Street and Number) Montgomery st 124
5. Full Name of Mother, Liddy Frazier
6. Mother's Maiden Name, Liddy Cooffer
7. Mother's Birthplace, Virginia
8. Full Name of Father, richard Cooffer
9. Father's Occupation, labour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Garrat Jane Wilson

Address, 115 west Fluey st

Remarks, 1 8 9 1 0 0 0 2 6 3 8

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th Child
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	July 11 — 1891
4.	*Place of Birth, (Street and Number)*	1038 Abbeys alley
5.	*Full Name of Mother,*	Catharin Bender
6.	*Mother's Maiden Name,*	Lotz
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Harry Bender
9.	*Father's Occupation,*	Printer
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	J. Lohvasek midwife
	Address,	1032 Hanover st
	Remarks,	8 9 1 0 0 0 2 6 3 9

CITY OF BALTIMORE

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex, (~~state whether male or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, July 11th 1891.
4. Place of Birth, (Street and Number) No 1214 Ensor st
5. Full Name of Mother, Anna S McKinzie
6. Mother's Maiden Name, " " Kinnear
7. Mother's Birthplace, Balto city
8. Full Name of Father, John McKinzie
9. Father's Occupation, Book-Keeper,
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. J. Ridgway Hedrick M.D.

Address, 1123 E Balto st

Remarks,

18910002640

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born July 11th 1891
4. *Place of Birth, (Street and Number)*	# 1907 Mc. Henry Str
5. *Full Name of Mother,*	Mrs. Sofine Lauffer
6. *Mother's Maiden Name,*	Miss " Hechler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr Andreas Lauffer
9. *Father's Occupation,*	Taylor
10. *Father's Birthplace,*	Wurtemberg Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	1122 W Pratt St
Remarks,	1891 0002641

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12 1891
4. Place of Birth, (Street and Number) 1726 N Calhoun
5. Full Name of Mother, Mary Morgan
6. Mother's Maiden Name, Mary Hayes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thos Morgan
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. F. Jenkins M.D.

Address, 1521 Pennsylvania Ave Baltimore

Remarks,

1 8 9 1 0 0 0 2 6 4 2

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person in charge of the house, or by the nurse or midwife, to the third day of each and every month to the officer of the Board of Health, in the form of a certificate between the first and shall occur without the attendance of a physician, midwife or nurse, it shall be the duty of the mother, or in case the birth of any child after such birth, the father, if present, and if not present, then the person in charge of such child to report its birth to the officer of the Board of Health within the period above recited; and any such person or persons who shall neglect or refuse to make such report as aforesaid, shall forfeit to the use of the City of Baltimore for each and every such neglect or refuse to be covered in like manner by the provisions of this section shall be subject to the like fines and forfeitures are recoverable.

CITY OF BALTIMORE 1891

ORN. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 13 '91
4. *Place of Birth, (Street and Number)* 3031 Boston St.
5. *Full Name of Mother,* Victoria Sheidack
6. *Mother's Maiden Name,* Vaidack
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* George Sheidack
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krolzka

Address, 606 S. Ann St.

Remarks, 8910002643

CITY OF BALTIMORE JUL 14 1891 REGISTRAR'S OFFICE

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1 - 1891
4. Place of Birth, (Street and Number) 110 Pembroke Av
5. Full Name of Mother, Mary Sparks
6. Mother's Maiden Name, Mary Hamm
7. Mother's Birthplace, Cobert Co Ga
8. Full Name of Father, George Lynn.
9. Father's Occupation, Stevedore
10. Father's Birthplace, Colbert Co Ala

Name of Medical Attendant, or other person who makes this Return. Kate Booth M.D.

Address, 301 Bremen Av

Remarks,

8 9 1 0 0 0 2 6 4 4

been conferred) its sex, color, the full name of the parents, the date and place of birth, and the said selectrix shall be delivered, duly signed, to the Commissioners of Health, or to such officer as shall occur within that time, every month to the office of the Commissioners of Health, or to such attendance upon the mother at the birth of a child to report its birth to the Commissioners of Health, or to such officer as they shall appoint for the purpose, within the period above prescribed, and subjected to the fine of ten (10) dollars for each offense.

provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. In case the birth of any child shall occur without the limits of the city, and the parents thereof shall reside within the city, it shall be the duty of the parent or parents of such child to report its birth as above prescribed, and subjected to the fine of ten (10) dollars for each offense. Any person who shall wilfully neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. All other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 2nd 1891
4. *Place of Birth, (Street and Number)*	1451 Jefferson St
5. *Full Name of Mother,*	Mary A Evans
6. *Mother's Maiden Name,*	Mary A Rogers
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Morgan Evans
9. *Father's Occupation.*	Stevedore
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	Herbert W Ro
Address,	701 Barney av
Remarks,	

1891000 2645

been conferred. If sex, color, the full name and occupation of the parents, the date and place of birth, and the name of the attending physician or midwife, be not given within the time prescribed by this section, the person required to report said birth, or in default thereof the mother, shall forfeit and pay for each offense, on conviction thereof before any court of competent jurisdiction, a fine not exceeding ten dollars, to be applied to the use of the Board of Health; and any such person or persons who shall neglect or refuse to report the birth of any child as required by this section, within the period above required, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as aforesaid. Fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July [illegible] 1891
4. *Place of Birth, (Street and Number)* 1101 Holland Alley
5. *Full Name of Mother,* Emma Hufmire
6. *Mother's Maiden Name,* Emma Burk
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Hufmire
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 848 west Pratt street Baltimore

Remarks,

18910002646

CITY OF BALTIMORE 1891

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 31775

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Three
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 8 1891
4. *Place of Birth (Street and Number)*	No 318 Hanford Ave
5. *Full Name of Mother*	Kate Cumming
6. *Mother's Maiden Name*	Kate Aubert
7. *Mother's Birthplace*	Dominge Baltimore
8. *Full Name of Father*	George Cumming
9. *Father's Occupation*	Grocer & Feed dealer
10. *Father's Birthplace*	Homestead Md
Name of Medical Attendant, or other Person who makes this Return.	Geo T. Ore M.D.
Address	Gardenville Balto Co
Remarks	

8 9 1 0 0 0 2 6 4 7

CITY OF BALTIMORE JUL 1891 HEALTH DEPARTMENT

...ance of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the name, if any, and color of the child or children born, its or their physical condition, whether born in wedlock, full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

A 51776

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 7th 1891

4. Place of Birth (Street and Number) 237 Pine St.

5. Full Name of Mother Mary Michael

6. Mother's Maiden Name Canty

7. Mother's Birthplace Baltimore

8. Full Name of Father Frank Michael

9. Father's Occupation Clerk.

10. Father's Birthplace Irish Catholic

Name of Medical Attendant, or other Person who makes this Return.

Address 237 N. Pine St.

Remarks

1891 0002648

CITY OF BALTIMORE DEC 15 1891 REGISTERED

...address at the birth of my child, within the City of Baltimore, a report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, color of the child or children born, its or their physical condition, whether born alive or dead, name, nativity, and residence of the parents, and the maiden name of the mother, and the name of the child.

RETURN OF A BIRTH.

A 31777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11th of July 1891
4. *Place of Birth, (Street and Number)*	608 Chester St
5. *Full Name of Mother,*	Mary Vogel
6. *Mother's Maiden Name,*	Mary Strael
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charlie Vogel
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Lucinda Kunkel
Address,	213 North Chapel St per Lucinda Kunkel
Remarks,	Healthy.

1891 0002649

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the Board of Health of Baltimore City to appoint a Registrar of Vital Statistics, who shall hold his office during the pleasure of said Board, and who shall receive such salary as may be fixed by the Board of Estimates of Baltimore City. Said Registrar shall keep his office at the Health Department, and shall have charge of all records and books of registration of births, deaths and marriages, and shall perform such other duties as may be required by said Board of Health. Said Registrar shall appoint such clerks as may be necessary to perform the duties of his office, subject to the approval of said Board of Health, and shall receive such salaries as may be fixed by the Board of Estimates of Baltimore City.

Sec. 2. And be it further enacted, That it shall be the duty of the Registrar of Vital Statistics to prepare and furnish to all practicing physicians, midwives and other persons required by this act to report births, blank forms of return, in duplicate, of births, and to instruct such persons in the proper method of making such returns. In case the birth of the first child of any mother occurs without the attendance of a physician, midwife or other person required by this act to report such birth, or should no other person shall report such birth within the time required by this act, then it shall be the duty of the person in charge of the premises where such birth occurs to report such birth to the Registrar of Vital Statistics within the time required by this section, and such person shall be subject to the same penalties and forfeitures as are recoverable under this act from physicians, midwives and other persons who shall hereafter neglect or refuse to report births as required by this act.

Sec. 3. And be it further enacted, That it shall be the duty of the Registrar of Vital Statistics, within ten days after the first day of each and every month, to report to the Commissioner of Health of Baltimore City the number of births registered during the preceding month, and to make such other reports as may be required by the Board of Health of Baltimore City.

Sec. 4. And be it further enacted, That it shall be the duty of every physician, midwife or other person who shall attend upon the confinement of a woman, to report the birth of each child to the Registrar of Vital Statistics within ten days after such birth, and to make return of such birth on blank forms furnished by the Registrar of Vital Statistics, and in default thereof such physician, midwife or other person who shall neglect or refuse to report such birth as required by this act, shall be subject to a fine of ten (10) dollars for each offense.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31 8.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 11th 1891. 6. a.m.
4. Place of Birth, (Street and Number) 1213 Shields alley
5. Full Name of Mother, Hester Cook
6. Mother's Maiden Name, Hester Cook
7. Mother's Birthplace, Gloucester Co, Va
8. Full Name of Father, John Wm Hawkins
9. Father's Occupation, Coal carrier
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Flora Pollack M.D.

Address, 1112 N. Eutaw.

Remarks, 8910002650

been conferred is sex; also the full name and residence of the parents; the date and place of birth; and the said certificate is required to be given within thirty days after the birth. And the third day of each and every month to the officer appointed to receive the same. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately after the birth of the person or parents of such child to report the same within the time specified, such person or persons shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

31779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13th July 1891
4. *Place of Birth, (Street and Number)*	2023 Jefferson St.
5. *Full Name of Mother,*	Mary Engel
6. *Mother's Maiden Name,*	Mary Hocker
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Engel
9. *Father's Occupation,*	Confectioner
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Beaurtria Kunkel per Justina Kunkel
Address,	213 North Chapel St.
Remarks,	Healthy

S 10002651

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A. 3178.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st Child

1. Sex, (state whether male or female) Baby
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13th 1891
4. Place of Birth, (Street and Number) 603 N Gilmor St.
5. Full Name of Mother, Henrietta Yeager
6. Mother's Maiden Name, Henrietta Weber
7. Mother's Birthplace, Balto City Md
8. Full Name of Father, Henry Yeager
9. Father's Occupation, Painter
10. Father's Birthplace, Balto City Md

Name of Medical Attendant, or other person who makes this Return: Theodore Carter Jr Md

Address, 911 N Charles St

Remarks,

1 5 9 1 0 0 0 2 6 5 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 31781.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14th of July 1891

4. Place of Birth, (Street and Number) 2819 East Fayette St

5. Full Name of Mother, Mary M. Hobler

6. Mother's Maiden Name, Mary M. Meyer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Nick C. Hobler

9. Father's Occupation, Brick burner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Cesarina Kunkel

Address, 213 North Chapel St for Cesarina Kunkel

Remarks, Healthy

3 9 1 0 0 0 2 6 5 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 3rd. 1891
4. Place of Birth, (Street and Number) 1112 Preston Street
5. Full Name of Mother, Mary Haas
6. Mother's Maiden Name, Mary Minton
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Haas
9. Father's Occupation, Not known
10. Father's Birthplace, Not known

Name of Medical Attendant, or other person who makes this Return. J. C Gilchrist, Surgeon & Physician

Address, 1301 Valley Street

Remarks, Delivered with forceps, chloroform being given 8 9 1 0 0 0 2 6 5 4
The mother was suffering from puerperal convulsions

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth
4. Place of Birth, (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1 8 9 1 0 0 0 2 6 5 5

CITY OF BALTIMORE JUL 15 1891 REGISTER'S OFFICE

RETURN OF A BIRTH

A 31784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, July 9th 1891
4. Place of Birth, (Street and Number) Atkinson Street 1126
5. Full Name of Mother, Ella Burke
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Watkins
9. Father's Occupation, Grain Runner.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Caroline Patterson

Address, 117 [illegible]

Remarks, None

1891 CITY OF BALTIMORE

1 8 9 1 0 0 0 2 6 5 6

been conferred) its sex, color, and full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, [illegible] shall occur without the attendance of a physician or [illegible] in the person or inmate of such child to report to the Health Commissioner of Health the birth of such child within the period above recited, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense. All fines and forfeitures are recoverable.

SEE. J. G. SLAUGHT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31785.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No child 3.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Color.
3. Date of Birth, July 11 1891.
4. Place of Birth, (Street and Number) Baltimore 229 Durham st.
5. Full Name of Mother, Lizzie Frisby.
6. Mother's Maiden Name, Lizzie Wilson
7. Mother's Birthplace, North Point
8. Full Name of Father, David Frisby
9. Father's Occupation, Laborer
10. Father's Birthplace, North Point

Name of Medical Attendant, or other person who makes this Return. Susan Woods

Address, 123 Durham st.

Remarks,

1 8 9 1 0 0 0 2 6 5 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 12th 91
4. *Place of Birth, (Street and Number)*	861 Lombard St. Balt
5. *Full Name of Mother,*	Mrs. Elizabeth Boyd
6. *Mother's Maiden Name,*	Elizabeth Manning
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father.*	Samuel Boyd
9. *Father's Occupation.*	Carpenter & Builder
10. *Father's Birthplace.*	Ireland Co. Kildare
Name of Medical Attendant, or other Person who makes this Return	Jesse E. Hammond M.D.
Address.	863 Lombard St
Remarks.	

1891000 2658

CITY OF BALTIMORE

...ORE & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st.

1. *Sex.* (*state whether male or female*) Female
2. *Race or Color.* (*if not of the white race*) White Race
3. *Date of Birth.* July 13th
4. *Place of Birth.* (*Street and Number*) No 935 Sharp St.
5. *Full Name of Mother.* Annie Pfeiffer
6. *Mother's Maiden Name.* Wood.
7. *Mother's Birthplace.* Anneasandel Co.
8. *Full Name of Father.* John Pfeiffer
9. *Father's Occupation.* Piano Maker
10. *Father's Birthplace.* Europe

Name of Medical Attendant, or other person who makes this Return. Annie Jeans

Address. No 1603 E. Chorles St.

Remarks, Yours Respectfully,

1 8 9 1 0 0 0 2 6 5 9

month, and shall set forth as far as the ... name of each child. (If any shall have ... certificate ... the date and place of birth, and the ... of such child ever shall be ... said schedule shall be delivered, duly signed ... the ... third day of each and every month to the ... Commissioners of Health. In case the birth of any child ... occur without the attendance of a ... or midwife, or should no other person be in ... to report its birth to the Commissioners ... within the time ... and ... child to report its birth to the Commissioners ... the provisions of this section shall be sub- ... any such person or persons who shall ... as other fines and forfeitures are recoverable. ... Jeciel to the fine of ten (10) dollars for each offense.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 11-30-55

RETURN OF A BIRTH

A 31788.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grace Stinson ~~Hunter~~

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~)

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (~~if not of the~~ white race)*
3. *Date of Birth,* July 14th 1891
4. *Place of Birth, (Street and Number)* No 110 Kinsith st
5. *Full Name of Mother,* Emma V Hunter
6. *Mother's Maiden Name,* " " Stinson
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* David S. Hunter
9. *Father's Occupation,* R. R Conductor
10. *Father's Birthplace,* Delaware

Name of Medical Attendant, or other person who makes this Return. J. Ridgway Andrd M.D.

Address, 1123 E. Balto st

Remarks,

1 8 9 1 0 0 0 2 6 6 0

month, and shall set forth as far as the same can be ascertained) its sex, color, the full name and residence of its parents, and the date of birth; and said schedule shall be delivered, duly signed by the ... third day of each and every month; and the ... shall ... attendance upon the mother, immediately ... child to report its birth to the Commissioner of ... any such person or persons who shall neglect ... ject to the fine of ten dollars for each offense.

... of each child, if any, shall have ... and ... of ... shall have ... elapsed between the first and ... In case the birth of any child ... or should no other person be in ... the person above required, and ... the provisions of this section shall be sub- ... nes and forfeitures are recoverable.

... J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31789

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d or Second one
Sex (state whether Male or Female)	Male
Race or Color (if not of the white race)	Colored
Date of Birth	15th July 1891
Place of Birth (Street and Number)	217 Pecanke alley
5. Full Name of Mother	Annie Bennett
6. Mother's Maiden Name	Annie Butler
7. Mother's Birthplace	St. Mary's Co. Md.
8. Full Name of Father	Charles W. Bennett
9. Father's Occupation	Laborer
10. Father's Birthplace	St. Mary's Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	L. D. Dyer M.D.
Address	224 W. Hill St.
Remarks	Both mother and child are doing Well

8 9 1 0 0 0 2 6 6 1

CITY OF BALTIMORE HEALTH DEPARTMENT JUL 16 1891

...ndyke at the birth of my child, within the City of Baltimore, I shall report to the registrar aforesaid, within six days thereafter, stating distinctly the day and year of birth, sex and color of the child or children born, its or their physical condition, whether living or dead, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A 31790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 17 1991 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Col'd
3. *Date of Birth,*	July 3/91
4. *Place of Birth, (Street and Number)*	1530 Cole St
5. *Full Name of Mother,*	Lizzie Brown
6. *Mother's Maiden Name,*	Lizzie Smith
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Wm Brown
9. *Father's Occupation,*	Farmer
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Jane Woodland
Address,	
Remarks,	

8910002662

Health. This schedule shall contain a list of the births which have occurred under the care of the undersigned during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, &c., as required by the printed forms; the names of its parents, the date and place of birth; and the full name, residence and occupation of the physician, midwife or other person in attendance at each birth. Every return shall be duly signed by the practitioner in the form of a certificate between the first and last entry, as follows: "I certify that the above is a correct list of births which have occurred under my care during the month of ——." And every such list shall be delivered or transmitted by mail, postage paid, on or before the fifth day of each and every month to the office of the Commissioner of Health. In case the fifth day of any month shall occur on Sunday, the list shall be delivered or transmitted by mail, postage paid, on the following day. If a birth shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to a penalty not exceeding ten dollars, to be recovered as other fines and forfeitures are recoverable.

Every physician, midwife or person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31791.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 17 1891 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 3/91
4. *Place of Birth, (Street and Number)*	1 Ft 2d Ave Ext
5. *Full Name of Mother,*	Mary Smith
6. *Mother's Maiden Name,*	Mary Johnson
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Wm Smith
9. *Father's Occupation,*	Lab
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Jane Woodland
Address,	
Remarks,	

8910002663

Health. This schedule shall contain a list of the births which have occurred in each of the districts of the city during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the full name of the physician or midwife in attendance at the birth, or if there was none, then the name of the person who reported the birth. The said schedule shall be delivered, duly signed by the person making the return, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and with like penalties for failure to comply with the provisions of this section shall be subject to the same penalties as are herein provided in the case of births attended by physicians or midwives. Any such person who shall wilfully fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 31/92

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. JUL 12 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color. (if not of the white race)*	Colored
3. *Date of Birth,*	June 4/91
4. *Place of Birth, (Street and Number)*	57 Eutaw St
5. *Full Name of Mother,*	Celestine Bowden
6. *Mother's Maiden Name,*	Charlotte Thomas
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Wm Bowden
9. *Father's Occupation.*	Lab
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return.	Jane Woodland
Address,	
Remarks,	

1 8 9 1 0 0 0 2 6 6 4

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the name, residence and occupation of the physician or midwife in attendance at the birth, and the third floor of each house, and in every other building, within the period above required, and shall occur without the certificate of a physician or midwife in attendance upon the mother, immediately after the birth, the person or persons required to report the birth to the Commissioner of Health, shall become the duty of the person or persons in any such house or building, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 31743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 17 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, July 6 91
4. Place of Birth, (Street and Number) 29 Milton Pl.
5. Full Name of Mother, Elizabeth Dorsey
6. Mother's Maiden Name, Elizabeth Johnson
7. Mother's Birthplace. Md.
8. Full Name of Father. James Dorsey
9. Father's Occupation. Waiter
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

8 9 1 0 0 0 2 6 6 5

every birth which shall occur within his district, the date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, and the full name of each child of which the mother shall previously have been delivered, duly signed by the practitioner in the case, or if there be no such practitioner, by the nearest relative present at the birth, within ten days after the birth shall occur, and on the first Monday of each month he shall make a return of all births which shall occur within his district during the preceding month to the office of the Commissioner of Health. In case there be no physician in attendance upon the mother, immediately after the birth, it will be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

31794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14, 1891.
4. Place of Birth, (Street and Number) No. 1229 Hope st.
5. Full Name of Mother, Adolphina Wheeler.
6. Mother's Maiden Name, Adolphina Reuben Lange
7. Mother's Birthplace, England.
8. Full Name of Father, Conrad Wheeler
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendent, or other person who makes this Return. Dr. A. E. Cornell

Address, 1 East Madison ave.

Remarks, 8 9 1 0 0 0 2 6 6 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, A 317905

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	July 11th 1891.
4. *Place of Birth. (Street and Number)*	2218 Essex st Balto Md
5. *Full Name of Mother*	Kate Nelson
6. *Mother's Maiden Name*	Kate Friedel
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	James Nelson
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mary Engelhart
Address	415 South Ann st
Remarks	

1891000 2667

If the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

A 31796

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 17 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 da

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, July 11 th 1891
4. Place of Birth, (Street and Number) 1440 N Chapel St Balto
5. Full Name of Mother, Ellen Dobkins
6. Mother's Maiden Name, Ellen Mitchell
7. Mother's Birthplace, Dolchester Co md
8. Full Name of Father, James Dobkins
9. Father's Occupation, Laborer
10. Father's Birthplace, Talbot Co md

Name of Medical Attendant, or other person who makes this Return.

Address, 22 Eaton alley Balto

Remarks,

1891 0002668

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be authorized to report its birth, the mother, if able, shall herself make such report, and in case the mother is unable, the father of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 31797.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 11, 1891.
4. *Place of Birth, (Street and Number)* No. 824 E. Eager Street.
5. *Full Name of Mother,* Mary Gaudry.
6. *Mother's Maiden Name,* Mary Le Blanc.
7. *Mother's Birthplace,* Scotland.
8. *Full Name of Father,* Hyden Gaudry.
9. *Father's Occupation,* Telegraph Operator.
10. *Father's Birthplace,* Scotland.

Name of Medical Attendant, or other person who makes this Return. Rus. E. Elwell M.D.

Address, 1241 Madison Ave.

Remarks,

8 9 1 0 0 0 2 6 6 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 17 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July - 12th
4. Place of Birth, (Street and Number) 1117 Broadway N
5. Full Name of Mother, Annie Fries
6. Mother's Maiden Name, Annie Wilson
7. Mother's Birthplace, Germany
8. Full Name of Father, Wilhelm Fries
9. Father's Occupation, Bek - Smith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Hellgonda Klafer

Address, 891 644 Broadway Ex

Remarks, Broadway Ex

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of midwifery, or should no other person be in attendance, then the father, mother, householder or other person having knowledge of such birth shall report its birth to the Commissioner of Health, in the manner and within the period above required. Such duty such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

31799

HEALTH DEPARTMENT JUL 17 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) F
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 10, 01
4. Place of Birth, (Street and Number) 1134 N Fulton ave
5. Full Name of Mother, Rose E Winkler
6. Mother's Maiden Name, " " Fountaine
7. Mother's Birthplace, Md
8. Full Name of Father, Philip Winkler Jr
9. Father's Occupation, Box Maker
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. M. Hundley

Address, 1002 Edmondson ave

Remarks,

8 9 1 0 0 0 2 6 7 1

WM J C BULANY CO CITY PRINTERS AND STATIONERS.

Every child born in this city, be full name and occupation of its parents. the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant or the parent, to the Commissioner of Health. In case the first and third day of each and every month to the office of the Commissioner of Health. In case the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance with the mother, the parent shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and in case any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

31800

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

> been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 14 1891
4. *Place of Birth, (Street and Number)* 705 N Gilmor St
5. *Full Name of Mother,* Nelly R. Mills
6. *Mother's Maiden Name,* Borland
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* George A Mills
9. *Father's Occupation,* Gin & Hudson no. [illegible]
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, B. H. Free M.D.

Address, 622 N Carey St

Remarks,

1891 0002672

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. July 15. 1897
4. Place of Birth. (Street and Number) 709 N. Eutaw St.
5. Full Name of Mother. Margaret McNeal
6. Mother's Maiden Name. Richard Smith
7. Mother's Birthplace. Fredericksburg Va
8. Full Name of Father. Jno McNeal
9. Father's Occupation. Contractor
10. Father's Birthplace. City

Name of Medical Attendant, or other Person who makes this Return Dr. Hanson

Address. 1142 Eastern Ave.

Remarks.

1 8 9 1 0 0 0 2 6 7 3

HEALTH DEPART... BALTIMORE

...T & SON, CITY PRINTERS AND STATIONERS.

3770

RETURN OF A BIRTH A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) First

1. *Sex.* (state whether male or female) male

2. *Race or Color.* (if not of the white race) White

3. *Date of Birth.* July 15. 1891

4. *Place of Birth.* (Street and Number) 1332 Bowman St

5. *Full Name of Mother.* Mary Carlyle

6. *Mother's Maiden Name.* Mary Fisher

7. *Mother's Birthplace.* City

8. *Full Name of Father.* Samuel Carlyle

9. *Father's Occupation.* Butler

10. *Father's Birthplace.* City

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address. [illegible]

Remarks. 8910002674

HEALTH DEPT. JUL 17 1891 BALTIMORE

& Co., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 2.31.03.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (twin)

1. Sex, (state whether male or female) Male and Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16, 1891.
4. Place of Birth, (Street and Number) No. 1641 Spring St.
5. Full Name of Mother, Louise Klein
6. Mother's Maiden Name, Louise Klein
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Klein
9. Father's Occupation,
10. Father's Birthplace, Germany

Name of Medical Attendent, or other person who makes this Return. A. R. Elwell M.D.

Address, 1701 W. Fayette

Remarks, Born from Twin Pregnancy 1st Child

8 9 1 0 0 0 2 6 7 5

HEALTH DEPT. BALT. CITY

(Being conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance at such birth, then the midwife or practitioner in attendance at such birth shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 31804

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16 1891.
4. Place of Birth, (Street and Number) No. 1520 Carswell St.
5. Full Name of Mother, Julia Walker
6. Mother's Maiden Name, Julia Baker.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Joseph Walker
9. Father's Occupation, Stone.
10. Father's Birthplace, England.

Name of Medical Attendent, or other person who makes this Return. Geo. R. Elwell, M.D.

Address, 1 E. Madison St.

Remarks,

1 8 9 1 0 0 0 2 6 7 6

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said activity shall be certified by the person in attendance at the birth, or a certificate between the first and fifth days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the parents of such child to report the birth as herein required, and in case the parents shall neglect or refuse to do so, each and every person upon whom such duty shall devolve who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	July 16th 1891.
4. *Place of Birth. (Street and Number)*	523 Ellicott st.
5. *Full Name of Mother*	Lizza Glasser
6. *Mother's Maiden Name*	Lizza Gardner
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	John Gardner
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mary Engelhardt
Address	415 South Ann st.
Remarks	

1891 0 0 0 2677

thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

A. 3506.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 17 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* July 2nd 1891
4. *Place of Birth, (Street and Number)* 1533 Bruce st Balto Md
5. *Full Name of Mother* Eliza Ann Dorsey
6. *Mother's Maiden Name* " " "
7. *Mother's Birthplace* Anne Arundle Co Md
8. *Full Name of Father* Dennis Lord
9. *Father's Occupation* Public Work
10. *Father's Birthplace* Calvert Co Md

Name of Medical Attendant, or other person who makes this Return Sarah Rollins

Address 1610 Vincent ave city near Baker

Remarks

8 9 1 0 0 0 2 6 7 8

shall neglect or refuse to make the Return required by this Section, the Health Officer shall cause the same to be made, and the expense thereof shall be recovered, duly signed by the practitioner in the case, or certified by the person who shall secure the attendance of the midwife, to the office of the Commissioner of Health. In cases where the first and third lines of the Return cannot be filled by the practitioner or midwife, or should no other person be in attendance at the birth, the mother, immediately thereafter, shall cause the same to be filled and signed by herself. Any practitioner of midwifery, or any such person as is hereinbefore mentioned, who shall neglect or refuse to make the Return required, and any such person or persons who shall neglect or refuse to comply with the provisions of this Section, shall be subjected to the fine of ten dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

... [illegible] name and occupation of its parents, the date and place of birth, and [illegible] have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 31807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 17 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~4th~~ 8th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* July 2th 1891
4. *Place of Birth, (Street and Number)* 1121 Parish Ave Balto city
5. *Full Name of Mother* Mary Lizzie Jones
6. *Mother's Maiden Name* Wills
7. *Mother's Birthplace* Calvert Country md
8. *Full Name of Father* Joseph Jones
9. *Father's Occupation* Public Work
10. *Father's Birthplace* Calvert Country md

Name of Medical Attendant, or other person who makes this Return. Sarch Rollins

Address. 1610 Vincent Ave Balto md near Baker

Remarks. 8910002679

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 3180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or color, (if not of the white race)*. White
3. *Date of Birth*, July 8th 1891
4. *Place of Birth, (Street and Number)* No 106 William St
5. *Full Name of Mother*, Adeline Dowling
6. *Mother's Maiden Name*, " Upton
7. *Mother's Birthplace*, Nine Counties in and
8. *Full Name of Father*, James Dowling
9. *Father's Occupation*, Carpenter
10. *Father's Birthplace*, Kent Co Md

Name of Medical Attendant, or other person who makes this Return. H L Schmidt M D

Address, 55 W Lombard St

Remarks, 1 8 9 1 0 0 0 2 6 8 0 Baltimore Md

J. G. BULLATY & CO., CITY PRINTERS AND STATIONERS.

Over

RETURN OF A BIRTH A. 31809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 16 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 8th 1891
4. *Place of Birth, (Street and Number)*	714 N Gilmore St
5. *Full Name of Mother,*	J. Jane Miles
6. *Mother's Maiden Name,*	" Burke
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	J. Randolph Miles
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Dr Harvey Hill Smith
Address,	807 Valentine Ave
Remarks,	Full name of child - Walter Aloysius Miles

1891 0002681

J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31810.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 18 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 8 Juli
4. *Place of Birth, (Street and Number)* Albert Strat 1445
5. *Full Name of Mother,* Anna Appel
6. *Mother's Maiden Name,* " Holthaus
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Paul Appel
9. *Father's Occupation,* Laboor.
10. *Father's Birthplace,* Baiern.

Name of Medical Attendant, or other person who makes this Return. Guttmann Mofes

Address, Broadway 1421 Locust Point.

Remarks,

8 9 1 0 0 0 2 6 8 2

been conferred there, color, the full name and occupation of its parents, the date and place of birth; and the said officer shall enter the same in the form of a certificate between the first and third day of each and every month to the office of the Clerk of the Circuit Court for the county in which such child was born; and if any midwife, or other person not duly authorized, shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, where the birth shall occur, to report the same, and the particulars above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

894.-J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

A 31811.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 17 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Birth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, July 11th 1891
4. Place of Birth, (Street and Number) 1206 Mulberry st
5. Full Name of Mother, Annie Golden
6. Mother's Maiden Name, Annie Hopkins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Sam Golden
9. Father's Occupation, Laborer
10. Father's Birthplace, Lateltern P.O.

Name of Medical Attendant, or other person who makes this Return.

Address, 117 chestnut st Carline Edwards

Remarks, Fell at can be inspected

1891 0002683

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the medical attendant or other person who shall make a certificate in the form of a certificate between the first and third days of each and every month, to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	colored race
3. Date of Birth,	July 12 1911
4. Place of Birth (Street and Number),	mecanic court
5. Full Name of Mother,	ida Butler
6. Mother's Maiden Name,	ida Boulden
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Clinton Butler
9. Father's Occupation,	Labor
10. Father's Birthplace,	Eastern Shore Md
Name of Medical Attendant, or other person who makes this Return.	J. C Meyers
Address,	No 223 Eag St Baltimore
Remarks,	

8 9 1 0 0 0 2 6 8 4

...ore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 3187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. JUL 18 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 12 July
4. Place of Birth, (Street and Number) Gorsuch Avenue 1743
5. Full Name of Mother, Lizzie Schminke
6. Mother's Maiden Name, " Frank
7. Mother's Birthplace, England
8. Full Name of Father, Louis Schminke
9. Father's Occupation, Stevedor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Confirmed by Myers M.D.

Address, Beason Street 1421 Locus Point

Remarks,

1 8 9 1 0 0 0 2 6 8 5

been conferred (unless, when the full name and occupation of its parents, the date and place of birth; and the said certificate shall be filled out and signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the said certificate shall be filled out and signed by the father or mother, if able, or in the absence or inability of the person or parents of such child to comply with the above requirements, then by the householder or owner of the house in which the birth occurs, within the period above required, and attendance upon the child, Commissioner of Health, in the manner and within the period above required, and shall forward it to the Commissioner of Health, in the manner and within the period above required, and city shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3181 J.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 17 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 13 1891
4. Place of Birth, (Street and Number) 1437 Vincent ave Balto
5. Full Name of Mother, Laura Virginia Richardson
6. Mother's Maiden Name, " " Hanline
7. Mother's Birthplace, Arlington Balto co Md
8. Full Name of Father, Lewis Richardson
9. Father's Occupation, Gardner
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Sarah Collins

Address, 1610 Vincent ave Balto Md near Baker

Remarks, 8 9 1 0 0 0 2 6 8 6

WM J C DULANY CO CITY PRINTERS AND STATIONERS

Every person required by law to report the birth of a child shall state the full name and occupation of its parents, the date and place of birth, and the number of such child delivered. Only signed by the practitioner in the presence of a certificate between the first and second day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required to report the same, then the mother shall within ten days after the birth of such child report the same to the Commissioner of Health, in the manner and with the particulars required, and attendance upon the mother, the Commissioner of Health, in the manner and with the particulars required, and shall receive therefor the sum of fifty cents, which shall be paid by the person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

RETURN OF A BIRTH A 31815.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth.*	July 15th 1891
4. *Place of Birth, (Street and Number)*	602 N. Charles St
5. *Full Name of Mother.*	Mary B. Crane
6. *Mother's Maiden Name.*	Mary B Graham
7. *Mother's Birthplace,*	King & Queen Co Virginia
8. *Full Name of Father,*	Henry W. Crane
9. *Father's Occupation,*	Commission merchant
10. *Father's Birthplace,*	St Marys Co. Maryland
Name of Medical Attendant, or other person who makes this Return.	J Harvey Hull M.D.
Address,	807 N Carrington Ave
Remarks,	

8910002687

HEALTH DEPARTMENT JUL 15 1891 BALTIMORE

Such converts to sex, color, &c. as items and description of as is specified be are entered in the first and said schedule, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, at which time he shall receive a certificate under the hand of the Commissioner of Health, or such other person as may be in attendance upon the office, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31876.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 1st 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 15 1891
4. *Place of Birth, (Street and Number)* 2329 E Fayette
5. *Full Name of Mother,* Fannie V Tankersley
6. *Mother's Maiden Name,* " " Barnett
7. *Mother's Birthplace,* ~~Md~~ Va
8. *Full Name of Father,* Thos Tankersley
9. *Father's Occupation,* Commission Merchant
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. J J Shewmake

Address, 14 N Patterson Pk Ave

Remarks,

1 8 9 1 0 0 0 2 6 8 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said sehedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the father or mother of such child within ten days after the birth of the first child, and within ten days after the birth of each subsequent child; and a like report shall be made every month to the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[illegible] its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 31817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

July 17 1891

HEALTH DEPARTMENT JUL 18 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Balt July 16 1891
4. Place of Birth, (Street and Number) 423 South Washington St.
5. Full Name of Mother, Matha Kely
6. Mother's Maiden Name, Martha Crawford
7. Mother's Birthplace, America
8. Full Name of Father, Thomas Kely
9. Father's Occupation, Laborer
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Arend

Address, 112 S. Wolfe St.

Remarks, 8910002689

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 8-31-53

RETURN OF A BIRTH

A 3181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 20 1891 BALTIMORE

Sophie Viereckt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 3rd 91
4. Place of Birth, (Street and Number) 124 E. Fourth St.
5. Full Name of Mother, Elizabeth Viereckt
6. Mother's Maiden Name, Oppertz
7. Mother's Birthplace, Germany
8. Full Name of Father, August Viereckt
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Cecil C. Stewart M.D.

Address, 120 E. Fourth St.

Remarks,

1 8 9 1 0 0 0 2 6 9 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said school shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Commissioner of Health, a return of every birth of any child which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child, each and every month, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. S. DELANY & BRO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31819.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[...] been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 3rd 1891
4. Place of Birth, (Street and Number) #1211 Holland Ave.
5. Full Name of Mother, Kate Parr
6. Mother's Maiden Name, Kelly.
7. Mother's Birthplace, England
8. Full Name of Father, John Parr
9. Father's Occupation, Stone cutter
10. Father's Birthplace, England.

Name of Medical Attendant, or other person who makes this Return. Mrs Dina Gillespie

Address, 1031 E Monument St

Remarks,

891000 2691

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31850.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 15th 1891.
4. Place of Birth, (Street and Number) #618 Ensor St.
5. Full Name of Mother, Annie Beeves.
6. Mother's Maiden Name, White
7. Mother's Birthplace, New York
8. Full Name of Father, John R. Beeves.
9. Father's Occupation, Painter & Decorator.
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Eliza Hillegeist

Address, #1038 W. Lombard St.

Remarks,

18910002692

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health, and the said Registrar shall thereupon issue a certificate to the person who shall have given the first information of such birth, setting forth the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, such information shall be given by the nearest relative present, or by the person in charge of the house in which such birth shall occur, within ten days thereafter, and shall become the duty of the person or parents of such child to report the same to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 31527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 6 1891
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Fem
2. Race or Color, (if not of the white race) "
3. Date of Birth, June - 6 - 9
4. Place of Birth, (Street and Number) 115 St. Leonard St.
5. Full Name of Mother, Anna Smith
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Charles Greene

Address, 115 St Leonard St

Remarks, 8910002693

NOTE.—Correct in sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall report the birth, the father, if present, and if he be absent, the mother, shall report such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 3180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 1991 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 7th 09
4. Place of Birth, (Street and Number) 1407 Linson St
5. Full Name of Mother, Kate Creamer
6. Mother's Maiden Name, Lochler
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Jno. L. Creamer
9. Father's Occupation, Fireman
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hilgenst

Address, 1038 E. Monument St

Remarks,

1 8 9 1 0 0 0 2 6 9 4

Every child born alive, the full name and occupation of its parents, the date and place of birth; and the sex and color of the child, shall be returned in the form of a certificate between the first and fifth days of each and every month to the Commissioner of Health. In case the birth occurs in a hotel, or in the house of a stranger, or in case there is no other person in attendance upon birth, the undertaker shall become liable for the penalty for failure to comply with the provisions of this section. Each and every midwife or physician or practitioner of midwifery, or the person or parents of such child, who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 5187

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 20 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8th 1891
4. Place of Birth, (Street and Number) Guilford al No 7
5. Full Name of Mother, Emma Markowitch
6. Mother's Maiden Name, Emma Rokow
7. Mother's Birthplace, Scatwld Russia
8. Full Name of Father, Berman Markowitch
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Scatwld Russia

Name of Medical Attendant, or other person who makes this Return. Catarine Kirchner

Address, 657 Haw St

Remarks,

1891000026 95

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered with the certificate of birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or of the person or parents of such child to report the birth to the commissioner of health, in the manner and within the period above required, and any person who refuses or neglects for the space of ten days after demand made therefor to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF BIRTH. A 3152

GIVEN NAME ADDED 8-10-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 20 1891 BALTIMORE

Name: Thomas Jackson Zimmerman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8th 91
4. Place of Birth, (Street and Number) 774 W. Henry St
5. Full Name of Mother, Mrs Annie Zimmerman
6. Mother's Maiden Name, Annie Abel
7. Mother's Birthplace, Balto
8. Full Name of Father, W. F. Zimmerman
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. R. D. Phillips

Address, 719 W Fayette St

Remarks,

1891.00002696

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

Every physician or midwife in attendance upon the mother at the birth of a child shall report its birth to the Commissioner of Health, in the manner required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1891.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 01 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10 July 1891
4. Place of Birth, (Street and Number) Baltimore 1425 Bismarck
5. Full Name of Mother, Annie Clark
6. Mother's Maiden Name, Annie Zellers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Clark
9. Father's Occupation, Shipcarpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ettel.

Address,

Remarks, 1 8 9 1 0 0 0 2 6 9 7

WM. J. C. SULLARY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31576.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, J. 11. 07
4. Place of Birth, (Street and Number) 115 W. Lombard St.
5. Full Name of Mother. Lena Cohn
6. Mother's Maiden Name, "
7. Mother's Birthplace, Germany
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Charles Greene
115 W Lombard St

Address,

Remarks, 8910002698

WM J C DULANY CO CITY PRINTERS AND STATIONERS

and perjuries shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner at its delivery, or if such physician or practitioner shall not attend after the birth, or if the person or parents of such child have not the means to employ a physician, then it shall be the duty of the person or parents of such attendance upon the mother immediately after the birth, in the manner and within the period above required, and make such return to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GIVEN NAME ADDED 4-3-59

RETURN OF A BIRTH.

3187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 20 1891 BALTIMORE

Cora Ethel Norwood	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 11th 91
4. Place of Birth, (Street and Number)	1570 Marshall Ave
5. Full Name of Mother,	Addie A - Norwood
6. Mother's Maiden Name,	Addie A Miles
7. Mother's Birthplace,	Montgomery Co Md
8. Full Name of Father,	Robert Norwood
9. Father's Occupation.	Clerk
10. Father's Birthplace,	Montgomery Co Md
Name of Medical Attendant, or other person who makes this Return.	B. F. Millikin M.D.
Address,	719 W Fayette St
Remarks,	8910002699

Every person having charge of a child born in this City, and the parents of such child, if residing in the house with the person having charge of such child, shall, within five days after the birth of such child, cause the name and residence of such child, and the time and place of its birth, to be registered at the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and the certificate required by law to be signed by the practitioner in the case of a birth attended by a practitioner, or by the midwife in the case of a birth attended by a midwife, shall be delivered with the return of birth to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and the certificate required by law to be signed by the midwife in the case of a birth attended by a midwife, shall be delivered with the return of birth to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and in case the birth of any child shall occur without the presence or attendance of a physician or midwife, the parents of such child shall become the duty of the person required, and shall cause such return to be made within the period above required, and the attendance or a physician or midwife to be procured within the time above limited. If any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

STM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31838.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 20 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 11th 91
4. *Place of Birth, (Street and Number)*	1401 Marshall Ave
5. *Full Name of Mother,*	Mary A. Leather
6. *Mother's Maiden Name,*	Mary A. Elliott
7. *Mother's Birthplace,*	Frederick Co Md
8. *Full Name of Father,*	D. W. L. Leather
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Washington D.C.
Name of Medical Attendant, or other person who makes this Return.	B. F. Millikin
Address,	719 W Fayette St
Remarks,	

8 9 1 0 0 0 2 7 0 0

Each correct return of birth, when completed, as to sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the intervention of a physician, or practitioner of midwifery, or should no other person be in attendance who shall be entitled by law to report such birth, it shall become the duty of the mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

696. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 18 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 12th 1891
4. Place of Birth, (Street and Number)	No 1716 William st
5. Full Name of Mother,	Elizabeth Wells
6. Mother's Maiden Name,	Elizabeth Arnold
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Augustus Wells
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Hornung
Address,	No 1547 Byrd st
Remarks,	89 10002701

been contained (sex, color, the full name and occupation of its parents, the date and place of birth), as the case may be, which he shall have in his possession at the time he signs the certificate required by the first and second sections of this ordinance, and which he shall deliver, duly signed by him, to the Commissioner of Health, or should no other person be in attendance at the birth, then the person or practitioner in charge of the case shall make such return within the first ten days of each and every month. If a physician or practitioner in the city of the person or parents whose birth is required to be returned, and shall occur without the city limits, immediately thereafter, in the manner and within the period of time specified in this section, shall be subject to the penalties set forth in section 11 of this ordinance. Any person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12th 1891
4. Place of Birth, (Street and Number) No 134 E Cross St
5. Full Name of Mother, Lizzie H Roedel
6. Mother's Maiden Name, Lizzie Hoffman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Herman Roedel
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Hornung

Address, No 1517 Byrd St

Remarks,

S 9100027 02

HEALTH DEPARTMENT JUL 13 1891 BALTIMORE

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said accoucheur shall be delivered, duly signed by the practitioner, the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, setting forth the name of any child attended upon the latter in the attendance of a physician or practitioner of midwifery, or of none such, the birth of any child which occurs within the latter's knowledge hereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, setting forth the name and residence of such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

31831.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 20 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 13 1891.
4. *Place of Birth, (Street and Number)* 1323 Lee St
5. *Full Name of Mother,* Annie E. Eli
6. *Mother's Maiden Name,* Lillie L Burniston
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Eli
9. *Father's Occupation,* Tobacco manufacturer
10. *Name of Medical Attendant,* or other person who makes this Return, Dr. Neal

Address, 1323 Lee St

Remarks, 8 9 1 0 0 0 2 7 0 3

been conferred his sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be signed by the practitioner in the form of a certificate between the first and third days of each and every month. It shall be the duty of every person in charge of any child who shall occur without the attendance of a physician or practitioner of midwifery, to cause the birth of such child to be registered as in the case of births in attendance of physicians or midwives. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

31837

GIVEN NAME ADDED 8-7-56

To the Office of Registrar of ~~Vital~~ Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 20 1891 BALTIMORE

Name: Alice Ann Kirby

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~)

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 13 1891
4. *Place of Birth, (Street and Number)* 1817 Orleans st
5. *Full Name of Mother,* Mary Ellen Kirby
6. *Mother's Maiden Name,* " " Fredelick
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George B. Kirby
9. *Father's Occupation,* Marble Polisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm. E. Russell M.D.

Address, 509 N Broadway

Remarks,

8910002704

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person with whom the child resides to report the birth as required by this section within the period above required, and any other person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverible.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 20 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 18 of July 1891
4. Place of Birth, (Street and Number) No 1625 Dallas
5. Full Name of Mother, Mary Zimmer
6. Mother's Maiden Name, Mary Kinkelmann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Zimmer
9. Father's Occupation, Tailor
10. Father's Birthplace, George Germany

Name of Medical Attendant, or other person who makes this Return, Wm. Ch. Lazeo

Address, No 1059 Hartford Ave

Remarks, 8 9 1 0 Born 7 0 5 Bld 1891

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third days of each month, to the Commissioner of Health, or shall be given to the person required to report the birth, if such person shall request it. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall be to the knowledge of any such person not in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person who shall refuse or neglect to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

3153C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 11 1891
4. *Place of Birth, (Street and Number)*	1120 Dillon st
5. *Full Name of Mother,*	Rebecca Griffin
6. *Mother's Maiden Name,*	Orr
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Griffin
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Harford Co
Name of Medical Attendant, or other person who makes this Return.	Sarah T Harrington
Address,	524 Binney st
Remarks,	8910002706

HEALTH DEPARTMENT JUL 18 1891 BALTIMORE.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 51535

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 20 1891 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth.* 7. 15. 91
4. *Place of Birth. (Street and Number)* 115 1/2 W. Lombard St.
5. *Full Name of Mother.* Lila Moore
6. *Mother's Maiden Name.*
7. *Mother's Birthplace.* Md
8. *Full Name of Father.* ——
9. *Father's Occupation.* ——
10. *Father's Birthplace.* ——

Name of Medical Attendant, or other person who makes this Return. O. E. Greene

Address. 115 W. Lombard St.

Remarks.

18910002707

[illegible] the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

31536

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, 7-15-31
4. Place of Birth, (Street and Number) 15 S. Lombard St
5. Full Name of Mother, Lottie Smother.
6. Mother's Maiden Name, ~~—~~ Nd
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Charles Greene
15 S. Lombard St.

Address,

Remarks, 8910002708

Said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third days of each month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case the mother was in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 31837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of~~ the white race)
3. Date of Birth, July 16th 1891.
4. Place of Birth, (Street and Number) 1135 Watson St
5. Full Name of Mother, Mary Heise
6. Mother's Maiden Name, " Pryor
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Charles F Heise,
9. Father's Occupation, Bartender,
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J Ridgway André M.D.

Address, 1128 E Balto. St

Remarks,

8 9 1 0 0 0 2 7 0 9

been conferred) its sex, color, the full name and occupation of its father, and maiden name of its mother, the date and place of birth, and such other particulars as may be required by the Commissioner of Health; and the said declaration shall be delivered to the Commissioner of Health within ten days after the birth of such child, except in the case of stillborn children, when it shall be delivered within twenty-four hours after the birth. In case the birth of any child shall occur without the attendance of a physician or registered practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth of such child, it shall become the duty of the person in whose house or premises such birth shall occur, within the period hereinbefore specified, to report its birth to the Commissioner of Health, in the manner prescribed by the rules and regulations of the Board of Health; and any person or persons who shall wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A. 31838.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 20 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16, 1891
4. Place of Birth, (Street and Number) No 1119 Light St
5. Full Name of Mother, Elizabeth Crawford
6. Mother's Maiden Name, Elizabeth ~~Kemer~~ Kemer
7. Mother's Birthplace, Ohio
8. Full Name of Father, George W Crawford
9. Father's Occupation, Hostler
10. Father's Birthplace, Montgomery Co Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hinton

Address, No 1422 Hanover St

Remarks, 18910002710

Every child born alive within the limits of Baltimore City, after the passage of this Act, shall be registered, and the Return of Birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health, in case the birth of such child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5 31 39

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jan 6. 9.
4.	*Place of Birth, (Street and Number)*	115 W. Lombard St.
5.	*Full Name of Mother,*	Mrs J. T. Beard.
6.	*Mother's Maiden Name,*	—
7.	*Mother's Birthplace,*	Md
8.	*Full Name of Father,*	J. T. Beard.
9.	*Father's Occupation,*	—
10.	*Father's Birthplace,*	Md
	Name of Medical Attendant, or other person who makes this Return,	Hattie Freas
	Address,	115 W. Lombard St.
	Remarks,	6910002711

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then the father or mother, or in case there is no attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 31870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 1891 BALTIMORE

	No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	5th
1.	*Sex.* (*state whether male or female*)	Female
2.	*Race or Color.* (*if not of the white race*)	White
3.	*Date of Birth.*	7 6. 91
4.	*Place of Birth.* (*Street and Number*)	5 S Lombard St
5.	*Full Name of Mother.*	Eliza Knox
6.	*Mother's Maiden Name.*	
7.	*Mother's Birthplace.*	Prussia
8.	*Full Name of Father.*	
9.	*Father's Occupation.*	
10.	*Father's Birthplace.*	
	Name of Medical Attendant, or other person who makes this Return,	Thos Keene
	Address,	S. S. Lombard St.
	Remarks,	

8910002712

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately before or after the birth, the parent or parents of such child shall within the time above mentioned, in the manner and within the period herein specified, make any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 3184.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 20 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* July 14
4. *Place of Birth, (Street and Number)* 114 Stirling
5. *Full Name of Mother,* ~~Lida Remington~~
6. *Mother's Maiden Name,* Lida Remington
7. *Mother's Birthplace,* Baltimore MD
8. *Full Name of Father,* Charles Gibbs
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Elizabeth Gibbs

Address, 1006 Stirling St

Remarks,

8 9 1 0 0 0 2 7 1 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month next after the birth, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents or person in charge of such child shall report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such report shall be prima facie evidence of the facts therein stated. Any person who shall neglect or refuse to make such report as aforesaid, or who shall make a false report, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. GALANTY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 31847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 20 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 8 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 17th of July 1891
4. Place of Birth, (Street and Number) No 1010 North Bond St
5. Full Name of Mother. Kate Murphy
6. Mother's Maiden Name, Kate Kelling
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Murphy
9. Father's Occupation, Compositor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Jno C. Jones

Address, No 1059 Harford Ave

Remarks, Bond St

8 9 1 0 0 2 7 1 4

All births which occur in the State of Maryland, after the first day of April, 1890, must be reported to the Commissioner of Health, as required by law, and it shall be the duty of the attendant upon the mother, immediately thereafter, if there shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, if there shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

31843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 20 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 17th /91
4. *Place of Birth, (Street and Number)* 55 Falls Road Balto
5. *Full Name of Mother,* Mary A. O'Rourke
6. *Mother's Maiden Name,* Mary A. McCartley
7. *Mother's Birthplace,* Staunton Va
8. *Full Name of Father,* James H. O'Rourke
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Cecil C. Stewart MD

Address, 120 W. Fayette St

Remarks,

1891000 2715

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 31844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 189 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 17th 1891
4. Place of Birth, (Street and Number) Amanda Smith
5. Full Name of Mother, Amanda Smith
6. Mother's Maiden Name, Amanda Maulsinse
7. Mother's Birthplace, Frederic Co Md
8. Full Name of Father, Alexandria Smith
9. Father's Occupation, Engineer B & O. R.R.
10. Father's Birthplace, Carroll Co Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hunter

Address, No 1422 Hanover Street

Remarks,

8 9 1 0 0 0 2 7 1 6

In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required by this section to report its birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed in this section, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. S. DELANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-10-55 A 31840

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Eastwood

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 17th 1891
4. Place of Birth, (Street and Number) 1521 E Monument St
5. Full Name of Mother, Laura V. Eastwood
6. Mother's Maiden Name, Laura V Margruee
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Walter V Eastwood
9. Father's Occupation, Sail Maker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return James A Shortt M.D.

Address, 849 Virginia Street

Remarks,

8910002717

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and form as above provided, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 18th 91
4. *Place of Birth (Street and Number),* 1715 La Fayette ave
5. *Full Name of Mother,* Ida Virginia Cromer
6. *Mother's Maiden Name,* " " Ham
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Thomas Cromer
9. *Father's Occupation,* Tobacco Merchant
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. (W. Wright MD
220 N Gilmor St

Address,

Remarks,

8 9 1 0 0 0 2 7 1 8

...ferred). Is sex, color, the full name and occupation of its parents, the date as near as practicable, and the place of birth of each child born alive within the limits of the city, to be reported in the form of a certificate prescribed by the Commissioner of Health. In case the birth of any child shall occur during the absence of a physician or midwife, or person or parents of such child, it shall be the duty of the nearest physician or midwife, or person or parents of such child, person or persons each attendant of a physician or midwife, or person or parents of such child, person or persons in the neighborhood of the birth, to report, in writing, to the Commissioner of Health, the name of such mother, immediately after the birth, as far as practicable, and the Commissioner of Health, is the manner and with the particulars required by the provisions of this section; and any person who shall neglect or refuse to comply with the provisions of this section shall be subject to a penalty for each offence, to be recovered as other fines and forfeitures are recoverable.

...more Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 2-24-51

A 3187

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 26 1891 BALTIMORE

Name: Mary Katharine Burgan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 17th 1891.
4. Place of Birth, (Street and Number) 36 E. Seventh St.
5. Full Name of Mother, Mary J. Burgan
6. Mother's Maiden Name, Mary Limerick
7. Mother's Birthplace, Virginia
8. Full Name of Father, Charles J. Burgan
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. F. Buzby M.D.

Address, 2124 St. Paul St.

Remarks, Child Healthy

8 9 V 0 0 0 2 7 1 9

been conferred) its sex, color, the full name and occupation of its parents, the date of birth, and such other information as may be required by the Commissioner of Health, upon such blanks as may be furnished from his office for the purpose; and every such birth shall be registered within ten days after the same shall occur, and the certificate required to be given by the fifth section of this article shall be delivered, duly signed by the practitioner in the form of a certificate to be given by him, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to be given by him, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, the parent or parents of such child, or the mother herself, if she be able, shall make the return required by this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ORR. J. O. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 31018.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 19th 1891
4. Place of Birth, (Street and Number) No 108 Fort ave
5. Full Name of Mother, annie Reid
6. Mother's Maiden Name, annie Star
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Reid
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Horning

Address, No 1547 Byrd st

Remarks,

1891000272 0

Every physician or midwife, or other person who shall hereafter assist at the birth of any child, shall, within ten days thereafter, report to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month, the name, sex, color, the full name and occupation of the parents, the date and place of birth; and such schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the employment of a physician or midwife, or shall not be reported by the physician or midwife in attendance, then the mother, immediately thereafter, if able, and if not able, then the father, if present, and if both be absent, then the person having charge of the house in which the birth occurs, shall report the birth to the Commissioner of Health. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 11-9-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Leila Stout

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Triplets

1. Sex, (state whether male or female) One Male 2 Females
2. Race or Color, (if not of the white race) White
3. Date of Birth, Boy on the 15th July 2 Girls on the 17th July
4. Place of Birth, (Street and Number) 127 E North Ave Balto City
5. Full Name of Mother, Kate E Stout
6. Mother's Maiden Name, " Eisenbray
7. Mother's Birthplace,
8. Full Name of Father, Morton C. Stout
9. Father's Occupation, Merchant Tailor
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Thos Shearer MD

Address, 345 N. Charles St

Remarks, Premature labor at the end of the 7th month & in good Health.

1891000 2721

[illegible] its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH B 31857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

HEALTH DEPARTMENT JUL 20 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1st 1891
4. Place of Birth, (Street and Number) 1802 Eastern av.
5. Full Name of Mother, Carrie B. Bassler
6. Mother's Maiden Name, Beinstein
7. Mother's Birthplace, Balt. City
8. Full Name of Father, Fred. Bassler
9. Father's Occupation, Barber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. C. H. Guilon M.D.

Address, 28 S. Broadway

Remarks, 1 8 9 1 0 0 0 2 7 2 2

...been consented to, sex, color, the full name and occupation of its parents, the date and place of birth; and the name, sex, color, and date of death of each child of the same mother previously born, if any, shall be delivered, duly signed by the practitioner, midwife or friend in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, or should no other person be in attendance upon the mother when the child is born, it shall become the duty of the parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and each and every month to the office of the Commissioner of Health. In the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...sex, color, the full name and occupation of its parents, the date and place of birth; and the ...delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child ...said schedule each and every month to the office of the Commissioner of Health. In the manner and within the period above required, and ...shall occur without the attendance of a practitioner or midwife, or should no other person be in attendance upon the mother when the child is born, it shall become the duty of the parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BALAMY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 20 1891 BALTIMORE

John Morrison Godwin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Wh.
3. Date of Birth, July 4th 1891
4. Place of Birth, (Street and Number) 203 N. Washington St.
5. Full Name of Mother, Mary A. M. Godwin
6. Mother's Maiden Name, Morrison
7. Mother's Birthplace, Md.
8. Full Name of Father, Jno. A. Godwin
9. Father's Occupation, Clerk
10. Father's Birthplace, Talbot Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. J. Sutton M.D.

Address, 28 N. Broadway

Remarks, GIVEN NAME ADDED 11-15-54 HH

1891 0002723

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, to the physician or midwife in the form of a certificate between the first and third days of each month, and every physician or midwife who shall neglect or refuse to deliver such schedule to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the parents or parent of such child be absent from the house at the time of such birth, it shall be the duty of the father, mother or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31853.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 31 1951 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 7th
4. Place of Birth, (Street and Number) 1647 Lafayette Ave (2652)
5. Full Name of Mother, Ema F. Hoeck
6. Mother's Maiden Name, " " Gardner
7. Mother's Birthplace, Balto City
8. Full Name of Father, Jno L. Hoeck
9. Father's Occupation, Physician
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Thomas Okie M.D.

Address; 600 N Howard St

Remarks,

1 8 9 1 0 0 0 2 7 2 4

seen entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the said practitioner in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health, in case no other person be in attendance at the birth; immediately thereafter. In the manner and within the period above recited shall occur without the presence of a physician or practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner, and in like manner and within the period above recited shall any such person or persons who shall neglect or fail to comply with the provisions of this section, be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 8th 91.
4. Place of Birth, (Street and Number) Balto City #657 Chestnut Alley
5. Full Name of Mother, Bettie White
6. Mother's Maiden Name, Bettie Monroe
7. Mother's Birthplace, born in the South.
8. Full Name of Father, James White
9. Father's Occupation, Waiter
10. Father's Birthplace, Fredricksburg Virginia

Name of Medical Attendant, or other person who makes this Return. Celesia Cook.

Address, #1008 Shields Alley

Remarks, 8 9 1 0 0 0 7 2 5

been conferred by law, the full name and occupation of the parents, the date and place of birth, and the sex and color of the child. Every such certificate duly signed by the practitioner in the form of a certificate between the first child shall be delivered at the office of the Commissioner of Health, or should no other person be in attendance, then the mother shall herself make such return within the time above required. It shall occur without the attendance of a Physician or Midwife, it shall become the duty of the person or parents of such child, or person having charge of the same, to report the birth as above required. Any person in attendance upon the mother shall within the period above required, report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) 225 East Wolfe Street
5. Full Name of Mother, Mary Eckmann
6. Mother's Maiden Name, Mary Martin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Dulcan Eckmann
9. Father's Occupation, Laborer
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. Mrs Bernard E Kunz

Address, 21 N Port Pulaski Home

Remarks, 1 8 9 1 0 0 0 2 7 2 6

Sec. 5. In all towns and cities, the name and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the city, or the person or parents of such child shall refuse or neglect to furnish the certificate as required by this section, it shall be the duty of the person or parents of such child to report such birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ANN. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3185.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 21 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16th 1891
4. Place of Birth, (Street and Number) Caldwell St 284
5. Full Name of Mother, Lucy Hagenaard
6. Mother's Maiden Name, Hagenaard
7. Mother's Birthplace, Germany
8. Full Name of Father, John Weber
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Roth

Address, 1 Washington Place

Remarks, 8 9 1 0 0 0 2 7 2 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month, to the Registrar of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or shall happen after the departure of such attendant upon the mother, hereinafter it shall become the duty of the person or parents having such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and with the same particulars as are required to be reported by such attendant, and any person neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31857.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 3 1891
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11th 1891
4. Place of Birth, (Street and Number) No. H No 100
5. Full Name of Mother, Lizzie Kimmel nee
6. Mother's Maiden Name, Kimmelmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman Kimmelmann
9. Father's Occupation, Tayler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Geo. Kahl

Address, No. Washington Ave No 210

Remarks.

1891000 2723

The undersigned is required by law to report the name and occupation of each parent, the date and place of birth, and the sex and color of each child born alive, and the number of children born to the present mother, including the present birth, and the number of children of the present mother now living. The report must be signed by the practitioner in the form of a certificate between the first and third day of each and every month succeeding the birth. In case there is no physician or midwife in attendance, the parent or householder must report the birth within five days after its occurrence. The mother immediately thereafter is still bound to report the birth, as above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

891 J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 3183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 21 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12 th 1891
4. Place of Birth, (Street and Number) Duncan alley 224
5. Full Name of Mother, Kate E. Piper
6. Mother's Maiden Name, Jeffries
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Weber
9. Father's Occupation, Car
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary K. Stu

Address, 1 C Washington Ave H.

Remarks, 891000 2729

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Registrar of the Commissioner of Health. In case the birth shall occur without the city, immediately thereafter it shall become and within the period above required, the duty of each and every physician or practitioner of midwifery, of the person or parents of such child, or person in attendance upon the mother, to cause the birth to be registered as aforesaid. And in case the birth shall occur where no physician or practitioner of midwifery shall be in attendance upon the mother, the duty of registering the birth as aforesaid shall devolve upon the person or parents of such child, or person in attendance upon the mother, and the Commissioner of Health is hereby authorized to enforce the provisions of this section by suit or otherwise, and all penalties and forfeitures are recoverable by such person or persons who shall sue for such offense, to be recovered as other fines and forfeitures are recoverable in the name of the Commissioner of Health, to comply with the provisions of this section, and shall be subject to the fine of ten (10) dollars for each offense.

RETURN OF A BIRTH. A 31859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 10th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 27th 1896
4. *Place of Birth, (Street and Number)* 202 Dallas Street
5. *Full Name of Mother,* Hannah Jordan
6. *Mother's Maiden Name,* Mitchell
7. *Mother's Birthplace,* Bath
8. *Full Name of Father,* John Jordan
9. *Father's Occupation,* ~~Laborer~~ Ship Carpenter
10. *Father's Birthplace,* Bath

Name of Medical Attendant, or other person who makes this Return. Hannah E. Knowles

Address, 210 N. Patterson Pk Ave

Remarks, Late

8 9 1 0 0 0 2 7 3 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and every midwife, or other person who shall occur within the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	13 July 1891
4. *Place of Birth, (Street and Number)*	210 S. Calvert St
5. *Full Name of Mother,*	Elizth L. Gilbert
6. *Mother's Maiden Name,*	do do
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	George Collins
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Univ Hosp
Address,	509 Hanover Alley
Remarks,	

1891 10 002731

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 31861.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 20 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2 d.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Monday July 13th
4. Place of Birth, (Street and Number) 229 St. Wolfe St.
5. Full Name of Mother, Mary Annie Sitting
6. Mother's Maiden Name, " Mentzer
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Louis John Sitting
9. Father's Occupation. Tinner
10. Father's Birthplace, (Lingen) German

Name of Medical Attendant, or other person who makes this Return. Dr. Samuel E. Kyle

Address, 1[illegible] Eastern Ave

Remarks,

8 9 1 0 0 0 2 7 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attended without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the time specified, then the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED C-8-56

RETURN OF A BIRTH A 31887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Eugenia Lee Rhodes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 925 E Biddle St. July 15th 1891
4. Place of Birth, (Street and Number) 925 E Biddle St.
5. Full Name of Mother, Hattie M. Rhodes.
6. Mother's Maiden Name, Henderson
7. Mother's Birthplace, Balt Cy.
8. Full Name of Father, Wm. L. Rhodes
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Balt. City.

Name of Medical Attendant, or other person who makes this Return. Dr. J. Britton Mc

Address, 28 E. Broadway

Remarks,

1 8 9 1 0 0 0 2 7 3 3

HEALTH DEPARTMENT JUL 29 1991 BALTIMORE

...ion of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of such practitioner, it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter, to report the same to the Commissioner of Health, and in case the parents of such child fail to report its birth to the Commissioner of Health, in the manner and within the period above required, and each and every person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 15 91
4. *Place of Birth, (Street and Number)* 905 N. Ann
5. *Full Name of Mother,* Orrie Joyce
6. *Mother's Maiden Name,* Nash
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Harry Joyce
9. *Father's Occupation,* Commission Merchant
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return, J. B. Schwatka M. D.

Address, 1063 N. Bway

Remarks,

8 9 1 0 0 0 2 7 3 4

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. B 31864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 children

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 4th July
4. Place of Birth, (Street and Number) Elbow Lane 524
5. Full Name of Mother, Eliza Robinson
6. Mother's Maiden Name, Eliza Skinner
7. Mother's Birthplace, North Thumble County Va
8. Full Name of Father, Lawrence Robinson
9. Father's Occupation, Coach-man
10. Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return. Selecter Cook

Address, 108 Sheels Alley

Remarks, 1 8 9 1 0 0 0 2 7 3 5

Every physician, midwife, or other person who shall hereafter attend upon any birth, and every undertaker or other person who shall bury or assist in burying the dead body of any child, or who shall be employed in any manner about the same, shall, within ten days after the birth, or burial, or the commencement of such employment, make a return thereof to the Commissioner of Health, in the manner and within the period above required, and shall forfeit and pay for every neglect or refusal to make such return, the sum of ten dollars; and every person required by this section to make a return of a birth, and who shall neglect or refuse to make such return within the period above required, shall be subject to a fine of ten dollars for each day during which such neglect or refusal shall continue. In case the birth of any child shall occur while the mother is in a state of intoxication, the midwife, or other person in attendance upon the mother, immediately thereafter, shall become the informant of such birth, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and shall forfeit and pay for every neglect or refusal to make such return, the sum of ten dollars; and every person required by this section to make a return of a birth, and who shall neglect or refuse to make such return within the period above required, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ORS. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (State whether male or female)*	female Md
2. *Race or color, (if not of the white race)*	Colord
3. *Date of Birth,*	July 16th 1891
4. *Place of Birth, (Street and Number)*	# 625 Campbell av Balto
5. *Full Name of Mother,*	Harrett, Alice, Honor
6. *Mother's Maiden Name,*	Harrett, Alice, Edword
7. *Mother's Birthplace,*	A. A Co Md
8. *Full Name of Father,*	James, Wesley, Thomas
9. *Father's Occupation,*	Laber
10. *Father's Birthplace,*	Calvert Co Md
Name of Medical Attendant, or other person who makes this Return.	Gracia Harris
Address,	# 515 Stockholm st
Remarks,	

8910002736

Sec. 5. And be it enacted, That the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or midwife, it shall be the duty of the person in charge of the house in which the birth occurs, or the parent, if present, to report the birth as required in this section, and in default thereof to be liable to the penalties imposed upon physicians and midwives for neglect of duty. In case the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 3166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 20 1931
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16 1931
4. Place of Birth, (Street and Number) 2418 Booth Boulevard
5. Full Name of Mother, Ida M. McCaffrey
6. Mother's Maiden Name, Ida M. Wright
7. Mother's Birthplace, Md
8. Full Name of Father, William H. McCaffrey
9. Father's Occupation, Carter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 1 8 9 1 0 0 0 2 7 3 7

Such schedule shall be delivered, duly signed by the practitioner in the case of a physician, midwife, or other person in attendance upon the mother at the birth, to the person required by law to make a certificate thereof, and the said schedule shall be delivered, duly signed by the practitioner in the case of a physician, midwife, or other person in attendance upon the mother at the birth, to the person required by law to make a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife, or other person in attendance upon the mother at the birth, or should no other person be required by law to make a certificate thereof, then it shall become the duty of the person or persons with whom the mother and child reside to report such birth to the Commissioner of Health, in the manner and with the penalty provided by this section. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Ct
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth*	July 17
4.	*Place of Birth, (Street and Number)*	707 Dover St
5.	*Full Name of Mother*	Louisa Dorman
6.	*Mother's Maiden Name*	Louisa Fadersahn
7.	*Mother's Birthplace*	Germany
8.	*Full Name of Father*	Charles Dorman
9.	*Father's Occupation*	Driver
10.	*Father's Birthplace*	Germany
	Name of Medical Attendant, or other person who makes this Return	
	Address	Huntingdon Alley bet Dover & Eager St
	Remarks	18910002738

and whether shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the Registrar of the City, or Health Officer of the district in which the birth shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. ULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 3188.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* July 19th 1891
4. *Place of Birth, (Street and Number)* 807 Harlem Ave
5. *Full Name of Mother,* Camilla Zuandt
6. *Mother's Maiden Name,* Camilla Chaffinch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Augustus Zuandt
9. *Father's Occupation,* Hardware merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Amanda E. Lorig M.D.

Address, 871 Harlem Ave

Remarks,

1 8 9 1 0 0 0 2 7 3 9

register or such person shall enter the same on a blank schedule to be supplied by the Registrar of Vital Statistics, Board of Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as to the same the full name and sex, color, the full name and occupation of its parents, and the date and place of birth; and the said schedule, as to sex, color, the full name and occupation of its parents, and the date and place of birth, and the third day of each and every month thereafter, signed by the practitioner in the form of a certificate, and the same shall be in all respects true and correct. If any person required by this section to report the birth of any child shall refuse or neglect to do so for the space of ten days after the same shall have occurred, he or she shall become liable to a penalty of not less than five dollars nor more than twenty dollars, and it shall be the duty of the Commissioner of Health, in the manner and within the period above prescribed, to report to the Registrar of Vital Statistics the name of any person who shall refuse or neglect to report the birth of any child to the Registrar of Vital Statistics, as required by this section, and any such person or persons shall be liable to the penalty above prescribed. It shall be the duty of the Registrar of Vital Statistics, jointly with the provisions of this section shall be subjected to the fine of ——— dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 31869.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 4th 1891
4. Place of Birth, (Street and Number) York St 118.
5. Full Name of Mother, Sarrah Collins
6. Mother's Maiden Name, Sarah Johnson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Johnson
9. Father's Occupation, Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Sarah A. Jane Weber

Address, 115 west Hoffman st

Remarks,

1891000 2740

been conferred in sex, color, the full name and occupation of its parents, the date and place of birth, and the said other matters required by the practitioner in the form of a certificate of birth; and the third day of each month thereafter it shall become the duty of the Commissioner of Health to cause the birth of any child shall occur without the attendance of a physician or midwife, the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above specified, such attendance upon the mother, immediately thereafter. It shall become the duty of the Commissioner of Health to cause the birth of any child to be registered upon the certificate of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above specified, such any such person or persons shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. GUGLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July Tuesday 7th
4. Place of Birth, (Street and Number) 126 N. West st
5. Full Name of Mother, Fannie Thomas
6. Mother's Maiden Name, Fannie Carr
7. Mother's Birthplace, Corner Portland Loca
8. Full Name of Father, Charles Thomas
9. Father's Occupation, Coal Driver
10. Father's Birthplace, Russel Street

Name of Medical Attendant, or other person who makes this Return. Mrs Gross

Address, Reason Court

Remarks,

18910002741

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

If any person shall refuse to give the true names and occupation of its parents, the date and place of birth; and the full name of each and every child born of any woman, to any physician or midwife in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or persons in attendance upon the mother immediately after the birth of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

3187/1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1891 BALTIMORE.

	No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Male
1.	*Sex,* (state whether male or female)	Color
2.	*Race or Color,* (if not of the white race)	July 9th 1891
3.	*Date of Birth,*	324 Monroe St
4.	*Place of Birth.* (Street and Number)	Lessie Duffields
5.	*Full Name of Mother,*	Lessie Hutton
6.	*Mother's Maiden Name,*	Snowhill
7.	*Mother's Birthplace,*	George Sander Duffield
8.	*Full Name of Father,*	Labor
9.	*Father's Occupation,*	Snow hill
10.	*Father's Birthplace,*	Charlottie Williams
	Name of Medical Attendant, or other person who makes this Return,	910 Leaden-hall St
	Address,	five dollars
	Remarks,	1891 0002742

The sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly and correctly filled out, by the attending physician or midwife in the form of a certificate between the first and third days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 21 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 "

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race)
3. Date of Birth, July 11 : 1891.
4. Place of Birth, (Street and Number) 9. W. Montgomery St.
5. Full Name of Mother, Margaret Reily
6. Mother's Maiden Name, " Scarborough.
7. Mother's Birthplace, Virginia
8. Full Name of Father, Peter Reily,
9. Father's Occupation, Police. Sergt.
10. Father's Birthplace, New York,

Name of Medical Attendant, or other person who makes this Return. R. J. H. Tall. M.D.

Address, 524 Sharp St.

Remarks,

1 8 9 1 0 0 0 2 7 4 3

said schedule shall be delivered. City Register. In the form of a certificate between the first and third days of each and every month, to the office of the Commissioner of Health, or to such person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, shall be subject to the fine of ten dollars for each offense. to be recovered as other fines and forfeitures are recoverable.

PRINTED BY J.C. DULANY & CO., CITY PRINTERS AND STATIONERS.

WITH NAME ADDED 4-26-11

A. 31873

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Blanche Agnes — Stack

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, July 14 - 1891.
4. Place of Birth, (Street and Number) 1837 Edmondson avenue -
5. Full Name of Mother, Rosalie Stack -
6. Mother's Maiden Name, Liddane -
7. Mother's Birthplace, Washington - D.C -
8. Full Name of Father, Garrett Simon Stack -
9. Father's Occupation, Painter -
10. Father's Birthplace, Balto City - Md -

Name of Medical Attendant, or other person who makes this Return. R. Ho. Goldsmith M.D. -

Address, Fulton ave & Calhoun St -

Remarks, 8910002744

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS

Sex, Color, &c. All births in the population of 25 parents, the date and place of birth, and the full name of each child born alive in the family, must be reported to the office of the Commissioner of Health, on the blank form of a certificate between the first and tenth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person report such birth, it shall become the duty of the person or persons in attendance upon the mother during her confinement, and within the period above required, and in the manner above directed, to report its birth to the Commissioner of Health. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. It shall be the duty of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 31874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Light Brown Skin
3. Date of Birth, July 16th 1891
4. Place of Birth, (Street and Number) 123 Diamond St
5. Full Name of Mother, Sarah E. Hawkins
6. Mother's Maiden Name, Sarah E Foster
7. Mother's Birthplace, King & Queen Co. Va
8. Full Name of Father, Richard Hawkins
9. Father's Occupation, Laborer
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Louisa Lane Midwife

Address, No 642 Jasper Street Balto Md

Remarks,

1 8 9 1 0 0 0 2 7 4 5

be conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to every male and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance with the mother at the birth, it shall be the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the time above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3187

1. *No. of Child of Mother.* (state whether 1st, 2d, 3d, &c.) 1st
2. *Sex.* (state whether male or female) female
3. *Race or Color.* (if not of the white race) White
4. *Date of Birth.* July 15th 1891
5. *Place of Birth.* (Street and Number) 1915 W. Pratt St.
6. *Full Name of Mother.* Mary Elizabeth Smith
7. *Mother's Maiden Name.* " " Hase
8. *Mother's Birthplace.* Balto. County
9. *Full Name of Father.* Christopher Columbus Smith
10. *Father's Occupation.* Soldier - Enlisted - At present Confined Leavenworth
11. *Father's Birthplace.* Balto Co.

Name of Medical Attendant, or other Person who makes this Return A. B. Boudman M.D.

Address. 1830 Madison Ave.

Remarks.

8 9 1 0 0 0 2 7 4 6

... CITY PRINTERS AND STATIONERS ...

RETURN OF A BIRTH. 3187.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Boy,
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th of July 1891.
4. Place of Birth, (Street and Number) 731 North Washington st.
5. Full Name of Mother, Susana Rosenberg
6. Mother's Maiden Name, Susana Meisel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Florence Rosenberg.
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Cusomtia Kunkel

Address, 213 North Chapel st. per Justina Kunkel

Remarks, Healthy

C 9 1 0 0 0 2 7 4 7

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required by this section to report such birth, the mother, immediately thereafter it shall become the duty of the person or persons in attendance upon the mother to report such birth to the Commissioner of Health, and in default of such report, or of the failure to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 31877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 24 1891
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* 15 July
4. *Place of Birth, (Street and Number)* 21 Hamilton St
5. *Full Name of Mother,* Annie Peter
6. *Mother's Maiden Name,* Annie Bain
7. *Mother's Birthplace,* Md Balti
8. *Full Name of Father,* Joseph Peter
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return.

Address, [illegible]

Remarks, 8 9 1 0 0 0 2 7 4 8

seen conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and such other facts as are required, and every such person who shall neglect or refuse to make such certificate within the period above required, and every person who shall make a false certificate, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 21878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth & Twin
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	Color
3. *Date of Birth*	July 9th 1901
4. *Place of Birth (Street and Number)*	1811 E Lanvale st
5. *Full Name of Mother*	Nellie E Lucas
6. *Mother's Maiden Name*	Nellie Price
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	George Edward
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore City Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ferdinand Hammel
Address	705 N Durham st
Remarks	None At All.

18910002749

To be filled out by the Physician, Midwife, or other person in attendance upon the birth, which in the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

A. 31879.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male and female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, 19
4. Place of Birth, (Street and Number) 1-05- Cross St
5. Full Name of Mother, Julia Elizebeth Johnson
6. Mother's Maiden Name, Julia Elizebeth King
7. Mother's Birthplace, Kent island
8. Full Name of Father, Isaac C Johnson
9. Father's Occupation, Seaman
10. Father's Birthplace, Kent island

Name of Medical Attendant, or other person who makes this Return. Sarah ann Brown

Address, 927 China St

Remarks, The patient is getting along nicely

8 9 1 8 0 0 2 7 5 0

been conferred) its sex, color, the full name and occupation of its parents, the hospital place of birth, and the full address of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the parents of such child, such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31110.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, July 29, 1891
4. Place of Birth (Street and Number), 1919 N. Gonzale St.
5. Full Name of Mother, Isabella Myers
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas. Myers
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. H. V. Wright M.D.

Address, 220 N. Gilmor St.

Remarks,

1 8 9 1 0 0 0 2 7 5 1

JUL 29 89

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 31881.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 20th, 1891
4. Place of Birth, (Street and Number) 130 S. Castle St.
5. Full Name of Mother, Etta McVey
6. Mother's Maiden Name, Etta Doane
7. Mother's Birthplace, Lancaster Co. Penna.
8. Full Name of Father, Absalom McVey
9. Father's Occupation, Woodworker
10. Father's Birthplace, Cecil Co. Md.

Name of Medical Attendant, or other person who makes this Return, W. H. Johnson M.D.

Address, 1916 East. Pratt St.

Remarks, 1 8 9 1 0 0 0 2 7 5 2

[illegible] its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

E 1887.

...ild No. of Child of Mother,

...r Color, Colored

July 21 1887

...of Birth, Green Street

...Name of Mother, Jane Gibson

...'s Maiden Name, Jane Gibson

...'s Birthplace, Baltimore

...Name of Father, Lone

...'s Occupation, 0

...'s Birthplace, Baltimore

1 8 9 1 0 0 0 2 7 0 5 0 3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 21st 1891
4. Place of Birth, (Street and Number) 60 Gorsuch Avenue
5. Full Name of Mother, Sara Coffin
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Dan'l Hoffman

Address, 24 E Hamburg St

Remarks,

8910002754

BY J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 3188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1891 BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) yellow
3. Date of Birth, July 21st 1891
4. Place of Birth, (Street and Number) Balto Md. 827 Vine St
5. Full Name of Mother, Indiana. ~~Sandsbury~~ Kerr
6. Mother's Maiden Name, Indiana. Sandsbury
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Benjamin. F. Kerr
9. Father's Occupation, Broking
10. Father's Birthplace, Cambridge Md. "

Name of Medical Attendant, or other person who makes this Return. Mary. F. Holland

Address, 833 Vine St Balto

Remarks, Colory large Child with 5 ruptures of Cattarall Mother of child quite Indian.

8 9 1 0 2 1 5 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Register or Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then it shall be the duty of the owner or occupier of the house where the mother is, immediately thereafter (and should no other person be in charge within forty-eight hours after the birth) of the person in charge of such child, to report the birth to the Commissioner of Health, in the manner and within the period last aforesaid; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 87514

HEALTH DEPARTMENT JUL 31 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Second of July 1891
4. Place of Birth, (Street and Number) [illegible] c. 1892 North Ave.
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Baltimore
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible] N. St.

Remarks, [illegible]

1891000275 6

Section 1. Be it enacted, That the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Registrar of Vital Statistics, who shall give a receipt therefor; and every physician or midwife, or other person who shall have the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter if shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such report shall be verified by the oath of the person making the same, if required by the Commissioner; and any person neglecting or refusing to make such report as aforesaid shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 23 1921 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 20th 1921
4. Place of Birth, (Street and Number) 1906 E Fayette St
5. Full Name of Mother, Lilly Kuhn
6. Mother's Maiden Name, Mark
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Joseph Kuhn
9. Father's Occupation, Cash Inspector
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, M. J. Reilly, M.D.

Address, 1411 E. Monument

Remarks,

8910002757

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...been conferred, sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to make out and deliver the said schedule as aforesaid. If the birth in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 3186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 11th
4. Place of Birth, (Street and Number) Cor. President & E. Greene
5. Full Name of Mother, Gertrude Becker
6. Mother's Maiden Name, " Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas. F. Becker
9. Father's Occupation, Wine Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Jno. Morris M.D.

Address, 118 E. Franklin St

Remarks,

1 8 9 1 0 0 0 2 7 5 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled and signed by the person in the form of a certificate between the first and third days of each calendar month, at the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter, shall make and sign such certificate, and deliver the same, in the manner and within the period above required, and child to report its birth to the Board, shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12th, 1891
4. Place of Birth, (Street and Number) 95 Light St
5. Full Name of Mother, Mary Burke
6. Mother's Maiden Name, King
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas Burke
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Dr. Grady

Address, 111 S. Broadway

Remarks,

891000275 9

GEO. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

Penalty conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be duly signed by the practitioner in the form of a certificate hereinbefore set forth; and the third day of each and every month, a list of certificates received during the preceding month. In case the birth of first and shall occur without the attendance of a physician or midwife, the owner or agent of the premises where the child is born, or the nearest relative of the child in attendance upon the mother, immediately thereafter it shall become the duty of such person to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 518

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore C[ity]

HEALTH DEPARTMENT JUL 29 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race)
3. Date of Birth, July 12-1891
4. Place of Birth, (Street and Number) 1104 Burgundy St
5. Full Name of Mother, Emma V Sheldon
6. Mother's Maiden Name, Brickhead
7. Mother's Birthplace, Maryland
8. Full Name of Father, James E Sheldon
9. Father's Occupation, Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Wm Lamplugh M.D.

Address, 649 S Bond St

Remarks,

1891 0002760

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the Commissioner of Health, in case there shall be no practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as aforesaid shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. HULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 18 1891
4. Place of Birth, (Street and Number) 2220 E. Fountain Ave
5. Full Name of Mother, Mary Darough
6. Mother's Maiden Name, Mary Cox
7. Mother's Birthplace, Md.
8. Full Name of Father, Joseph Russell
9. Father's Occupation, Engineer
10. Father's Birthplace, Md.

Name of Medical Attendent, or other person who makes this Return, Dr. Gaylord

Address, 111 S. Howard Ave

Remarks,

8 9 1 0 0 0 2 7 6 1

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, to the physician or midwife in attendance upon the mother, immediately thereafter. It shall be the duty of such physician or midwife, and in case there is no physician or midwife in attendance, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 4th of July
4. Place of Birth, (Street and Number) No 739 Eutaw St
5. Full Name of Mother, Mary Augusta Alberts
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Germany
8. Full Name of Father, Same
9. Father's Occupation, Baltimore
10. Father's Birthplace, Same

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1891000 2762

A 31890

been conferred) (sex, color, the full given name and occupation of parents, the date and place of birth, and the number of children born to the mother, and whether the first, second, third or other birth) which certificate shall be signed by the practitioner or other person who was in attendance at the birth, in the form of a certificate to be furnished by the Commissioner of Health, in case the birth of any child shall occur without the presence or attendance of a physician or midwife, or should no other person be in attendance, then the mother herself shall make return of such birth to the Commissioner of Health, in the manner and within the period above required, and said duty of each and every person as aforesaid is hereby declared to be a separate and distinct offence, and every person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3189.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* July 14th 1891
4. *Place of Birth, (Street and Number)* No. 2030 Eastern Ave.
5. *Full Name of Mother,* Mela Bloberger
6. *Mother's Maiden Name,* Mela Bethcke
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Bloberger
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

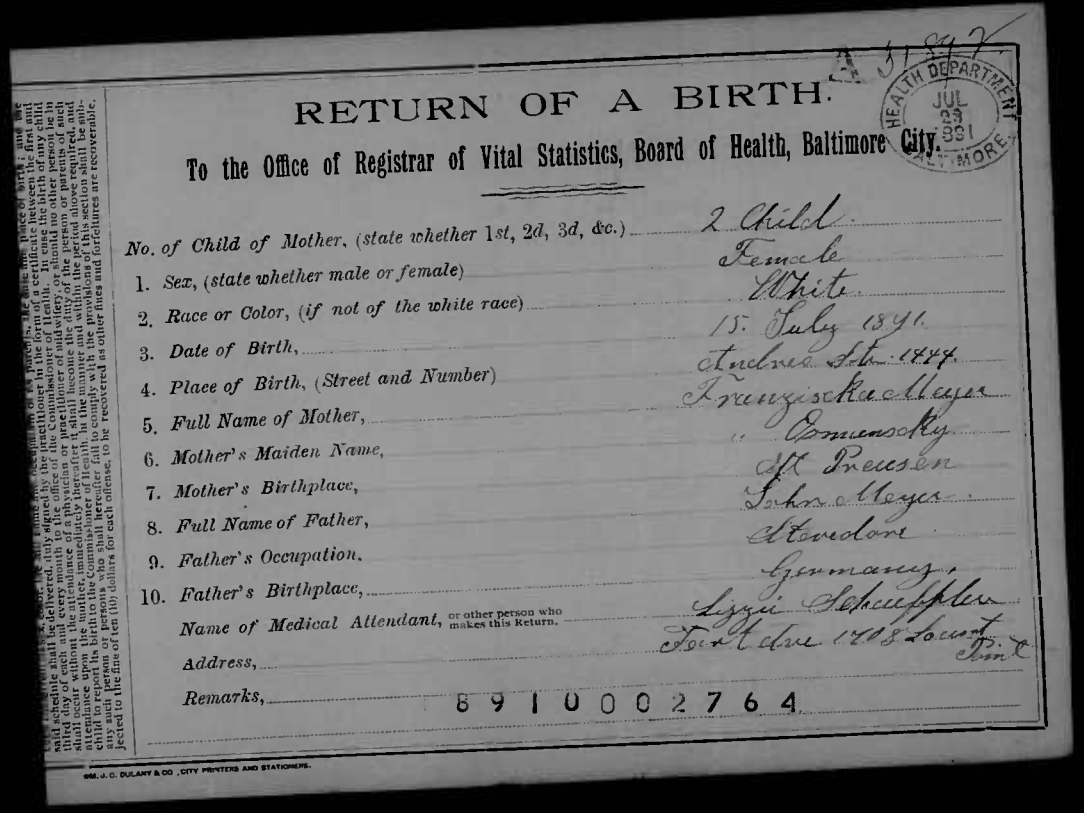
Address,

Remarks,

8 9 1 0 0 0 2 7 6 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer or person appointed to receive the same; and every child born alive within the limits of Baltimore City, and every fetus born dead after the fifth month of gestation, whether such birth occurs in a lying-in hospital or asylum, or elsewhere, shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.



RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 23 1891 BALTIMORE

A 3 8 9 7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15. July 1891
4. *Place of Birth, (Street and Number)*	Endress Str. 1827
5. *Full Name of Mother,*	Franziska Meyer
6. *Mother's Maiden Name,*	" Domenosky
7. *Mother's Birthplace,*	Ost Preussen
8. *Full Name of Father,*	John Meyer
9. *Father's Occupation,*	Stevedore
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Lizzie Schaeffler
Address,	Fort Ave 1208 Lower Fl.
Remarks,	6 9 1 0 0 0 2 7 6 4

ORIG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

SAFETY FILM

A. 3189

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th July 87
4. Place of Birth, (Street and Number) Baltimore Md 687 Canton
5. Full Name of Mother, Maggie L. Schmidt
6. Mother's Maiden Name, Maggie L. Geis
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John F. Schmidt
9. Father's Occupation, Brickmaker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr. Geo. Keating

Address, 414 S. Ethan St Baltimore Md

Remarks, Mother and Child are doing well

8 9 1 0 0 0 2 7 6 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said physician or midwife shall, within ten days after the birth, deliver to the parent or person having charge of such child a certificate containing the information required by this section, and shall forward a duplicate of such certificate to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required by this section to report such birth, the parent or person having charge of such child is hereby required to report its birth to the Commissioner of Health within the period above required, and shall cause such certificate to be signed by two witnesses. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

HEALTH DEPARTMENT JUL 29 1891 BALTIMORE

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 11th

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) W
3. *Date of Birth*, July 17/91
4. *Place of Birth*, (*Street and Number*) 2008 E. Lomb'd
5. *Full Name of Mother*, Annie Alexander
6. *Mother's Maiden Name*, " Lowry
7. *Mother's Birthplace*, B C
8. *Full Name of Father*, Thomas Alexander
9. *Father's Occupation*, Salesman
10. *Father's Birthplace*, Phil. Pa.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Mittley

Address, 226 S. Broadway

Remarks,

...tion, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

18910002766

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth June 11th 1891
4. Place of Birth, (Street and Number) 913 E Biddle St.
5. Full Name of Mother, Irene. Weil.
6. Mother's Maiden Name, Irene Stibbhoff
7. Mother's Birthplace, Balto City.
8. Full Name of Father, John C. Weil.
9. Father's Occupation, Merchant.
10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other Person who makes this Return. J. W. Chambers

Address, 309 N Eutaw St

Remarks,

DEPARTMENT OF HEALTH JUL 1891 CITY OF BALTIMORE

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the week, and shall state the number of births of each sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be signed by the practitioner in the form of a certificate between the first and third day of each month. In case the birth of any child shall occur without the attendance of a practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, within ten days after the occurrence thereof, giving the information above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and penalties are recovered.

891U0002767

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11th 1891
4. Place of Birth, (Street and Number) Jefferson St No 2005
5. Full Name of Mother, Christina Winderlich
6. Mother's Maiden Name, Winderlich
7. Mother's Birthplace, German
8. Full Name of Father, Conrad Winderlich
9. Father's Occupation, Tayler
10. Father's Birthplace, German

Name of Medical Attendant, or other person who makes this Return, Mary Kofus

Address, 1 Washington Pl 2 F.

Remarks, 8 9 1 0 0 0 2 7 6 8

health, and shall set forth as far as the same can be ascertained, the full name, residence and occupation of each parent, the sex, color, and full place of birth, and the number of each child, if any, which shall have been conferred) its sex, color, and full name and occupation of each parent, the number of each child, if any, which shall have been conferred by the present marriage, and the number of each child, if any, which shall have been born alive to the mother of such child, and now living, and the number of each child, if any, which shall have been born alive to the mother of such child, and now dead; duly signed by the person making such return, and shall state whether any such child was born alive or not, and if no other person be in said schedule shall be in every month to the office of the Registrar of Vital Statistics, or other person or persons as such Board of Health may direct, a return of all births which shall have occurred within the city of Baltimore within the month next preceding, and which shall not have been returned in such schedule; and it shall be the duty of the Registrar of Vital Statistics, or other person or persons as such Board of Health may direct, to visit, without delay, the residence of every child whose birth shall not have been returned as aforesaid, and to make diligent inquiry and personal examination concerning the same; and it shall be the duty of every person required by this section to make a return of births, to make such return to the Registrar of Vital Statistics, or other person or persons as such Board of Health may direct, on demand, without fee or reward; and any person who shall neglect or refuse to make such return, or to furnish such information, or to submit to such examination as may be required by the Registrar of Vital Statistics, or other person or persons as such Board of Health may direct, shall be liable to a penalty of not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered before any justice of the peace of Baltimore city, and any such person who shall hereafter, after the passage of this ordinance, refuse or neglect to report the birth of any child, or to furnish such information, or to submit to such examination as may be required by the Registrar of Vital Statistics, or other person or persons as such Board of Health may direct, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as aforesaid. Forfeitures are recoverable

WM J. C. SULLIVAN CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
Date of Birth	June 12/91
Place of Birth, (Street and Number)	2236 E Balto St.
5. *Full Name of Mother,*	Lillian Search.
6. *Mother's Maiden Name,*	Lillian M Johnson.
7. *Mother's Birthplace,*	Balto City.
8. *Full Name of Father,*	M. Warren Search.
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	~~J. W. Schumacher~~ J. W. Schumacher
Address,	209 N Eutaw St
Remarks,	

1891 JUL

CITY OF BALTIMORE HEALTH DEPARTMENT

1 8 9 1 0 0 0 2 7 6 9

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred in each family during the month, and shall be filled out in full immediately after the birth of any child (if any) shall have been conferred). It shall be signed by the practitioner in the form of a certificate, and the said schedule shall be delivered at the office of the Commissioner of Health. In case no other person ascertained the full name, place of birth, and the said schedule shall be delivered at the office of the Commissioner of Health. In case no other person participate between the first and third day of each month, a report of the fact shall be made to the Commissioner of Health, by the person required to make the return, before the fifth day of the month, and the said schedule shall be delivered at the office of the Commissioner of Health, as above required, and any such person be liable to a fine of not less than ten (10) dollars nor more than fifty (50) dollars for each offence to be recovered as other fines and penalties are recoverable.

John Murphy & Co., Ltd., printers and stationers.

RETURN OF A BIRTH. 31530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which occur in each week, and shall be returned to the Commissioner of Health, by the person required by law to report each child, if any shall have been omitted, within the week next following that in which the same can be ascertained; and the date and place of birth, and the full name, sex, color, the full name and occupation of the father, and the maiden name of the mother of each child, as far as the same can be ascertained, shall be delivered, duly signed, by one of the parents, and by the physician or person in attendance, or if there was no such physician or person in attendance, by the householder, within the first week after the third day of each and every month, to the Commissioner of Health, and with the like penalty for neglect. Every birth which shall occur without the limits of a physician or person in attendance, or householder, immediately thereafter, shall be reported by the mother, immediately after she shall be able to make such report, and with the like penalty for neglect. Every physician or person in attendance, or householder, who shall refuse or neglect to report a birth to the Commissioner of Health, as herein required, shall be subject to the fine of ten (10) dollars, for each offense, to be recovered as other forfeitures are recoverable by such person or persons. Also, for each offense, to be recovered as other forfeitures are recoverable

BOARD OF HEALTH CITY OF BALTIMORE

	No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	3d
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	12 June 1891
4.	*Place of Birth, (Street and Number)*	725 S. Charles St
5.	*Full Name of Mother,*	Beccie Blumenthal
6.	*Mother's Maiden Name,*	Gazarowitch
7.	*Mother's Birthplace,*	Russia
8.	*Full Name of Father,*	Isaac Blumenthal
9.	*Father's Occupation,*	Locksmith
10.	*Father's Birthplace,*	Russia
	Name of Medical Attendant, or other person who makes this Return.	E Scherman
	Address,	42 Albemarle St
	Remarks,	8910002770

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

Sex. (*state whether male or female*) Female

2. *Race or Color.* (*if not of the white race*) White

3. *Date of Birth,* June 12/91

4. *Place of Birth,* (*Street and Number*) 11 2 Druid Hill Co

5. *Full Name of Mother,* Sallie E Fussemas

6. *Mother's Maiden Name,* Sallie E Shipley

7. *Mother's Birthplace,* Carroll Co Md

8. *Full Name of Father,* Chas A Fussemas

9. *Father's Occupation,* Agent

10. *Father's Birthplace,* Carroll Co Md.

Name of Medical Attendant, or other person who makes this Return. A C Pole

Address, 1 Madison Ave & Biddle St

Remarks,

8 9 1 0 0 0 2 7 7 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if a name shall have been conferred; its sex, color, the full name and occupation of its parents, the place and date of birth; and the said schedule shall be delivered, duly signed by the practitioner in the district on or before the first and third days of each month, or oftener if required by the Commissioner of Health. Every child born alive which shall die before the expiration of forty-eight hours from the time of birth, and every child which shall occur without the attendance of a physician or practitioner of medicine, the midwife, or nurse in attendance upon the mother, immediately thereafter it shall become the duty of the father, or mother, or such other person in charge of such child to report its birth to the Commissioner of Health, in the manner and form above provided, and any such person who shall neglect or refuse to make such report, as herein required, shall upon conviction thereof be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties are by law recovered.

CITY DEPARTMENT OF HEALTH 1891 CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1.	*Sex, (state whether male or female)*	Boy
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 12th 1891
4.	*Place of Birth, (Street and Number)*	Durham St No 736
5.	*Full Name of Mother,*	Annie Tesar
6.	*Mother's Maiden Name,*	Tesar
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Joseph Tainer
9.	*Father's Occupation,*	Tayler
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Mary K Fitz
	Address,	N. 205 N Washington
	Remarks,	8910002772

...health, and shall set forth as far as the same can be ascertained, the full name, sex, color, the full name by the parents of such child, the full name of the mother, the full name of the father, the full name of the physician or midwife, and shall be delivered within one month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and forfeitures are recoverable

936 J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

E. 31853

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15th 1891
4. Place of Birth, (Street and Number) Birch st No 626
5. Full Name of Mother, Mathilda Lueking
6. Mother's Maiden Name, Lueking
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Lueking
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kopitz

Address, N Washington

Remarks,

1 8 9 1 0 0 0 2 7 7 3

(SEAL.) This schedule shall contain a list of the births ... the ... month, and shall set forth as far as the same can be ascertained ... parents, the date and place of birth, and the ... herein required to be delivered, duly signed by the practitioner ... the ... third day of each and every month to the office of the Commissioner of Health, ... shall occur without the attendance of a physician or midwife, it shall ... attendance shall cause the birth to be registered within the period above required, and ... shall forthwith report the birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail to comply ... forfeited to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. BULLARY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
	Sex, (state whether male or female)	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	18 June 1897
4.	*Place of Birth, (Street and Number)*	1618 Watson St
5.	*Full Name of Mother,*	Elizabeth Brown
6.	*Mother's Maiden Name,*	" Sageleer
7.	*Mother's Birthplace,*	Baltimore M.D.
8.	*Full Name of Father,*	John W. Brown
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Baltimore M.D.
	Name of Medical Attendant, or other person who makes this Return,	S. Scherman
	Address,	42 Talbemarle St
	Remarks,	8910002774

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child born, and the name of its parents, the sex, color, the full name and occupation of the father, the first and last residence of each parent, the number of children born to the mother, the first and said schedule shall be delivered within the first five days of each month at the office of the Commissioner of Health, or such other place as may be designated by the Commissioner of Health, and a like schedule shall be delivered within the same time if no birth shall have occurred during the month. Every birth shall be reported to the Commissioner of Health by the physician or midwife in attendance upon the mother, immediately thereafter, in the manner and form prescribed by the Commissioner of Health, and in case there shall be no physician or midwife in attendance upon the mother, the birth shall be reported to the Commissioner of Health by the householder or owner of the premises where such child is born, within five days after such birth. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are now recovered.

CITY OF BALTIMORE — BOARD OF HEALTH — 1897

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* June 14. 91
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Lizzie Dorsey
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Dr Margaret Holden

Address, N. E. Univ Maternité

Remarks,

1 8 9 1 0 0 0 2 7 7 5

Health. This schedule shall contain a list of the births which have occurred in the family or house or in the care of the undersigned during the month next preceding the date of the return next to be made, and the full name of each child, if any shall have been named, and shall set forth as far as known the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or if there be no practitioner in attendance upon such birth, or if there be no practitioner in the city, then the said schedule shall be delivered, duly signed by the person shall occur without the attendance of any practitioner as aforesaid, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31336.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2-d
	Sex, (state whether male or female)	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	15th June 1891
4.	*Place of Birth, (Street and Number)*	1102 E. Fayette St
5.	*Full Name of Mother,*	Ella Sherman
6.	*Mother's Maiden Name,*	" Katz
7.	*Mother's Birthplace,*	Russia
8.	*Full Name of Father,*	Simon Sherman
9.	*Father's Occupation,*	Tailor
10.	*Father's Birthplace,*	Russia
	Name of Medical Attendant, or other person who makes this Return	E. Scherman
	Address,	42 Albemarle Street
	Remarks,	1891 00027 76

Every Physician, Midwife or other person required by law to report a birth, who shall neglect or refuse to report such birth to the Commissioner of Health, in the manner and within the time prescribed by law, shall be subject to the penalties imposed by law for each offense, to be recovered as debts of like amount are recoverable by law.

STATE BOARD OF HEALTH 1891 CITY OF BALTIMORE

C. BULLARY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-11-56

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas John Kane

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 15th 1891
4. *Place of Birth, (Street and Number)* N Castle St 520,
5. *Full Name of Mother,* Maggie Kane
6. *Mother's Maiden Name,* Paine
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Kane
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kelly

Address, N Washington St 520

Remarks, 8 9 1 0 0 0 2 7 7 7

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Samuel Barr Berman 2
1. Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	15 June 1921
Place of Birth, (Street and Number)	812 Baltimore St
5. Full Name of Mother,	Jetta Berman
6. Mother's Maiden Name,	" Berman
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Harris Berman
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return,	S. Scherman
Address,	42 Albemarle St
Remarks,	CERTIFIED 4-24-57

8 9 1 0 0 0 6 7 7 8

CITY OF BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White.

3. Date of Birth June 15: 1891

4. Place of Birth, (Street and Number) 43 Woodbery ave

5. Full Name of Mother, Mary H. Ward.

6. Mother's Maiden Name, Mary H Dark

7. Mother's Birthplace, Va.

8. Full Name of Father, Samuel S. Ward.

9. Father's Occupation, Chemist.

10. Father's Birthplace, Del.

Name of Medical Attendant, or other Person who makes this Return. J. B. Chambers

Address, 309 N. Eutaw St.

Remarks,

1891 0002779

CITY OF BALTIMORE 1891

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 31662

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Male - albert L. Rider
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 15 1911
4. *Place of Birth (Street and Number)*	417 Hatton Ave.
5. *Full Name of Mother*	Kate A Rider
6. *Mother's Maiden Name*	Bateman
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Wm B. Rider
9. *Father's Occupation*	Physician
10. *Father's Birthplace*	Balto Co
Name of Medical Attendant, or other Person who makes this Return.	Wm B Rider
Address	417 Hatton Ave
Remarks	Full given name added by father upon applying for a transcript

Wm B. Rider, Father

8 9 1 0 0 0 2 7 8 0

Jno C Smith Deputy Clerk

Sept 12-1930

I, the undersigned, physician, attending [illegible] at the birth of any child, within the City of Baltimore, or other person acting as nurse, midwife or otherwise in charge, who shall attend, assist or advise therefrom, stating distinctly the date of birth, sex, color, and residence of the parents, and the maiden name of the mother of such child or children.

CITY OF BALTIMORE

RETURN OF A BIRTH. B 31361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	16 June 1891
4.	*Place of Birth, (Street and Number)*	308 S. High St
5.	*Full Name of Mother,*	Ida Hamden
6.	*Mother's Maiden Name,*	Barbanskey
7.	*Mother's Birthplace,*	Russia
8.	*Full Name of Father,*	Wolf Hamden
9.	*Father's Occupation,*	Cigar-makes
10.	*Father's Birthplace,*	Russia
	Name of Medical Attendant, or other person who makes this Return,	E. Scherman
	Address,	42 Albemarle St
	Remarks,	

8910002781

month, and shall set forth as far as the same can be ascertained the full name and occupation of the parents, the date and place of birth, and the number which such child is in order of birth of the children born to such mother, and the number of such children then living; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or other person in attendance, to the Registrar of Vital Statistics of the City of Baltimore within the first week after the birth of any child; and the Registrar shall, within the third day after the receipt of such schedule, issue a certificate of the birth of such child to the parent, guardian or person having the custody of such child, which certificate shall be sufficient evidence of the birth of such child in all courts of law and elsewhere; and in case of the birth of any child without the attendance of a physician or midwife, or when the father or mother is absent, it shall be the duty of the person having the custody of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and for the neglect or refusal to do so, or for any false statement made in such report, such person shall be subject to the fine of ten (10) dollars, to be recovered as other fines and penalties are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

31567

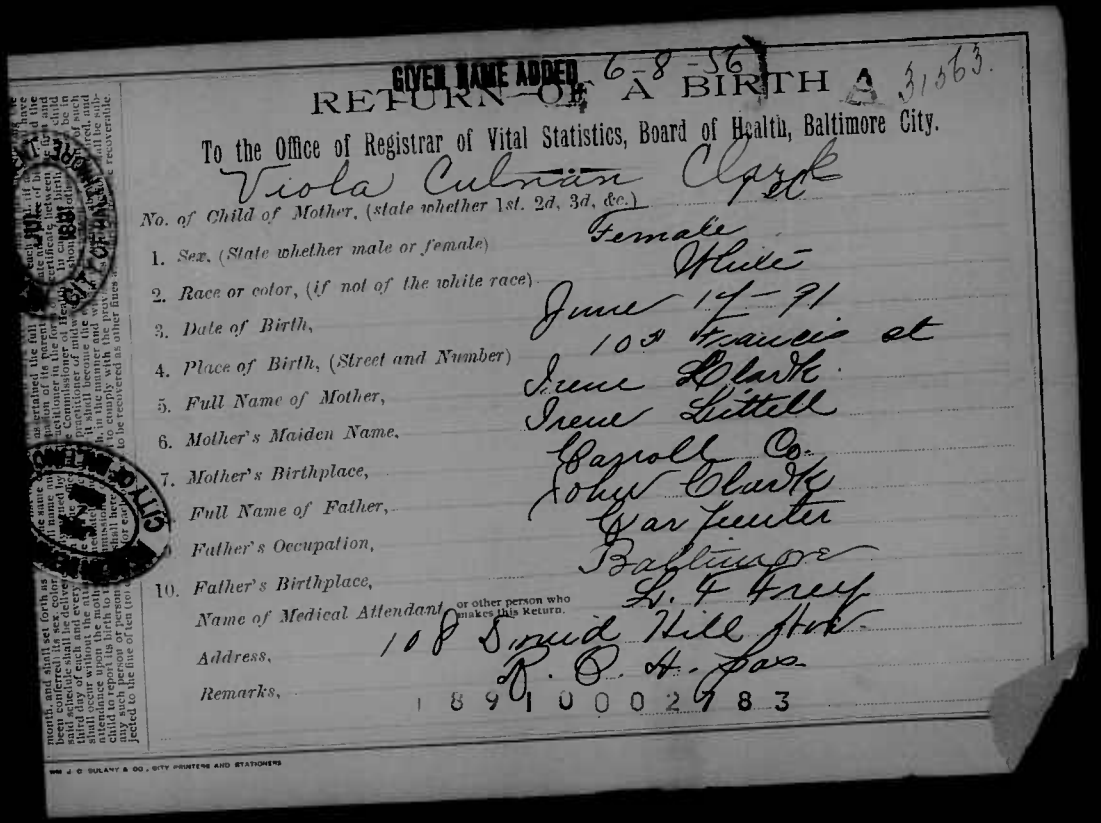
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.	*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	1st
	Sex, (state whether male or female)	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	17 June 1891
4.	*Place of Birth, (Street and Number)*	7 Little Front- St
5.	*Full Name of Mother,*	Jennie Lifshetz
6.	*Mother's Maiden Name,*	Finanson
7.	*Mother's Birthplace,*	Russia
8.	*Full Name of Father,*	Abram Lifshetz
9.	*Father's Occupation,*	Peddlar
10.	*Father's Birthplace,*	Russia
	Name of Medical Attendant, or other person who makes this Return,	E. Scherman
	Address,	42 Albemarle St
	Remarks,	1891 0002782

mouth, and shall set forth as far as the same can be ascertained the full name, residence and occupation of the father, the full name and maiden name of the mother, the number of children born to such mother, and whether the child be the first, second, third or other child born to such mother, the sex, color, the full name and occupation in the family of the person making the return, and the time of birth of each and every child born in each month to the office of the Commissioner of Vital Statistics, on or before the fifth day of the month next following; and no other or further certificate or record of the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, in the manner and form aforesaid, and every such physician or practitioner of midwifery, in the manner aforesaid, who shall neglect or refuse to make the return of birth, in the manner and form aforesaid, and every such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other penalties are recoverable.

CITY OF BALTIMORE 1891

WM J C DULANY CO CITY PRINTERS AND STATIONERS



GIVEN NAME ADDED 6-8-56

RETURN OF A BIRTH A 31563.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Viola Culman Clark

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, June 17-91
4. Place of Birth, (Street and Number) 108 Francis st
5. Full Name of Mother, Irene Clark
6. Mother's Maiden Name, Irene Littell
7. Mother's Birthplace, Carroll Co.
8. Full Name of Father, John Clark
9. Father's Occupation, Car Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant or other person who makes this Return. L. F. Frey

Address, 108 Druid Hill Ave

Remarks, R. C. A. Doc

1891 0002783

CITY OF BALTIMORE

...month, and shall set forth as ... ascertained the full ... same ... of its parent ... name ... by ... petitioner in the form ... Commissioner ... child ... be in ... shall become due ... and ... in the manner and ... to comply with the ... to be recovered as other fines ... recoverable.

...ed to the fine of ten (10) ...

...98 J. C. SULLAVY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, June 17. 91.
4. Place of Birth, (Street and Number) 1828 W Pratt st.
5. Full Name of Mother, Mrs Whitehurst.
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, D. G. Haywood Fielding

Address, 622 W Lombard.

Remarks,

8 9 1 0 0 0 2 7 8 4

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 31066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c*.) II

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) W.
3. *Date of Birth*, June 17. 91.
4. *Place of Birth*, (*Street and Number*) 636 Dover st.
5. *Full Name of Mother*, Mrs Lynch.
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*, Md.
8. *Full Name of Father*,
9. *Father's Occupation*,
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return. Drs Hargrove & Spalding

Address, 622 W. Lombard St.

Remarks,

8910002785

[illegible] This schedule shall contain a list of the [illegible] under his or her care during the month, and shall set forth as far as the same can b[illegible] of each child, (if any shall have been conferred) its sex, color, the full name and o[illegible]e and place of birth; and the said schedule shall be delivered, duly signed by th[illegible]rtificate between the first and third day of each and every month to the office o[illegible]n case the birth of any child shall occur without the attendance of a physician or [illegible] should no other person be in attendance upon the mother, immediately thereafter [illegible] the person or parents of such child to report its birth to the Commissioner of Hea[illegible] the period above required, and any such person or persons who shall hereafter fail [illegible]ons of this section shall be subjected to the fine of ten (10) dollars for each offense, to [illegible]es and forfeitures are recoverable.

JUL 1891 [illegible] OF BAL[illegible]

[illegible] J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 3151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) W.
3. Date of Birth, June 18. 91
4. Place of Birth, (Street and Number) 622 N. Lombard.
5. Full Name of Mother, Fannie Mentzer
6. Mother's Maiden Name,
7. Mother's Birthplace, Penna.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Dr. W. Harrison Goldsborough

Address, 1100 Mun. Matinsville. Balt.

Remarks,

8 9 1 0 0 0 2 7 8 6

month, and shall set forth in such form as the same can be ascertained the name, sex, color, date and place of birth, full name and occupation of parents, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the limits of a city, the duty of reporting such birth shall devolve upon the person having charge of the mother at the time of the birth, and no other person be required to report its birth to the Commissioner of Health, in any such case. Any person or persons who shall hereafter fail to make such report as aforesaid, or who shall violate any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 31367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 13 1891 CITY OF BALTIMORE

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 19 June 1891
5. *Place of Birth, (Street and Number)* 162 Dolphin St
6. *Full Name of Mother,* Jennie Sopher
7. *Mother's Maiden Name,* Superstein
8. *Mother's Birthplace,* Russia
9. *Full Name of Father,* Sam. H. Sopher
10. *Father's Occupation,* Cigar maker
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Schuman

Address, 42 Albemarle St

Remarks,

1 8 9 1 0 0 0 2 7 8 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of each physician or midwife in attendance at the birth; and the said certificate shall be signed by the practitioner in the form of a certificate between the first and second births, and by the father or mother of every such child born after the second birth, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parent of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 19
4.	*Place of Birth, (Street and Number)*	1304 N. Mount St
5.	*Full Name of Mother,*	Eliza J Black
6.	*Mother's Maiden Name,*	Eliza J Graham
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Linda Black
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Penna
	Name of Medical Attendant, or other person who makes this Return.	A D Pole
	Address,	Madison cor Bloom St
	Remarks,	8910002788

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-9-55

RETURN OF A BIRTH A. 31569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Marie Gengenbach

No. of Child of Mother, (state whether 1st, 2d, 3d &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20 1891
4. Place of Birth, (Street and Number) 5162 P. P. Ave.
5. Full Name of Mother, Eliz. Gengenbach
6. Mother's Maiden Name, " Kraly
7. Mother's Birthplace, a.
8. Full Name of Father, Andrew —
9. Father's Occupation, Dairy
10. Father's Birthplace, a —

Name of Medical Attendant, or other person who makes this Return. F. C. Brown

Address, 1713 Bank St.

Remarks,

1 8 9 1 0 0 0 2 7 8 9

BALTIMORE CITY HEALTH DEPARTMENT JUL 1891 CITY OF BALTIMORE

month, and shall set forth, as far as the same can be ascertained, the information required under the other cure during the said schedule shall be delivered to the child's parents, or to the person in charge of the child, and the child to report its birth to the Commissioner of Health. In case the birth of such child shall occur on the day of each and every month to the Commissioner of Health, and the attendance upon all the attendance of a physician, midwife, nurse or other person, he shall have such person or persons who shall have been employed with the provisions of this section shall, for each offense, be liable and subject to the fine of ten dollars for each offense.

THE J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, within thirty days after the birth of each child. The attendance of a physician or midwife at any birth shall be prima facie evidence that he or she was in charge. In the absence of such attendance upon the mother, immediately thereafter it shall be the duty of the father or parents of such child to report its birth to the Commissioner of Health, in the manner above required, and any such father or parent who shall neglect or refuse to make such report shall be guilty of a misdemeanor, and subject to a fine of ten dollars for each offense, to be recovered in the name of the State of Maryland for the use of the City of Baltimore, and all fines and penalties hereby imposed shall be recoverable

CITY OF BALTIMORE 1891

No.	*of Child of Mother. (state whether 1st, 2d, 3d, &c.)*	~~2~~ 3
	Sex, (state whether male or female)	Male
	Race or Color. (if not of the white race)	White
	Date of Birth.	20 June 1891
4.	*Place of Birth. (Street and Number)*	112 E Eight St
5.	*Full Name of Mother.*	Rebecca Velenic
6.	*Mother's Maiden Name.*	Rosenberg
7.	*Mother's Birthplace.*	Russia
8.	*Full Name of Father.*	Joseph Velenic
9.	*Father's Occupation.*	Printer
10.	*Father's Birthplace.*	Russia
	Name of Medical Attendant, or other person who makes this Return,	E. Schepman
	Address.	42 Albemarle St
	Remarks.	8910002790

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31571.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21st June 1891
4. *Place of Birth, (Street and Number)* 119 Green St
5. *Full Name of Mother,* Bessy Sher
6. *Mother's Maiden Name,* Robinowitch
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob Sher
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E Schermer

Address, 42 Albemarle St

Remarks,

0 9 1 0 0 0 2 7 9 1

mouth, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name and occupation of each parent, and the full place of birth; and the said schedule shall be delivered, duly signed by the person making the return, to the father or mother of such child, if any shall have been conferred; in his or her absence, to the person having charge of such child; and the said schedule shall be delivered, duly signed by the person making the return, to the father or mother of such child, if any shall have been conferred; in his or her absence, to the person having charge of such child; and the father or mother of such child, or person having charge of such child, shall procure a certificate of such birth from the Registrar of Vital Statistics, and present the same to the physician or person in charge of such institution, before the child shall be removed therefrom. The person or parents of such child shall report its birth to the Commissioner of Health, within the period above required, and in case where such birth occurs in a house, the person in charge of such house shall report the same within the time aforesaid. Any person who shall neglect to report such birth, or shall neglect to make the return required by this section, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than ten dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

315 77

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth. June 21th 1891

4. Place of Birth, (Street and Number) Washington St No 24

5. Full Name of Mother. Annie Jammerbacher

6. Mother's Maiden Name, Jammerbacher

7. Mother's Birthplace, Germany

8. Full Name of Father, George Jammerbacher

9. Father's Occupation, Taylor

10. Father's Birthplace, German

Name of Medical Attendant, or other person who makes this Return. Mary Koflin

Address, No 205 N Washington.

Remarks, 8910002792

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

A. 31573. (aa)

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, 22nd June 1891

Place of Birth, (Street and Number) 16 S. W. Front St

5. *Full Name of Mother,* Roza (Levinsky) Levin

6. *Mother's Maiden Name,* Dambowitch

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Isaac (Levinsky) Levin

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Schiemann

Address, 42 Albemarle St

Remarks, 8910002793

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its [illegible] and place of birth; and the said schedule shall be delivered, duly signed by the practitioner [illegible] between the first and third day of each and every month to the office of the Comm[illegible] the birth of any child shall occur without the attendance of a physician or prac[illegible] no other person be in attendance upon the mother, immediately thereafter it sh[illegible] or parents of such child to report its birth to the Commissioner of Health. [illegible] above required, and any such person or persons who shall hereafter fail to [illegible] with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT CITY OF BALTIMORE JUL 1891

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

L. 3157 J

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 June 1891
4. Place of Birth, (Street and Number) 1 Bright St
5. Full Name of Mother, Mary Ann Lyons
6. Mother's Maiden Name, " " Reilly
7. Mother's Birthplace, Baltimore Co. Md.
8. Full Name of Father, John Joseph Lyons
9. Father's Occupation, Laborer
10. Father's Birthplace, Private " Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 42 Albemarle St

Remarks,

8910002794

CITY OF BALTIMORE STATE DEPARTMENT OF HEALTH 1891

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 3157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 25th 1891
4. *Place of Birth, (Street and Number)* Durham St No 515
5. *Full Name of Mother,* Marie Kopecka
6. *Mother's Maiden Name,* Kopecka
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Franz Kopecka
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Kafka

Address, No 265 N. [illegible]

Remarks,

8910002795

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. E 31576.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) ~~Male~~ Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2nd 01.
4. Place of Birth, (Street and Number) 2311 Penna Ave
5. Full Name of Mother, Anna Mengel
6. Mother's Maiden Name, Annie Klages
7. Mother's Birthplace, Balto
8. Full Name of Father, Fred. Mengel
9. Father's Occupation, ~~Butcher~~ Bacon Dealer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, A. C. Pole

Address, 512 W. Cr Madison Ave & Biddle

Remarks, 8910002796

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) —

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, June 22. 81
4. Place of Birth, (Street and Number) South Howard st bet Montgomery
5. Full Name of Mother, Martha Blake
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation.
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Dr. Hargrove & Spalding

Address, 632 W Fayette

Remarks,

6 9 1 0 0 0 2 7 9 7

month, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name and residence of the parents, and the date of birth of each child born alive; and the said schedule shall be delivered, duly signed by the Coroner or Physician or other person attending at the birth, to the Commissioner of Health within the period above required, and a certificate between the first and third day of each and every month. In case the birth of any child shall occur without the presence of a physician or other person attending at the birth, or should no other person be present, then it shall be the duty of the mother, immediately thereafter, to report such birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect to report as aforesaid, or shall refuse to furnish the information required, or shall furnish false information, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THE CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31578.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	C.
3. *Date of Birth,*	June 24. 11.
4. *Place of Birth, (Street and Number)*	622 N. Fouland
5. *Full Name of Mother,*	Mary Tinsley
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Dr. Margaret Golding.
Address,	Md Univ Maternity Balto.
Remarks,	

1891 0002798

month, and shall set forth as far as the same is ascertainable, the full name, sex, color, date and place of birth, and the name, sex, color, and birthplace of the parents of each child, if any shall have been conferred) its sex, color, the full name, sex, color, date and place of birth, and the name, sex, color, and birthplace of the parents of each child, if any shall have been conferred; and the said officer shall enter each and every month to the office of the Board of Health a certificate between the first and fifth days of each month, stating the number of births which have occurred in his district during the preceding month, and the names of the persons reporting the same. In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the mother within the period above required, and such mother or in case she is unable to do so, then it shall be the duty of the person occupying the house in which the birth occurred, within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 31579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 24th 1871.
4. Place of Birth, (Street and Number) Chapel St N 233.
5. Full Name of Mother, Maria Heffan
6. Mother's Maiden Name, Heffan
7. Mother's Birthplace, Germany.
8. Full Name of Father, William Heffan
9. Father's Occupation, Pay Carl
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Koffis

Address, N. 205 N Washington

Remarks, 6910002799

RECEIVED MAR 1871 REGISTRAR OF VITAL STATISTICS CITY OF BALTIMORE

Any Medical Attendant or other person who shall neglect or refuse to make a return of any birth, with the name and residence of the parents, and the date and place of birth, and the said schedule shall be delivered by the Registrar of Vital Statistics, or his duly appointed agent, to the Medical Attendant or other person who shall attend the birth of each and every month thereafter, and the Medical Attendant or other person who shall attend the birth shall return the said schedule within ten days after the birth occurs. In case there is no Medical Attendant or other person in attendance at the birth, it shall be the duty of the father or mother of every child born in the City of Baltimore, or the person or persons having charge of such child, to report its birth to the Registrar of Vital Statistics, or his duly appointed agent, within ten days after the birth occurs, and to furnish the information required by this section, and in the manner and form prescribed by the Registrar of Vital Statistics, with the approval of the Board of Health. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered before any court of competent jurisdiction, and forfeitures are recoverable as other debts are by law.

1871 J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

315 80

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth.	24 June 1891
Place of Birth, (Street and Number)	141 Little Mc Elderry
5. *Full Name of Mother.*	Eda Waserkrug
6. *Mother's Maiden Name.*	Katz
7. *Mother's Birthplace.*	Prussia
8. *Full Name of Father.*	Jacob Waserkrug
9. *Father's Occupation.*	Presser
10. *Father's Birthplace.*	Prussia
Name of Medical Attendant, or other person who makes this Return,	E. Scherman
Address.	42 Aisquith St
Remarks.	1891 0002800

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 3158.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, June 25. 91.

4. Place of Birth, (Street and Number) 622 W. Lombard. (Hospital)

5. Full Name of Mother, Estelle Brown

6. Mother's Maiden Name,

7. Mother's Birthplace, Md.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Dr. Longnecker

Address, Md Univ Maternite

Remarks, 8 9 1 0 0 0 2 8 0 1

month, and shall set forth as far as the name can be ascertained, the full name and residence of the parents of such child, if any shall have been conferred, all the particulars required by the provisions of this article to be recorded in the office of the Commissioner of Health, and the day of the person or parents reporting such birth to the Commissioner of Health, in the manner and within the period above specified, and said schedule each and every month, of a physician or midwife who shall become the attendant upon a birth which shall occur without the latter, immediately after the same, with the particulars required to be recorded in relation thereto. If any physician or midwife who shall be in attendance upon a birth to the Commissioner of Health, in the manner and within the period above specified, and shall hereafter fail to comply with the provisions of this section, or any person or persons who may be required to report such birth to the Commissioner of Health, in the manner and within the period above specified, and shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 4-27-56

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Charles Campbell / 1st Reinhardt

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth ~~June 27/91~~ May 15, 1891
4. Place of Birth, (Street and Number) 720. Ausgusta St.
5. Full Name of Mother, Philomena. Reinhardt.
6. Mother's Maiden Name, Philomena Campbell
7. Mother's Birthplace, Balto City.
8. Full Name of Father, Wm H. Reinhardt.
9. Father's Occupation, Merchant.
10. Father's Birthplace, Jno Leonambers

Name of Medical Attendant, or other Person who makes this Return. Dr 709 N Eutaw St

Address,

Remarks,

1891000028 02

CITY OF BALTIMORE

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 3158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
2. Sex, (state whether male or female) male
3. Race or Color, (if not of the white race) White
4. Date of Birth, 27 June 1891
5. Place of Birth, (Street and Number) Hessin Str 127
6. Full Name of Mother, Bessie Pachnowsky
7. Mother's Maiden Name,
8. Mother's Birthplace, Breslau Russia
9. Full Name of Father, Franz Pachnowsky
10. Father's Occupation, Teiller
11. Father's Birthplace, Breslau

Name of Medical Attendant, or other person who makes this Return. E. Klawonn M.D.

Address, 1177 E Lombard Str

Remarks, 8910002803

RECEIVED JUL 1891 CITY OF BALTIMORE REGISTRAR OF VITAL STATISTICS

How to obtain a Certificate. Any person desiring a certificate of birth, can be furnished with one by applying at the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and giving the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife. Certificates will be furnished only in cases where the birth has been registered, and will be delivered, duly signed by the practitioner in the form of a certificate, only on the presentation of a receipt for the fee. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the father or mother of such child, or in case neither the father or mother be in the city, then the person having charge of such child, within ten days after the birth, to report the same to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and in default thereof shall be subjected to a fine of ten dollars. Any person who shall hereafter fail to report the birth of any child as required by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

888. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A. 3153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28th 1891
4. Place of Birth, (Street and Number) Odeon Md 2037
5. Full Name of Mother, Carolina Eder
6. Mother's Maiden Name, Eder
7. Mother's Birthplace, German
8. Full Name of Father, William
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kelly

Address, No 205 N Washington

Remarks,

1891 00 02804

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

...ical conferred in sex, color, the full name and occ... ...shall be delivered, duly signed by the ... ...third day of ... ...shall occur without the limits of the ... ...attendance upon the mother. Blanks of a physician ... ...any such report to... birth to the Commissioner thereof ... ...persons who shall hereafter ... ...Jectel to the fine of ten (10) dollars for each offense. ... ...and forfeitures are recoverable

CITY OF BALTIMORE

RETURN OF A BIRTH.

31580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT CITY OF BALTIMORE 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

3. Date of Birth, 28 June 1891

4. Place of Birth, (Street and Number) 248 Spring St.

5. Full Name of Mother, Mole Rabenowitz

6. Mother's Maiden Name, Sacks

7. Mother's Birthplace, Sackroy Russia

8. Full Name of Father, Mosses Rabenowitz

9. Father's Occupation, Tailler

10. Father's Birthplace, Grodno Russia

Name of Medical Attendant, or other person who makes this Return. E Klawansky

Address, 1127 E Lombard St.

Remarks,

8910002805

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3 3158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29th June 1891
4. Place of Birth, (Street and Number) 30 S. Hugh St
5. Full Name of Mother, Fannie Krulewitch
6. Mother's Maiden Name, Fannie Krulewitch
7. Mother's Birthplace, New York
8. Full Name of Father, Isee Krulewitch
9. Father's Occupation, Clothing Manufacturer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Eli Scherman

Address, 42 Albemarle St

Remarks,

8910002806

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH No. 31557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	June 30. 91.
4. *Place of Birth, (Street and Number)*	622 W. Lombard (Hospital)
5. *Full Name of Mother,*	Nannie Miles
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Dr. Hargrove Hotchkiss
Address,	Md. Univ. Maternité
Remarks,	

1891000280 7

...mon to all persons in the same ... name of each child. If any child ... the date and place of birth, and the ... a certificate between the first and ... In case the birth of any child ... after the ... or if any person ... duty of the person or parents of such ... within the period above required, and ... visions of this section shall be sub- ... fines and forfeitures are recoverable.

...OF BALTIMORE...

...CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

3138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1322 Eutaw St
4. Place of Birth, (Street and Number) June 5th 1891
5. Full Name of Mother, Madylenn Neale
6. Mother's Maiden Name, " " Griffith
7. Mother's Birthplace, Md
8. Full Name of Father, Vivian H. Neale
9. Father's Occupation, Salesman
10. Father's Birthplace, Charles Co Md

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 319 N. Monument St

Remarks,

8 9 1 0 0 0 2 8 0 8

month and shall set forth as far as the same can be ascertained the full name, residence, color, sex, date and place of birth; and the name and birthplace of the parents of such child; and the occupation of the father; and the name and place of birth; and the name and residence of the attending physician, midwife or other person who shall have been present at the birth; and the said schedule shall be delivered, duly signed by the person making the same, to the Registrar of Vital Statistics, and a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, that no birth has occurred in the family or household of such person, or that the same has been reported, as the case may be; and every person who shall be in charge of any house, tenement or lodging in which a birth shall occur within the first ten days after the occurrence thereof, shall, within the first ten days after the occurrence of such birth, report the same to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the penalties provided for the violation of the same. Jeciel tu the five of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A31559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, June 6 1891
4. Place of Birth (Street and Number), 1042 Penna Ave
5. Full Name of Mother, Clara R. Grotaker
6. Mother's Maiden Name, Saunders
7. Mother's Birthplace, St Mary Co Md
8. Full Name of Father, Edward J. Grotaker
9. Father's Occupation, Dealer in Paints &c
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Edward H. Condon MD

Address, 1102 Co Fayette St

Remarks, 8 9 1 0 0 0 2 8 0 9

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex,* (*state whether male or female*) Boy
2. *Race or Color.* (*if not of the white race*) White
3. *Date of Birth,* June 15th 1891
4. *Place of Birth,* (*Street and Number*) 2410 St Paul St.
5. *Full Name of Mother,* Mary Garrett Harrison
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Catonsville Baltimore Co Md
8. *Full Name of Father.* John Carter Harrison
9. *Father's Occupation.* Agt. Royal Insurance Co
10. *Father's Birthplace.* New Orleans La

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 219 W. Monument St

Remarks,

8910002810

month, and shall set forth as far as the same may be ascertained by reasonable inquiry, the name and place of birth, and the legal settlement, name, age, birthplace, residence, and occupation of each parent of such child, and such other information as may be required by said schedule. Every person who shall refuse or neglect to make the return required by this section, or who shall wilfully make a false return, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars, or by imprisonment in the city jail not exceeding thirty days, or by both fine and imprisonment, in the discretion of the court. Every physician, midwife, or other person having charge of any woman during childbirth, and every undertaker or other person who shall bury or assist in burying the body of any child, shall be liable to the penalties prescribed in this section for neglect or refusal to make the return required of parents, unless such return shall have been previously made. Every person who shall refuse or neglect to report the birth of any child within the time prescribed by this section shall be subject to the payment of a fine of ten dollars for each offense, to be collected before any justice of the peace of this city, in the manner that other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 29th 1891
4. Place of Birth, (Street and Number) 769 Mulberry St
5. Full Name of Mother, Louisa Wallet
6. Mother's Maiden Name, Louisa Reese
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Walter
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Susan Shuster

Address, 23 N Poppleton St

Remarks, 8911000281 1

BY J. C. DULANY CO CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name of the mother, her maiden name, her birthplace, the full name, occupation and birthplace of the father, the date and place of birth, and the name and address of the medical attendant, or other person who makes the return; and a certificate between of any child shall neglect to report its birth to the office of Registrar of Vital Statistics, or should no other person be in attendance upon the mother, immediately after birth, any person who shall have the duty of the person or parents of such child to report its birth to the office of Registrar of Vital Statistics, who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

A 31592

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 30th 1891
4. Place of Birth (Street and Number)	605 North Ave
5. Full Name of Mother	Ida Carter Lamb
6. Mother's Maiden Name	Ida Carter
7. Mother's Birthplace	Carroll Co Md
8. Full Name of Father	John Lamb
9. Father's Occupation	Clerk in P.O.
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Thos. F. McCormick M.D.
Address	1421 Eutaw Place
Remarks	

6 9 1 0 0 0 2 8 1 2

advise us the birth of any child, within th[illegible] of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly [illegible] date of birth, sex and color of the child or children born, its or their physical condition, whether [illegible] full name, nativity, and residence of the parents, and the maiden name of the mo[illegible] or children.

BALTIMORE CITY HEALTH DEPT. 1891

RETURN OF A BIRTH A 31597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 25-1891
4. *Place of Birth, (Street and Number)*	625 Hanover St
5. *Full Name of Mother,*	Bettie Pittington
6. *Mother's Maiden Name,*	Hank
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Edw Pittington
9. *Father's Occupation,*	Commercial Merchant
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return	C C Lurie
Address,	602 Hanover St.
Remarks,	

8910002813

been conferred its sex, color, the full name and occ... said schedule shall be delivered by the ... shall occur in each and every month to the ... attendance upon the mother thereafter ... child to report its birth to the Commissioner ... jected to the fine of ten (10) dollars for each offence, to be ... and forfeitures are recoverable.

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-19-56

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Amelia Dorothea ~~Theresa~~ 3rd Weis

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 29 1891
4. Place of Birth, (Street and Number) Robert St.
5. Full Name of Mother, Amelia C. Weis
6. Mother's Maiden Name, Amelia D. Langmaid
7. Mother's Birthplace, Md.
8. Full Name of Father, Theo P. Weis
9. Father's Occupation, Grocer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, A. Okeefe

Address, Mercer & Hilton

Remarks,

8910002814

month and shall set forth as fully as the same can be ascertained the full name, sex, color, date and place of birth, and parentage of each child born within the district during the month, and the full name, age, color, birthplace and residence of the parents of each child whose birth has been registered during the month, and the date of registration. Such return shall be made upon blanks furnished by the Commissioner of Health, and shall be delivered, duly signed by the person making the same, at the office of the Registrar of Vital Statistics within ten days after the end of the month to which said schedule shall relate. Such return shall also contain a certificate between the first and third day of each and every month to the effect that the Registrar has received a certificate of birth for each child reported by said return as having been born during the month to which said return relates, or that no birth occurred during said month which has not been reported. In case the birth of any child shall occur upon the premises occupied by the parents of such child, or in case the birth occurs elsewhere than upon such premises, and the parents or either of them shall be present at the birth, it shall be the duty of the person or persons of such family to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 31576.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 30 91
4. *Place of Birth, (Street and Number)* 156 McCulloh St
5. *Full Name of Mother,* Mary Blakely
6. *Mother's Maiden Name,* Mary Marshall
7. *Mother's Birthplace,* ~~Bal~~ Ireland
8. *Full Name of Father,* David Blakely
9. *Father's Occupation,* Car Conductor
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, A H Pole

Address, Madison ave & Bloom St

Remarks, 1 8 9 1 0 0 0 2 8 1 5

month, and shall set forth as far as the same is within the knowledge or belief of the informant the full name, residence, if any, and place of birth of the parents of the child, the full name and occupation of the father, and the full maiden name of the mother, and such other facts as may be required by the Commissioner of Health for the identification of the child. No report of birth shall be required to be made to the Registrar of Vital Statistics when a certificate of birth has been delivered to the Registrar of Vital Statistics, or when a report of birth has been made to the Registrar of Vital Statistics, as provided in this section. Any person who shall refuse or neglect to report any birth as required by this section, or who shall report any birth otherwise than as required by this section, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31596.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Name. William Peter Seippel

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3rd 1891
4. Place of Birth, (Street and Number) 5127 Sch Seippel
5. Full Name of Mother, Emma Sch Seippel
6. Mother's Maiden Name, Emma Sch Gabrio
7. Mother's Birthplace, Balto Seippel
8. Full Name of Father, Henry H. Seippel
9. Father's Occupation, Mine
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. J. C. Bitt

Address, 1210 Monument & cor. Central Ave.

Remarks, C H.

8 9 1 0 0 0 2 8 1 6

Sec. 2. And be it further enacted, That the same can be asserted in any court of law or equity in this State; and it shall be the duty of the State's Attorney for Baltimore City, upon the application of the Registrar of Vital Statistics, to institute proceedings for the recovery of the penalty aforesaid. Any midwife, physician or other person who shall have been in attendance upon any case of birth, shall, within ten days after the occurrence of such birth, make out a certificate of the same, and deliver the same to the parent or head of the family in which such birth occurred, or in case the birth occurred in a hospital, or other institution, to the superintendent or other officer thereof, which certificate shall contain the name, if any child, the sex, the color, the date of birth, the place of birth, the full name of the mother, her maiden name, her birthplace, the full name of the father, his occupation and birthplace, the name of the medical attendant or other person who makes the return, his address and such remarks as may be required by the Board of Health. Every such certificate shall be delivered, duly signed by the practitioner or person in charge, to the Registrar of Vital Statistics, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or head of the family in which such birth occurred, or the superintendent or other officer of a hospital or other institution in which such birth occurred, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 31097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 1 1891
4. *Place of Birth, (Street and Number)* #424 Dallas St.
5. *Full Name of Mother,* Lottie Thurston
6. *Mother's Maiden Name,* Lottie Davis
7. *Mother's Birthplace,* Ft Carolina
8. *Full Name of Father,* H. Thurston
9. *Father's Occupation.* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Dr C. Butler

Address, 1245 E Lanvale St.

Remarks, One Child.

1 8 9 1 0 0 0 2 8 1 7

month, and shall set forth as far as the name [illegible] ...ber 11, the date of each child, if any shall have been conferred) its sex, color, the full name and ... parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the ... or in the case of a certificate between the first and the [illegible] day of each month of the year ... the case the birth of any child shall occur within the interval ... one month before the time of the attendance upon the mother, immediately ... of the person or parents of such child to report its birth to the Commissioner of ... within the period above required, and any such person or persons who shall hereafter ... provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to ... other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 6 1891
4. Place of Birth, (Street and Number) 1513 Mc
5. Full Name of Mother, L. Hyatt
6. Mother's Maiden Name, L. Chandler
7. Mother's Birthplace, Balto
8. Full Name of Father, W. Hyatt
9. Father's Occupation. Waiter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. G. C. Bitz

Address, 1215 E Monument St.

Remarks, Col Ped

1 8 9 1 0 0 0 2 8 1 8

CITY OF BALTIMORE 1891

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of each parent, the date and place of birth; and the said return shall be delivered, duly signed by the attending physician or midwife, or in case there shall be no such attendance upon the mother, immediately by the father of such child, or the householder of the house in which such child shall occur without the attendance of a physician or midwife, to the Commissioner of Health. In case the birth is of a still-born child, the said return shall be made in like manner, except that the word stillborn shall be written across the face thereof, and no certificate of burial shall be required. Any physician or midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31599.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* June 8 91
4. *Place of Birth, (Street and Number)* 1512 Eastern Ave
5. *Full Name of Mother,* D. Claude
6. *Mother's Maiden Name,* L. Cain
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Emory [illegible]
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. H. C. Bull

Address, 1245 E. Monument St

Remarks, Co Visit

1 8 9 1 0 0 0 2 8 1 9

month, and shall set forth as far as the same can be ascertained, the full name, residence and occupation of each parent, the sex, color, the full name and residence of the physician, midwife or other person who shall have been present at the birth, and the day of the month and year when such birth occurred. Such return shall be made in duplicate on blanks furnished by the Registrar, and shall be delivered, duly signed by the practitioner in charge or other person required to make the same, at the office of the Commissioner of Health, or mailed thereto, within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur in the absence of any physician or practitioner in charge, or other person required to make such return, it shall be the duty of the parent or parents of such child, or the person in charge of the house in which such child was born, within ten days after the birth of such child, to report its birth to the Commissioner of Health, in the manner above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31600.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT CITY OF BALTIMORE JUL 11 1891

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, June 14 1891
5. Place of Birth, (Street and Number) 112 Cross
6. Full Name of Mother, L Gould
7. Mother's Maiden Name, A. Gould
8. Mother's Birthplace, Baltimore
9. Full Name of Father, 6 Gould
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. Butler

Address, 1205 E. Monument St.

Remarks, Dec Live

8910002820

months and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive) the sex, color, full name of the parents, the date and place of birth, and the number (if any) of children of the mother born alive before the birth to which the return relates. The practitioner in the form of a certificate to the birth of any child said schedule shall be delivered, within ten days after the birth, to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period aforesaid. And the person who shall be in attendance at the birth of any child to report its birth to the City Health Department as aforesaid, shall become the duty of the person or parents of such child to report the same within the time aforesaid, in the manner and within the period aforesaid. And the person who shall be in attendance upon the mother, immediately thereafter, in the manner and within the period aforesaid, shall be liable to the penalties hereinafter prescribed for the neglect of the parent or parents of such child to report its birth to the City Health Department as aforesaid, and the person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

3160

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 12th 1891
4. Place of Birth, (Street and Number) 1124 Franklin St
5. Full Name of Mother Annie Craig
6. Mother's Maiden Name Hooper
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Danl. G. Craig
9. Father's Occupation Saloon Keeper
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. James Bacon M.D.

Address 322 N. Charles St.

Remarks

8 9 1 0 0 0 8 2 1

CITY OF BALTIMORE

1891

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, name and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A 31602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* Colored
4. *Date of Birth,* June 18 91
5. *Place of Birth, (Street and Number)* 1198 Eutaw st
6. *Full Name of Mother,* C. Isadora
7. *Mother's Maiden Name,* A. Diuet
8. *Mother's Birthplace,* Balto.
9. *Father's Occupation,* H. Matis
10. *Father's Birthplace,* Baker
    Germany

Name of Medical Attendant, or other person who makes this Return. H. C. Bell.

Address, 1158 Monument.

Remarks, Ill. Pat.

1891 0002822

CITY OF BALTIMORE

been conferred) the sex, color, the full name and occupation of its parents, the place of birth; and the said schedule shall be delivered month to the office of the Commissioner of Health, within the first week of the third month thereafter; and any person who shall neglect or refuse to report such birth as aforesaid, or who shall hereafter fail to comply with any and every provision of this Ordinance, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

1891. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31603.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 20 1903
4. *Place of Birth, (Street and Number)* 2339 Monument St
5. *Full Name of Mother,* J Zella
6. *Mother's Maiden Name,* M Forster
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* H Zella
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. M a Bott

Address, 2240 E Monument St.

Remarks, All Well

1 8 9 1 0 0 0 2 8 2 3

been conferred in case of the failure of the father, the duty of reporting the birth shall devolve upon the person having charge of the child, and any such person who shall have said child shall, before the end of the first month after the birth, fail to report the same, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offense; and the third day of each and every month to the office of the Commissioner of Health, the name, residence and occupation of the parents, the sex, color, the day, month and year of birth; and the shall occur without the attendance of a physician or practitioner of midwifery, it should no other person be in a similar way to report the birth to the Commissioner of Health. Immediately hereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, the name, residence and occupation of the parents, the sex, color, the day, month and year of birth; and the any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	June 20th
Place of Birth, (Street and Number)	1108 Myrtle ave.
Full Name of Mother	Christine Wayforth
Mother's Maiden Name	" Zeue
7. Mother's Birthplace	Balto.
8. Full Name of Father	Charles Wayforth
9. Father's Occupation	Merchant Tailor
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return	C. L. Baddenhurst
Address	418 S. Paca st.
Remarks	8910002824

CITY OF BALTIMORE

...ING, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

31605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex.* (state whether male or female)	Female
2. *Race or Color.* (if not of the white race)	White
3. *Date of Birth.*	22d June 1891
4. *Place of Birth.* (Street and Number)	1228 N. Stricker St
5. *Full Name of Mother.*	Jennie Rahn
6. *Mother's Maiden Name.*	Jennie Yingling
7. *Mother's Birthplace.*	Carrol Co
8. *Full Name of Father.*	Henry A Rahn
9. *Father's Occupation.*	Clerk
10. *Father's Birthplace.*	Baltimore Md.
Name of Medical Attendant. or other Person who makes this Return	Margaret Bacon M.D.
Address.	322 N. Charles St.
Remarks.	

8910002825

...E & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31606.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twin

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 21 1891

4. Place of Birth, (Street and Number) 1158 E Fayette St

5. Full Name of Mother, Barbara E Koelsch

6. Mother's Maiden Name, Kaltz

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Charles H Koelsch

9. Father's Occupation, Beer Driver

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr Edmonds

Address, 6 E Eager St

Remarks, 8910002826

GEO. PAGE, BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 11-1-51

RETURN OF A BIRTH. A 3107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Grace Marguerite Hogendorp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white.
3. Date of Birth, June 4 1891
4. Place of Birth, (Street and Number) 860 W. North Ave.
5. Full Name of Mother, Mrs Grace Hogendorf
6. Mother's Maiden Name, Black
7. Mother's Birthplace, Md.
8. Full Name of Father, Chas. Hogendorf.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. G Lane, Taneytell.

Address, 1103 Madison Avenue

Remarks,

8910002827

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31,608.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, June 8, 1891.
4. Place of Birth, (Street and Number) 525 Presstman St.
5. Full Name of Mother, Mary C. Meagher
6. Mother's Maiden Name, Schott.
7. Mother's Birthplace, Md.
8. Full Name of Father, John Meagher
9. Father's Occupation, Supt. Streets
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. G. Laine Taneytown

Address, 1103 Madison Avenue

Remarks,

1891 0002828

been conferred) its sex, color, the full name and occupation of its parents, the date of birth, and the said schedule shall be delivered by the midwife or other person in attendance upon the birth to the parent or other person having charge of the child, and the same shall be signed by the parent or other person in charge of the child. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or other person in charge of the child shall report its birth to the Commissioner of Health, in the manner above provided, within ten days after the occurrence of such birth. Immediately thereafter it shall be the duty of the Commissioner of Health to comply with the provisions of this section as to any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. B 31609.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first child
1. *Sex, (state whether male or female)*	a Male
2. *Race or Color, (if not of the white race)*	Race of Colurt
3. *Date of Birth,*	June the 8 1941
4. *Place of Birth, (Street and Number)*	No 418 Baltor alley
5. *Full Name of Mother,*	Maggie Cail
6. *Mother's Maiden Name,*	Maggie Parker
7. *Mother's Birthplace,*	Caln County Va
8. *Full Name of Father,*	henry Cail
9. *Father's Occupation,*	he Work in a drug Store
10. *Father's Birthplace,*	Barth Eastern Shore M d
Name of Medical Attendant, or other person who makes this Return.	Mary Cathion Jones
Address,	1121 Sartoger St
Remarks,	1891000 2829

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the attendant, to the Registrar of the district, within the first and third days of each and every month, to the office of the Commissioner of Health, and the Registrar within whose district the birth of any child attendance upon such birth, or the parent or parents of such child to report its birth to the Commissioner of Health, as herein required, shall forfeit to the use of the City of Baltimore the sum of ten (10) dollars for each offense, to be recovered, with costs, in the manner prescribed by law for the recovery of penalties and forfeitures.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-8-56 A 31610

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ralph Moliere St. Martin
2. Sex, (state whether male or female) male
3. Race or Color, (if not of the white race) White
4. Date of Birth, June 8, 1891
5. Place of Birth, (Street and Number) 1129 Bolton St.
6. Full Name of Mother, Martha F. St. Martin
7. Mother's Maiden Name, Dadders
8. Mother's Birthplace, Md.
9. Full Name of Father, J. Hepburn St. Martin
10. Father's Occupation, Commission Business
11. Father's Birthplace, Louisiana

Name of Medical Attendant, or other person who makes this Return. G. Lane Taneyhill

Address, 1103 Madison Avenue

Remarks, + 8 9 1 0 0 0 2 8 3 0

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3,611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16th 1891
4. Place of Birth, (Street and Number) 1604 E. Preston St
5. Full Name of Mother, Ella E. Pitt
6. Mother's Maiden Name, Benson
7. Mother's Birthplace, 5th District Balt Co. Md.
8. Full Name of Father, Henry S. Pitt
9. Father's Occupation, Machinist
10. Father's Birthplace, Dover Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. McFee

Address, 602 N. Carey St

Remarks, 8911000283 1

been conferred by law, the full name and occupation of each parent, the date and place of birth, and the name of each child so born, and within five (5) days after the birth of each and every child any person required as aforesaid to report the birth shall report the same to the Registrar of Vital Statistics, Board of Health. In case the first and attendance of a physician or midwife at any birth, the parent or parents, or other person residing in the house or having charge of such child to report as herein required, immediately thereafter shall report the fact, and in like manner and within the like time, to the Registrar of Vital Statistics, Board of Health, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A. 3167.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 17
4. Place of Birth, (Street and Number) 1926 pennsylvania ave
5. Full Name of Mother, Jennie Diggs
6. Mother's Maiden Name, Jennie Hopper
7. Mother's Birthplace, Germany
8. Full Name of Father, Edward Diggs
9. Father's Occupation, Brick Mason
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Ida Fidler

Address, 602 Gold St

Remarks,

1891000 2832

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 18
4. *Place of Birth, (Street and Number)* Cary 1609
5. *Full Name of Mother,* Alberta Dilke
6. *Mother's Maiden Name,* Alberta Smith
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* William Dilke
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Dr Pike

Address, Cary & Lee St

Remarks,

1891 U 0002833

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

3/2/14.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child
Male

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 17, 1871
4. *Place of Birth, (Street and Number)* 108 Handsley
5. *Full Name of Mother,* Sofia ~~Hy~~ Tilary
6. *Mother's Maiden Name,* Sofia Myers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Troy Tilary
9. *Father's Occupation,* Bartender
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. M. K. Cashby

Address, 213 E. Hollins St

Remarks, Troy Hall

18910002834

been conferred) its sex, color, the full name and occupation of its parents, ... and the ... and the said attending physician or midwife shall deliver, within ... days after the birth, to the office of the Commissioner ... the first and third days of each month, the attendance of a physician or practitioner of midwifery upon the mother, immediately thereafter. If the mother and within the period above required, and ... attendance upon the mother, immediately thereafter. If the mother and within the period above required, and ... child to report its birth to the Commissioner hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3/16/13.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* June 2d 1891
4. *Place of Birth, (Street and Number)* 873 N. Howard St.
5. *Full Name of Mother,* Elizabeth M. Houck
6. *Mother's Maiden Name,* Heilman
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* John J. Houck
9. *Father's Occupation,* Fireman, City Fire Dept.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison Avenue

Remarks,

1891 0002835

been conferred) its sex, color, the full name and occ... name and place of birth; and the ...held accordingly shall be delivered, duly signed by ... the first and ... shall, within ... the office of the ... certificate between the first and ... attendance upon the ... in case the birth of any child ... child to report its birth to the Commissioner ... which person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31616.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22, 1891
4. Place of Birth, (Street and Number) 1013 Light St.
5. Full Name of Mother, Florence Barnes
6. Mother's Maiden Name, Florence Carlile
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charley Barnes
9. Father's Occupation. Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. R. Cassidy

Address, 213 E. Hoffman St

Remarks, Doing Well.

8 9 1 0 0 0 2 8 3 6

...ment conferred) its sex, color, the full name and occupation ... place of birth; and the ... date between the first and ... for each child born ... Health ... the birth of any child ... said schedule shall be every month to the office of the ... matter of neglect or refusal, or ... would in other respects ... third days of each ... ments of such ... all cases, with or without the attendance of a physician or midwife, the information required above required, and ... attendance upon the mother, Commissioner of Health, ... such ... child to report its birth to the Commissioner of Health, ... forfeitures are recoverable. ... any such person who shall hereafter fail to ... subjected to the fine of ten (10) dollars for each offense, to be ...

SEAL OF BALTIMORE CITY

BOARD OF HEALTH

1891

REGISTRAR OF VITAL STATISTICS

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female
2. Race or Color. (if not of the white race) White
3. Date of Birth, June 20, 1891
4. Place of Birth, (Street and Number) 1043 Mary's Alley
5. Full Name of Mother, Mary Cahill
6. Mother's Maiden Name, Mary Weinberg
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Cahill
9. Father's Occupation, Cooper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M L Eareley

Address, 213 E Hath St

Remarks, Young Well

1891 0002837

...been conferred; its sex; color; the full name and occupation of ... of birth; and the ... schedule shall be delivered, duly signed by the ... third day of each and every month to the office of the ... shall occur without the attendance of a physician or ... child to report its birth to the Commissioner of Health. In the ... any such person or persons who shall hereafter fail to comply with ... jected to the fine of ten (10) dollars for each offense, to be recovered ... BALTIMORE ... fines ate recoverible.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 31618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ... of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, June 20th 91
5. Place of Birth, (Street and Number) 117 N. Carey St
6. Full Name of Mother, Mary M. Riley
7. Mother's Maiden Name. Mary M. Robertson
8. Mother's Birthplace, Md
9. Full Name of Father, Frank P. Riley
10. Father's Occupation, Printer
11. Father's Birthplace, Pa

Name of Medical Attendant, or other Person who makes this Return. J. C. Skinner M.D.

Address,

Remarks,

8 9 1 0 0 0 2 8 3 8

CITY OF BALTIMORE JUL 13 1891

Murphy & Co., City Printers and Stationers.

A 38

[illegible] BIRTH.

To the [illegible] of Registrar of [illegible] Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) F

2. Race or Color, (if not of the white race) White

[illegible]ate of Birth, July 1 1891

Place of Birth, (Street and Number) Cor Francis & Clifton St

Full Name of Mother, Kate Bowen

Mother's Maiden Name, Kate Joyce

Mother's Birthplace, Balto Co

Full Name of Father, Henry T Bowen

9. Father's Occupation, Grocer

10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, O. C. Pole

Address, Madison Ave & Bloom St

Remarks, 8910002839

RETURN OF A BIRTH 31677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 1st 1891
4. *Place of Birth (Street and Number),* 220 N Eutaw st
5. *Full Name of Mother,* Georgiana DeFord
6. *Mother's Maiden Name,* Brady
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Thomas G. DeFord
9. *Father's Occupation,* Commercial traveller
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return. Wm Wright M.D.

Address, 220 N Gilmor St

Remarks,

1891 0002840

ferred), its sex, color, the full name and occupation of its parents, the date of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, or in attendance, to the said Commissioner of Health within ten days after the second and third day of each and every month, unless the child shall have died at an earlier date, in which case the said schedule shall be delivered as aforesaid within ten days after the death of such child; and all coroners, physicians or practitioners of midwifery, or other persons in attendance, shall be entitled to receive from the Commissioner of Health the sum of twenty-five cents for each birth reported to him as aforesaid; and any such person or persons who shall hereafter fail or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Williams Printing Co., City Printers and Binders

RETURN OF A BIRTH, A 3167

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 9 oclock AM July 1st 1891
4. *Place of Birth, (Street and Number)* 915 Canton St
5. *Full Name of Mother* Emma Rebecka Larrimore
6. *Mother's Maiden Name* E R Fowler
7. *Mother's Birthplace* Baltimore Co Md
8. *Full Name of Father* Benjamin Franklyn Larrimore
9. *Father's Occupation* Seaman
10. *Father's Birthplace* Kent Co

Name of Medical Attendant, or other Person who makes this Return. J E Prichard MD

Address 1010 Chesapeake St

Remarks Easy natural labor Both mother and son are doing well

0910002841

Hereafter, stating distinctly the date of birth, sex, and color ... child ... children ... within six days condition, whether still born or not, the full name, nativity, ... or their physical name of the mother of such child or children.

CITY OF BALTIMORE

A. 131679

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

Sex, (state whether male or female) male

Race or Color, (if not of the white race) Colored

Date of Birth, July. 1. 1891

Place of Birth, (Street and Number) 527. Eden. alley

5. Full Name of Mother, Jane. downs

6. Mother's Maiden Name, Jane. Owens

7. Mother's Birthplace, Prince. County. Md.

8. Full Name of Father, James downs

9. Father's Occupation. Laborer.

10. Father's Birthplace, west River A.A.Co. Md.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mary Anne Mason

537 A 8 9 1 1 0 1 0 2 8 4 2

CITY OF BALTIMORE JUN 1891 REGISTRAR'S OFFICE

...the name and residence of each child. If any shall have ...been conferred) its sex, color, the full name and residence of its parents, the date and place of birth, and the ...shall neglect or refuse to do so, he shall forfeit and pay for every such neglect or refusal the sum of ten dollars; and the ...shall occur without the attendance of a physician or midwife, the parent or parents of such ...attendance upon the mother, immediately before the birth of such child, shall forfeit and pay for every such neglect to report its birth to the Registrar as aforesaid, the sum of ten dollars; and any person who shall hereafter fail to comply with the provisions of this section, ...jected to the fine of ten (10) dollars for each offense. to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 316 KC

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 1 1841
4. *Place of Birth, (Street and Number)* No 1324 Charles
5. *Full Name of Mother,* Amelia Cook
6. *Mother's Maiden Name,* Amelia Holmes
7. *Mother's Birthplace,* Baltimore City md
8. *Full Name of Father,* George Cook
9. *Father's Occupation,* Clerking
10. *Father's Birthplace,* Baltimore City md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Winter

Address, No 1422 Hanover Street

Remarks,

1891 0002843

said schedule shall be delivered, duly signed by the ... and place of birth; and the third day of each and every month to the office ... certificate between the first and ... attendance upon the mother ... or should no other person ... child to report its birth to the Commissioner of Health ... of the person or parents of such ... the period above required, and ... provisions of this section shall be ... jected to the fine of ten (10) dollars for each offense, to be ... other fines and forfeitures are convertible.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 31651.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* July 1 1896
4. *Place of Birth, (Street and Number)* Baltimore 1332 Aberdeen st
5. *Full Name of Mother,* Martha Fletcher
6. *Mother's Maiden Name,* Martha Watcher
7. *Mother's Birthplace,* Eastern Shore Va
8. *Full Name of Father,* George Watcher
9. *Father's Occupation,* Labor man
10. *Father's Birthplace,* Eastern Shore Va

Name of Medical Attendant, or other person who makes this Return, Levina Mills

Address, 1443 Ward-st

Remarks,

8910002844

been conferred) the sex, color, the full name, occupation of parents, the date and place of birth; and the said schedule shall be delivered duly filled up to the person or persons in charge of the premises, in which the birth shall occur, at the time of the performance of the duty of the person or parents of such child to report the birth to the Commissioner of Health, as hereinafter provided. In case the birth of any child shall occur without the attendance of a physician, midwife, or any other person, then it shall be the duty of the person in charge of the premises in which the birth shall occur, at the time of the performance of such attendance upon the mother, immediately to procure from the parents of such child the information required by this section, and to report the same to the Commissioner of Health. Any person who shall refuse or neglect to report the birth of any child, as required by this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 1 1891
4. *Place of Birth, (Street and Number)* Balto Dallas Dr near
5. *Full Name of Mother,* Florence Neal
6. *Mother's Maiden Name,* Florence Artis
7. *Mother's Birthplace,* Talbot Co Md
8. *Full Name of Father,* Charley Neal
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Benjamin Brooks

Address, 2[illegible] Eden Alley Baltimore

Remarks,

8 9 1 0 0 0 2 8 4 5

been conferred) to be given the full name and occupation of the father of such child, (if any shall have been named thereof,) and the full name and occupation of its mother, the age and place of birth; and the said schedule shall be delivered to the person required to make the return thereof, within the third day of each and every month to the office of the Registrar of Vital Statistics; and the time between the first and shall occur without the attendance of a physician or [illegible] should no other person be in charge of such child or mother, immediately thereafter it shall be the duty of the person or parents of such child to report the birth to the Registrar of Vital Statistics, and to furnish the particulars required by this section; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A31683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 1
4. *Place of Birth (Street and Number),* 730 Aisquith St.
5. *Full Name of Mother,* Mary Dietrich
6. *Mother's Maiden Name,* Busch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Dietrich
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Barbara

Address, 13 Montgomery St.

Remarks,

8910002846

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

B 3168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second V

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colored

Date of Birth, June 12th 1891

Place of Birth, (Street and Number) No 933 E Lee Place

Full Name of Mother, Sydney E Turner

Mother's Maiden Name, " " Anderson

Mother's Birthplace, Fredericksburg Va

Full Name of Father, James E Turner

Father's Occupation, Waiter

Father's Birthplace, King & Queen Co Va

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 624 Park Ave

Remarks,

1891 0002847

CITY OF BALTIMORE HEALTH DEPARTMENT JUL 13 1891

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the full name of the attendant, if any, and if there was no attendant, the person who shall first have knowledge of the birth of any child shall cause the same to be registered as herein required, and every person who shall refuse or neglect to report the birth of any child as aforesaid, or who shall report any false or untrue statement concerning the same, or who shall refuse or neglect to report the attendance upon the mother, or who shall report any false or untrue statement concerning the same, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not more than fifty dollars for each offense, and any person who shall hereafter fail to report the birth of any child as required by this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as aforesaid. All fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31680.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Juli 1 th

4. Place of Birth, (Street and Number). Capel St 516

5. Full Name of Mother, Anna Lutmy

6. Mother's Maiden Name, Anna Ebauer

7. Mother's Birthplace, German

8. Full Name of Father, Frank Lutmey

9. Father's Occupation, Laubermnn

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 1913 Easten av

Remarks,

8910002848

[illegible] the [illegible] sex, color, the [illegible] name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or [illegible] midwifery, or should no other person be in attendance upon the mother, immediately thereafter [illegible] duty of the person or parents of such child to report its birth to the Commissioner of [illegible] within the period above required, and any such person or persons who shall hereafter [illegible] comply with [illegible] provisions of this section shall be subjected to the fine of ten (10) dollars for each offense [illegible] be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT CITY OF BALTIMORE JUL 3 1891 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Michael J. Flynn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth
4. Place of Birth, (Street and Number) Hull St 208
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1891 0002849

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color. (if not of the white race) white
3. Date of Birth, 1 July
4. Place of Birth, (Street and Number) 1302 Holland St
5. Full Name of Mother, Emma Döley
6. Mother's Maiden Name, Sprick
7. Mother's Birthplace, Europe
8. Full Name of Father, Harry Döley
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs R. Ullig

Address, 1302 Holland St

Remarks,

8910002850

...een conferred) its sex, color, the full name and occupat[illegible] place of birth; and the said schedule shall be delivered, duly signed by the pr[illegible]ate between the first and third day of each and every month to the office of the Comm[illegible] in case the birth of any child shall occur without the attendance of a physician or p[illegible]d no other person be in attendance upon the mother, immediately thereafter it [illegible]rson or parents of such child to report its birth to the Commissioner of Health, [illegible] above required, and any such person or persons who shall hereafter fail to c[illegible] this section shall be subjected to the fine of ten (10) dollars for each offense, to be rec[illegible] forfeitures are recoverable.

1891 CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 & 5 dd Twins

1. Sex, (state whether male or female) Male & Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1st 1891
4. Place of Birth, (Street and Number) 520 Jefferson Ave. Waverly (City)
5. Full Name of Mother, Sarah L. Jones
6. Mother's Maiden Name, " " Martin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Eli V. Jones
9. Father's Occupation, Teamster
10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return. R. G. Rawlins M.D.

Address, Waverly Station Baltimore Md.

Remarks,

8910002851

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 31687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 1891 CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	1 July
4. Place of Birth, (Street and Number)	903 E Baltemore St
5. Full Name of Mother,	Libe Blumenthal
6. Mother's Maiden Name,	Libe Sneider
7. Mother's Birthplace,	Sadewe Russia
8. Full Name of Father,	Leiser Blumenthal
9. Father's Occupation,	Bigler Teiller
10. Father's Birthplace,	Sadewe Russia
Name of Medical Attendant, or other person who makes this Return,	E Klawansky
Address,	1177 E Lombard St
Remarks,	

1 8 9 1 0 0 0 2 8 5 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

ORIG. RCVD. APR 13 1953 6-6-50

RETURN OF A BIRTH A 31690

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First -- Emma A. McHolland
1. *Sex* (state whether male or female).	Female.
2. *Race or Color,* (if not of the white race)	White
3. *Date of Birth,*	First July
4. *Place of Birth,* (Street and Number)	317 S. Woodyear street.
5. *Full Name of Mother,*	Augusta E. McHolland
6. *Mother's Maiden Name,*	Augusta Elizabeth Mach.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Thomas McNeece McHolland.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Thorn.
Address,	1310 W. Pratt street.
Remarks.	

HEALTH DEPARTMENT OF BALTIMORE JUL 3 1918

8 9 1 0 0 0 2 8 5 3

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

31691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	Color
3.	*Date of Birth,*	July 1st 1891
4.	*Place of Birth, (Street and Number)*	738 Raborg st
5.	*Full Name of Mother,*	Idlia Tooney
6.	*Mother's Maiden Name,*	Idlia Smith
7.	*Mother's Birthplace,*	Farmsvill Va
8.	*Full Name of Father,*	James Tooney
9.	*Father's Occupation,*	Musichaner
10.	*Father's Birthplace,*	Baltimore Md
	Name of Medical Attendant, or other person who makes this Return,	Charlotte Williams
	Address,	910 Loadon-hall st
	Remarks,	five dollars

1 8 9 1 0 0 0 2 8 5 4

...ken conferred; its sex; color; the full name of each child, (if any); and the full name of each child, (if any) shall give said scientific shall be delivered; the day and hour of birth; and the ... the date and place of birth; and the ... of the ... in case it ... between the first and ... month; in case it ... between the first and ... shall occur without the attendance of a ... physician or midwifery, or should no other person ... child to report its birth to the Commissioner ... duty of the person or parents of such ... within the period above required, and ... any such person or persons who shall ... shall be subject to the fine of ten fifty dollars for each ... other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 31697.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 2-1897.
4. *Place of Birth, (Street and Number)*	129 Hanover St
5. *Full Name of Mother,*	Alice Goldsmith
6. *Mother's Maiden Name,*	" Mackin
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Wm Goldsmith
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	E. W. Lyle
Address,	602 Lancaster St
Remarks,	

8 9 1 0 0 0 2 8 5 5

J. C. BULAVY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th July 3. 1891
4. Place of Birth, (Street and Number) 522 South Ann St
5. Full Name of Mother, Annie Finn
6. Mother's Maiden Name, Annie Wight
7. Mother's Birthplace, America
8. Full Name of Father, James Finn
9. Father's Occupation, Stevedore work
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Ford

Address, 410 South Wolfe St

Remarks, 1891000285 6

Sec. 27. Be it further enacted, That the full name and residence of the physician or midwife in attendance upon any birth, and the sex, color, date and place of birth, and the name and residence of the parents, shall be written in said schedule and filed every month in the office of the Registrar of Vital Statistics; and the said schedule shall be delivered, duly signed by the physician or midwife in attendance upon the birth of any child in the city of Baltimore, or if there be no physician or midwife in attendance upon such birth, then by the father or mother of such child, or by the householder in whose house or premises such birth shall occur, within the first ten days of each month; and should no other person or persons be required, and shall refuse or neglect to report the birth of any child as required by this section within the period herein specified, he or they shall be liable to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recovered.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31647

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. ~~Race or Color (if not of the white race)~~	
3. Date of Birth	July 2nd 1891
4. Place of Birth (Street and Number)	1421 Eutaw
5. Full Name of Mother	Agnes S. McCormick
6. Mother's Maiden Name	Agnes Selden
7. Mother's Birthplace	Virginia
8. Full Name of Father	Thos. P. McCormick
9. Father's Occupation	Physician.
10. Father's Birthplace	Louisiana
Name of Medical Attendant, or other Person who makes this Return.	Thos. P. McCormick M.D.
Address	1421 Eutaw Place
Remarks	

8 9 1 0 0 0 2 8 5 7

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether born alive or dead, full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CITY OF BALTIMORE

RETURN OF A BIRTH. # 31693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 2d
4. *Place of Birth, (Street and Number)*	Balto. 671 W. Pratt St
5. *Full Name of Mother,*	Mary Elizabeth Baker
6. *Mother's Maiden Name,*	Doyle
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	William Henry Baker
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
Address,	23 N Poppleton St
Remarks,	8910002858

DEC 10 1891 BOARD OF HEALTH

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31696

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 4 1894 CITY OF BALTIMORE

3. *Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 Two before this birth
4. *(state whether male or female)* Male and Female (Twins)
5. *Race or Color, (if not of the white race)* White
6. *Date of Birth* 9.30 PM July 2d 1894
4. *Place of Birth, (Street and Number)* 3134 Elliott St
5. *Full Name of Mother* Mary Ellen Gay
6. *Mother's Maiden Name* Mary Ellen Nicholson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George L Gay
9. *Father's Occupation* Copper Smelter
10. *Father's Birthplace* Baltimore Co

Name of Medical Attendant, or other Person who makes this Return. J E Richardson MD

Address 1610 Chesapeake St

Remarks Eight-months gestation. The last one the Female was born breach first All Well & Doing Baby 5. All

thereafter, stating distinctly the date of birth, sex, and color of the child, whether born alive or dead, whether still born or not, the full name, nativity, residence, and occupation of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A 31697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 2d 1891
4. *Place of Birth, (Street and Number)*	2236 E. Biddle St
5. *Full Name of Mother.*	Mary Adele Fritel
6. *Mother's Maiden Name,*	" " Brooks
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	William S. B Fritel
9. *Father's Occupation,*	Agent
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return.	John Ayd M.D
Address,	1937 E. Monument St
Remarks,	

1891 0002860

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 2 cd 1891
4. *Place of Birth, (Street and Number)*	2437 E Monument St
5. *Full Name of Mother,*	Fannie Kirchner
6. *Mother's Maiden Name,*	" Forbes
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	John A. Kirchner
9. *Father's Occupation,*	Teacher
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return	John Aug. Wolf
Address,	1937 E. Monument St
Remarks,	

8 9 1 0 0 0 2 8 6 1

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 31699.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 2d 91
4. Place of Birth, (Street and Number)	1104 Madison Ave
5. Full Name of Mother,	Cecilia Bachrach
6. Mother's Maiden Name,	Mailhouse.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Moses Bachrach
9. Father's Occupation,	Photographer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Thomas Opie M.D.
Address,	600 N. Howard St
Remarks,	

891000862

CITY OF BALTIMORE 1891

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth, and the name and address of the attendant or other person who makes this return. In the event of the first and only child of any mother being born dead, or if there be no attendant at the birth of any child that is born dead, the mother, or in case of her death or inability, the father, or in case of his death or inability, the person in charge of the premises where the birth occurs, shall report the fact to the Commissioner of Health, and shall state the sex of such child, the date when and the cause by which it died, and the name and residence of the physician in attendance, if any; and in default of the mother, father or person in charge of the premises making such report, the duty of the person or persons required, and the penalty for neglect, shall devolve upon the attendant, if any there be, and if not, upon the undertaker employed to bury the child. Every such report shall be made within the period prescribed in this section, and shall occur without the attendant immediately thereupon, and every such report shall be verified by the oath of the person making the same, and every such person who shall refuse or neglect to make such report, or who shall make a false report, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

C 31700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, July 2nd. 2 5 P M. 1891
4. Place of Birth (Street and Number), 921 Watson St.
5. Full Name of Mother, Sophia Margaret Myers
6. Mother's Maiden Name, [illegible] Kinner
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Fred. W. Myers
9. Father's Occupation, Employed at Saw Mill
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. James E Donnelly M D

Address, 1701 Baltimore St. East.

Remarks,

8 9 1 0 0 0 2 8 6 3

...more Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 31701.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ... of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, July 3rd 1891
5. Place of Birth, (Street and Number) No 7 Randall st
6. Full Name of Mother, Grace Boyer
7. Mother's Maiden Name, Grace Barbine
8. Mother's Birthplace, Baltimore city md
9. Full Name of Father, Thomas Boyer
10. Father's Occupation, Labourer
11. Father's Birthplace, Dorchester md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hinton

Address, 612 1/2 Hanover st

Remarks,

1 8 9 1 0 0 0 2 8 6 4

CITY OF BALTIMORE

... as sex, color, the full name and occupation of its ... and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in ... between the first and third day of each and every month, a like schedule of births which may ... be in his or her attendance during the month next preceding, and in case ... other person be in attendance upon the mother, immediately thereafter. It shall ... or parents of such child to report its birth to the Commissioner of Health, in the ... above required, and any such person who shall neglect or refuse to comply with the ... shall be subject to the first or ten dollars for each offense, to be recovered as other ... and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 12-10-56 A 31707

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Goldie Patterson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 3d 1871
4. Place of Birth, (Street and Number) South corner of Fulton & Athol
5. Full Name of Mother, Annie Patterson
6. Mother's Maiden Name, Annie Roberson
7. Mother's Birthplace, Cambridge md Dorchester Co
8. Full Name of Father, John Patterson
9. Father's Occupation, Boiler maker
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return. Elizabeth Finlay

Address, No 1422 Hanover st

Remarks,

6 9 1 0 0 0 2 8 6 5

WM. A. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 31703.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* 3rd July
4. *Place of Birth, (Street and Number)* Hervis Court 209
5. *Full Name of Mother,* Lucretia Jones
6. *Mother's Maiden Name,* Lucretia Summerville
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* David Jones
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Amherst County

Name of Medical Attendant, or other person who makes this Return. Dr. Carl Patterson

Address, 1170 Druid Hill Avenue

Remarks, Was not expected

1 8 9 1 0 0 0 2 8 6 6

CITY OF BALTIMORE

been registered) its sex, color, the full name and ... and every such child shall be delivered, duly signed by ... third day of each and every month to the officer ... shall occur without the attendance of a physician ... attendance upon the birth to the Commissioner ... child or parent, or person in charge of such child ... any such person or persons who shall hereafter ... jected to the fine of ten (10) dollars for each offence.

... the date and place of birth; and the ... of a certificate between the first and ... such child, the certificate with regard to ... city, or should no other person be in ... duty of the person or parents of such ... within the period above required, and ... to comply with the provisions of this section shall be subject ... tions and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, July the 9
4. Place of Birth, (Street and Number) york st 119
5. Full Name of Mother, Florence dore
6. Mother's Maiden Name, Florence davis
7. Mother's Birthplace, Fredrick City
8. Full Name of Father, John davis
9. Father's Occupation, labour
10. Father's Birthplace, Fredrick

Name of Medical Attendant, or other person who makes this Return. Sarah Jane wilson

Address, 115 ist Flurey st

Remarks,

1 8 9 1 0 0 0 2 8 6 7

been conferred) its sex, color, the full name of its parents, its date and place of birth; and the said schedule shall be delivered, duly signed by the person in charge of the case with which he is in attendance upon the mother, immediately after the birth of such child, or stillbirth, as the case may be, or should no other person be in attendance within the period above required, and any such person who shall refuse or neglect to report as aforesaid, shall be subject to the like penalties and forfeitures as other fines and forfeitures are recoverable.

BEN. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth. 3d July
4. Place of Birth, (Street and Number) 1612 Preston St
5. Full Name of Mother, Annie Mc Dermott
6. Mother's Maiden Name, Annie Neill
7. Mother's Birthplace, New York
8. Full Name of Father, Hugh J. Mc Dermott
9. Father's Occupation, Police Doctr
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. M Donnelly

Address, 1685 Little Pitts St

Remarks, None

8 9 1 0 0 0 2 8 6 8

J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 3170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) Colored
3. Date of Birth. 5 July
4. Place of Birth. (Street and Number) 817 Hackett
5. Full Name of Mother. Jennie Jewell
6. Mother's Maiden Name. Jennie Jewell
7. Mother's Birthplace. Balt
8. Full Name of Father. Ed Jones
9. Father's Occupation, Porter
10. Father's Birthplace, Loudon County Va

Name of Medical Attendant, or other person who makes this Return. Dr Jennie Jones

Address, 815 Hackett

Remarks, Living Well

1891 0002869

CITY OF BALTIMORE 1891

... name and occupation ... birth ... delivered, duly signed by the ... shall occur within ... every month to the office of the ... attendance upon the mother, immediately ... child to report its birth to the Commissioner of Health, ... jected to the fine of ten (10) dollars for each offence, to be ... forfeitures are recoverable.

WM. O. DUNAWAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female.

2. Race or Color, (if not of the white race) White

3. Date of Birth July 3d

4. Place of Birth, (Street and Number) 851 Harlem ave

5. Full Name of Mother, Hannetta Rosenheim

6. Mother's Maiden Name, " Lasky

7. Mother's Birthplace, Md

8. Full Name of Father, Solomon Rosenheim

9. Father's Occupation, Clerk

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Dr N P Morgan

Address, 315 W Monument St

Remarks, 8910002870

JUL 1891 CITY OF BALTIMORE HEALTH DEPARTMENT

...the date and place of birth of each child born alive, sex, color, the full name and occupation of its parents, and such other facts as may be required, duly signed by the proper informant. In case the birth of any child upon the mother, legal physician or midwife in attendance at the birth, or the person who shall hereafter be in charge of the Institution, or should no other person be in attendance, then the father or householder of the house where the birth occurs, shall be required to report the birth to the Commissioner of Health, in the manner and form as above required, within ten days after the birth occurs, and for each offence to be recovered as other fines and forfeitures are recovered. Every person required to comply with the provisions of this section who shall neglect to do so, or shall refuse to comply therewith, shall be subjected to a fine of ten (10) dollars

...n Murphy & Co., Printers and Stationers.

RETURN OF A BIRTH

31708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 4th July 1891
4. Place of Birth, (Street and Number) 677 Josephine St
5. Full Name of Mother, Laura Garnet
6. Mother's Maiden Name, Laura Williams
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, James Garnet
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Harry Attaway

Address, 655 Josephine St

Remarks,

8 9 1 0 0 0 2 8 7 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the person who shall have given the information, at the time of the registration of the birth. In case the birth of any child shall occur within the limits of a public institution, the duty of the person or persons in charge thereof shall be the same as that of the parents of such child to report its birth to the Commissioner of Health. In case the parents or either of them shall neglect or refuse to report the birth of any child, or should no other person be in attendance upon the mother, immediately after the birth, the midwife, or other person who shall assist at any such birth, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. GILSON & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th of July 1891.
4. Place of Birth, (Street and Number) 1815 East Fayette st
5. Full Name of Mother, Annie Meiser
6. Mother's Maiden Name, Annie Koenig
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John J. Meiser
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel st for Justina Kunkel

Remarks, Healthy

8 9 1 0 0 0 2 8 7 2

and schedule shall be delivered, duly signed, to the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur without the attendance of a physician, it shall be the duty of the person having charge of such child or of the parents or guardians of such child to report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. Under the Code, Public Local Laws, Article 12, Section 87, Penalties and forfeitures are recoverable

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Over Over

RETURN OF A BIRTH. 31710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Emma Virginia Eichner

No.	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	(2) 4th
1.	*Sex, (state whether male or female)*	Girl
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 4th 1891.
4.	*Place of Birth, (Street and Number)*	308 Register st
5.	*Full Name of Mother,*	Lisette Eichner
6.	*Mother's Maiden Name,*	(Eichner) Lisette Kresse
7.	*Mother's Birthplace,*	(Germany) Balto - Md
8.	*Full Name of Father,*	George Eichner
9.	*Father's Occupation,*	Tayler
10.	*Father's Birthplace,*	(Germany) Balto Md.
	Name of Medical Attendant, or other person who makes this Return,	Harry Kefus
	Address,	N Washington st No 205.
	Remarks,	8910002873

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 5th 1941
4. Place of Birth, (Street and Number) 1007 Myrtle Ave
5. Full Name of Mother, Carrie E. Wright
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Balto
8. Full Name of Father, H. Spencer Wright
9. Father's Occupation, Contractor
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. L. E. Pearce

Address, [illegible]

Remarks,

8 9 1 0 0 0 2 8 7 4

Every certificate to be made out must contain the full name and post office address of the parent making it, the date and place of birth, and the sex of the child; and the said certificate shall be delivered, duly signed by the parent making it, to the undertaker employed to bury the body of the child, before the burial of a certificate between the first and third day of each and every month to the undertaker employed to bury the body of any child shall occur without the attendance of a physician or midwife, the parent or householder in whose house or on whose premises such child was born shall, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) III

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 6th, 1891
4. *Place of Birth, (Street and Number)* 1116 Bolton St.
5. *Full Name of Mother,* Florence Mason
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, 8910002875

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, July 5/11
4. Place of Birth, (Street and Number) No 1806 S. Charles St.
5. Full Name of Mother, Katie Harrington
6. Mother's Maiden Name, Otto
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Thomas Harrington
9. Father's Occupation, Milk Dairy
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Armin Jeans

Address, No 1603 S. Charles St

Remarks, Yours respectfully

1 8 9 1 0 0 0 2 8 7 5

been conferred its sex, color, the full name of each child, if any, and have said schedule shall be delivered. The blanks in said schedule are to be filled as follows: [illegible] the date and place of birth, and the third day of each and every month in the city of Baltimore a certificate between the first and shall occur within the attendance of a physician or midwife, or, if there be no such attendant, then either within the immediately preceding month, of the birth of any child child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter violate any provision of this section shall be subjected to the fine of ten dollars for each offense. [illegible] fines and forfeitures are recoverable

BOARD OF HEALTH BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	July 5
4. Place of Birth, (Street and Number)	1619 E. Chase St
5. Full Name of Mother,	Alice Briscoe
6. Mother's Maiden Name,	Alice Magill
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Edwin C. Briscoe
9. Father's Occupation,	Cigar maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Walker
Address,	428 N. Bond St.
Remarks,	

8 9 1 0 0 0 2 8 7 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31715

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~)

1. Sex, (state whether male ~~or female.~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, July 8th 1891

4. Place of Birth, (Street and Number) 1438 Hanford avenue

5. Full Name of Mother, Caroline Eagan

6. Mother's Maiden Name, " Hedwick

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Hugh Henry Eagan

9. Father's Occupation, Upholsterer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return W. L. Rasin

Address, 200 N Broadway

Remarks.

8 9 1 0 0 0 2 8 7 8

born, its or their physical condition. ... or still ... Or ... will name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

CITY OF BALTIMORE 1891

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31716.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 8 1891 CITY OF BALTIMORE

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
2. Sex, (state whether male or female) male
3. Race or Color, (if not of the white race) White
4. Date of Birth, July 6th 3 a m 1891
5. Place of Birth, (Street and Number) 940 W Fayette St.
6. Full Name of Mother, Florence Rian
7. Mother's Maiden Name, Florence V Kraft
8. Mother's Birthplace, Frok. Co Md.
9. Father's Occupation, Provision dealer
10. Father's Birthplace, Frok. City Md.

Name of Medical Attendant, or other Person who makes this Return. C A Hampton M.D

Address, 1136 W Lexington St

Remarks,

1891 0002879

Before the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Board of Health. In case the birth shall occur without the attendance of a Physician or practitioner of midwifery, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health. If neither parent shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall forfeit and pay for each offense to be recovered as other fines and forfeitures are recovered, the sum of ten (10) dollars.

RETURN OF A BIRTH A 31717.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6 th
4. Place of Birth, (Street and Number) 714 S Caroline St
5. Full Name of Mother, Bessie Wedell
6. Mother's Maiden Name, Dennehy
7. Mother's Birthplace, Ireland
8. Full Name of Father, Frank Wedell
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Milwaukee

Name of Medical Attendant, or other person who makes this Return. M & Davenport

Address, 225 S Ann St

Remarks, Mother ill & Dr Dashiell has the case, 8 9 10 0 0 2 2 8 8 0

...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

31718

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Monday July 6th 1891
4. Place of Birth, (Street and Number) 810 Stirling Street
5. Full Name of Mother, Rebecca Merritt
6. Mother's Maiden Name, " Steele
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Merritt
9. Father's Occupation, Working on the [illegible]
10. Father's Birthplace, Washington City

Name of Medical Attendant, or other person who makes this Return. Jane Weir

Address, 804 Stirling St.

Remarks, 1891000288 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3179.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 6th of July.
4. Place of Birth, (Street and Number) 1020 N. Washington St.
5. Full Name of Mother, Mrs Chetlac.
6. Mother's Maiden Name, Minnie Hoch.
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Chetlac.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Bleach.

Address, 2069 E. Eager St

Remarks, Mid Wife.

8910002882

said selectmen shall be delivered, duly signed by the ... and place of birth; and the ... reciprocle between the first and ... third day of each and every month to the office of ... In case the birth of any child ... shall occur without the attendance of a physician ... should no other person be in ... duty to report such birth, the mother of such child ... person or persons present at the birth, and ... child to report its birth to the Commissioner of Health, ... the parent above required, and ... any such person or persons who shall hereafter fail ... of this section shall be sub-... jected to the fine of ten (10) dollars for each offense. ... and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex.* (state whether male or female)	Female
2. *Race or Color.* (if not of the white race)	White
3. *Date of Birth.*	June 6th 1891
4. *Place of Birth.* (Street and Number)	10 10½ N. Fulton Ave
5. *Full Name of Mother.*	Mary E. Kelley
6. *Mother's Maiden Name.*	Mary E. Andrews
7. *Mother's Birthplace.*	Baltimore City
8. *Full Name of Father.*	William D. Kelley
9. *Father's Occupation.*	Carpenter
10. *Father's Birthplace.*	Baltimore City
Name of Medical Attendant. or other Person who makes this Return	Dr. Spurrier M.D.
Address.	# 103 N. Fulton Avenue
Remarks.	

8 9 1 0 0 0 2 8 8 3

...ING, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of~~ the white race)
3. Date of Birth, July 7th 1891
4. Place of Birth, (Street and Number) N 341 S Chester
5. Full Name of Mother, Ellen Thielen
6. Mother's Maiden Name, " Murphy
7. Mother's Birthplace, P'a
8. Full Name of Father, Andrew Thielen
9. Father's Occupation, Iron moulder
10. Father's Birthplace, Ohio.

Name of Medical Attendant, or other person who makes this Return, J. Ridgway André M.D

Address, 1123 E Baltimore St

Remarks,

8 9 1 0 0 0 2 8 8 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

1895

31 C 33.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or ~~Female~~)	White
2. Race or Color (if not of the white race)	
3. Date of Birth	June 25th 1891
4. Place of Birth (Street and Number)	1430 N Bath St Balto
5. Full Name of Mother	Ada E Glover
6. Mother's Maiden Name	Ada E Disney
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	George E Glover
9. Father's Occupation	Barber
10. Father's Birthplace	Annapolis Md
Name of Medical Attendant, or other Person who makes this Return.	A H White M.D.
Address	1505 N Lexington St
Remarks	

1 8 9 1 0 0 0 2 8 8 5

HEALTH DEPARTMENT JUL 9 1891 CITY OF BALTIMORE

...shall report to the registrar aforesaid. ...and color of the child or children ...nativity, and residence ...advise at the birth of any child, within the City ... within six days thereafter, stating distinctly ... born, its or their physical condition, whether ... of the parents, and the maiden name of the ...

RETURN OF A BIRTH. A 3133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Male

1. *Sex, (state whether male or female)*
Race or Color, (if not of the white race) white
Date of Birth, June 25 1891
Place of Birth, (Street and Number) 1904 W Pratt St
Full Name of Mother, Maggie Bujack
6. *Mother's Maiden Name,* " Fruzzell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Bujack
9. *Father's Occupation,* Railroad man
10. *Father's Birthplace,* Baltimore
Name of Medical Attendant, or other person who makes this Return. Geo R Lehmann
Address,
Remarks,

1 8 9 1 0 0 0 2 8 8 6

CITY OF BALTIMORE

...Health. This schedule shall contain a list of the births which have occurred under his or her care during the ...month, and shall set forth as far as the same can be ascertained the full name of each child born alive, the ...been conferred), sex, color, the fully signed by the physician ... of a certificate between the first and ...will receive a certificate of birth. In case the birth of any child ...third day of each and every month to the office of ... or should no other person required to make ...shall occur without the attendance of a physician ... such birth, the mother, householder or other person ...attendance upon the mother, immediately after the ... and within ten days after the ... child, shall report ...any such person or persons who shall hereafter ... complying with the provisions of this section shall be sub-...ject to the fine of ten (10) dollars for each offense, to ... recovered as other fines and forfeitures are recoverable.

...J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) ~~White~~ Colored
3. Date of Birth, June 25 1891
4. Place of Birth, (Street and Number) 25 N. Bethel St.
5. Full Name of Mother, Lizzie Scott
6. Mother's Maiden Name, Ross
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Franklin Scott
9. Father's Occupation, Oyster
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Caroline E. Miller

Address. 1605 Walker St.

Remarks,

1 8 9 1 0 0 0 2 8 8 7

BALTIMORE PRINTED BY THE CITY OF BALTIMORE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31438.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25th
4. Place of Birth, (Street and Number) 812 S. Eutaw
5. Full Name of Mother, Maggie Mehl
6. Mother's Maiden Name, " Michael
7. Mother's Birthplace, City
8. Full Name of Father, Otto Mehl
9. Father's Occupation, brass finisher
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. J. C. Branch M.D.

Address, 511 Hanover St

Remarks,

1 8 9 1 0 0 0 2 8 8 8

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 31039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25th 1891
4. Place of Birth, (Street and Number) E. Bethel St. 222
5. Full Name of Mother, Anna Heldwine
6. Mother's Maiden Name, " Trangahl
7. Mother's Birthplace, Balto.
8. Full Name of Father, Martin Trangahl
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Buckler

Address, Washington St.

Remarks, 1891 JUN 25 PM

Health. This schedule shall contain a list of the births which shall occur in each family, to the Commissioner of Health, within ten days after the occurrence of each birth, and every month to the office of the Commissioner of Health, in the manner and within the period above required, until the birth shall occur without the attendance of a physician, midwife or nurse, when it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and every such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 26 1891
4. Place of Birth, (Street and Number) 621 E Lombert St.
5. Full Name of Mother, Minni Thaefer
6. Mother's Maiden Name, Griemwald
7. Mother's Birthplace, Germany
8. Full Name of Father, Adolph Thaefer
9. Father's Occupation, Harness Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this return, Mary T Steiner

Address, 1421 E Fath St.

Remarks, 1891000028 90

CITY OF BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS

A 3107

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1st
1. Sex. (state whether male or female)	Female
2. Race or Color. (if not of the white race)	White
3. Date of Birth.	June 26th 1891
4. Place of Birth. (Street and Number)	923 N Gilmor St
5. Full Name of Mother.	Mary Townsend
6. Mother's Maiden Name.	Mary Smith
7. Mother's Birthplace.	Baltimore City
8. Full Name of Father.	Harry Townsend
9. Father's Occupation.	Police Officer
10. Father's Birthplace.	Baltimore City MD
Name of Medical Attendant, or other person who makes this Return.	
Address.	407 N Fulton St
Remarks.	6 9 1 0 0 0 2 8 9 1

CITY OF BALTIMORE
REGISTRAR OF VITAL STATISTICS
BOARD OF HEALTH

WM J C BULLARY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

E 31 47

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births ... month, and shall be delivered, duly signed by the ... been conferred) its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the ... day of each and every month to the office of the ... shall be a like return of all stillbirths. ... attendance upon the mother; immediately thereafter ... child to report its birth to the Commissioner of Health, ... person or persons who shall hereafter fail to ... as herein required, shall be subject to a fine of ten (10) dollars for each offense, to be re... ... and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 26th 1891
4. *Place of Birth, (Street and Number)* 413 Fifth Street
5. *Full Name of Mother,* Annie L. Sinclair
6. *Mother's Maiden Name,* " " Welsh
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James H. Sinclair
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.

Address, Waverly Station Baltimore Md.

Remarks,

1 8 9 1 0 0 0 2 8 9 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31643.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11-26-91
4. *Place of Birth, (Street and Number)* # 602 Hollins
5. *Full Name of Mother,* Augusta Smith
6. *Mother's Maiden Name,* Feil
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Dr. Fuchs

Address, 1002 E

Remarks,

8 9 1 0 0 0 2 8 9 3

Health. This [illegible] shall [illegible] of each child of any shall have month, and shall set forth as far as the same can be [illegible] and place of birth, and the [illegible] certificate between the first and [illegible] case the birth of any child [illegible] to the office of [illegible] shall be delivered, duly signed by the [illegible] person or parents of such [illegible] third day of each and every month to the office of [illegible] shall occur without the attendance of a physician [illegible] and the name and residence of the midwife present at the birth. [illegible] duly such person or persons who shall hereafter [illegible] of this section shall be subjected to the fine of ten (10) dollars for each offense. [illegible] and forfeitures are recoverable.

CITY OF BALTIMORE

696. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

31477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 26 1891
4. Place of Birth, (Street and Number)	1711 Eutaw Ave 1933
5. Full Name of Mother,	Ida Fisher
6. Mother's Maiden Name,	Ida J Evans
7. Mother's Birthplace.	Baltimore
8. Full Name of Father.	George W Fisher
9. Father's Occupation.	Conductor on B. C.
10. Father's Birthplace,	Frederick
Name of Medical Attendant, or other person who makes this Return.	Chas J Kelly
Address.	2032 Eutaw Ave
Remarks,	1891000228 94

This schedule shall contain a list of the births which have occurred in any family during the month preceding the date of such list, and shall be signed by the head of such family, or by the nurse or physician in attendance upon the mother at the birth. In case there is no person in the house who can write, the list may be signed by the parent, guardian or other person who can write, and who shall certify that the list is correct to the best of his knowledge and belief. Every such list shall set forth as far as possible the full name and occupation of the father, the full name, maiden name and birthplace of the mother, the number of the house in which the birth occurred, the sex, color, &c., of each child born, and the number of children born to the mother, including the present birth. Every such list shall be delivered by the person who signs it, to the Commissioner of Health, or to such person as he may designate to receive it, within ten days after the first day of each month. Every physician or midwife who shall attend upon any case of confinement shall, within ten days after the birth occurs, deliver to the Commissioner of Health a certificate containing the information required to be set forth in the list of births, and if no physician or midwife shall attend upon any case of confinement, it shall be the duty of the parent, guardian or other person who shall have charge of the child, to report the birth as aforesaid. Any person who shall willfully make any false statement in any such list or certificate, or who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 31605.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Second
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color. (if not of the white race)*	
3.	*Date of Birth.*	June 26 91
4.	*Place of Birth. (Street and Number)*	1631 Abbott
5.	*Full Name of Mother.*	Louisa C. Grape
6.	*Mother's Maiden Name.*	" " Nader
7.	*Mother's Birthplace.*	Balto
8.	*Full Name of Father.*	James C. Grape
9.	*Father's Occupation.*	Saddle Tree maker
10.	*Father's Birthplace.*	Balto
	Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
	Address.	912 McDonogh
	Remarks.	8910002895

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	June 26th 1891
4.	*Place of Birth, (Street and Number)*	310 Dellwood Ave Woodberry, Balt
5.	*Full Name of Mother,*	Elizabeth L. Shaffer
6.	*Mother's Maiden Name,*	Elizabeth L. Carbis
7.	*Mother's Birthplace,*	Balt. Co. Md
8.	*Full Name of Father,*	William W. Shaffer
9.	*Father's Occupation,*	Moulder
10.	*Father's Birthplace,*	Carroll Co. Md.
	Name of Medical Attendant, or other person who makes this Return,	G. W. T. Thower, M.D.
	Address,	123 3d Ave Woodberry, Balt
	Remarks,	8910002896

CITY OF BALTIMORE BOARD OF HEALTH

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 3144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	color
3. Date of Birth,	Insider 26 June
4. Place of Birth, (Street and Number)	1124 Ward St
5. Full Name of Mother.	mary E Chambers
6. Mother's Maiden Name,	mary E Smith
7. Mother's Birthplace,	Baltimore
8. Full Name of Father.	Andrew J Smith
9. Father's Occupation,	Brick maker
10. Father's Birthplace,	S Chester Town
Name of Medical Attendant, or other person who makes this Return	ane Carlton
Address,	1 Stall Harlan St E.T.
Remarks,	well well

8 9 1 0 0 0 2 8 9 7

Health, and all the births as far as the same can be ascertained, during the month, and shall, within ten days after the end of each month, deliver or cause to be delivered, duly signed, to the Registrar of Vital Statistics, at the office of the Board of Health, in the City Hall, the full number of certificates required by this section to be delivered during the month. Any physician, midwife or other person who shall neglect or refuse to deliver any certificate required by this section, or who shall refuse to give the information in his possession, or who shall knowingly give false information, shall be guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore, shall be fined not less than five dollars nor more than fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31008.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 26 th 91
4. Place of Birth, (Street and Number) # 539 Kirby's Lane
5. Full Name of Mother, Nellie C. Fiske
6. Mother's Maiden Name, French
7. Mother's Birthplace, White Grange
8. Full Name of Father, Enoch W. Fiske
9. Father's Occupation, Carpenter
10. Father's Birthplace, Kansas

Name of Medical Attendant, or other person who makes this Return, Annie Fiske

Address, # 106 S. Monroe St.

Remarks,

8910002898

...shall contain a list of ... month, and shall set forth as far as the same ... been conferred) its sex, color, the full name and ... and shall have ... third day of each and every month ... shall occur without the attendance of a physician or practitioner of midwifery, ... child, or some person having knowledge of the facts, to give information of such birth, as required by this section, to the Registrar of Vital Statistics, ... any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth.* June 26th.
5. *Place of Birth, (Street and Number)* 1213 Division st
6. *Full Name of Mother.* Maria Hoffman
7. *Mother's Maiden Name.* " Haigley
8. *Mother's Birthplace.* Balto.
9. *Father's Full Name.* John H. Hoffman
10. *Father's Occupation.* Cutter
11. *Father's Birthplace.* Balto.

Name of Medical Attendant, or other Person who makes this Return C. L. Biddenbohn

Address. 418 S. Paca st.

Remarks. 8910002899

CITY OF BALTIMORE

...ET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 31260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26 1891.
4. Place of Birth, (Street and Number) No 866 Howard st
5. Full Name of Mother, Theresa Schmailing
6. Mother's Maiden Name, Theresa Myers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Schmailing
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Midwife Theresa Shelton No 538 Biddle Alley

Remarks,

8 9 1 0 0 0 2 9 0 0

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31451.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 26th 1891
4. *Place of Birth, (Street and Number)* 1219 Argyle ave.
5. *Full Name of Mother,* Emma C. Brayden
6. *Mother's Maiden Name,* " " Delning
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles J. Brayden
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return, Silas Baldwin

Address, 1927 Argyle ave.

Remarks,

8 9 1 0 0 0 2 9 0 1

CITY OF BALTIMORE

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

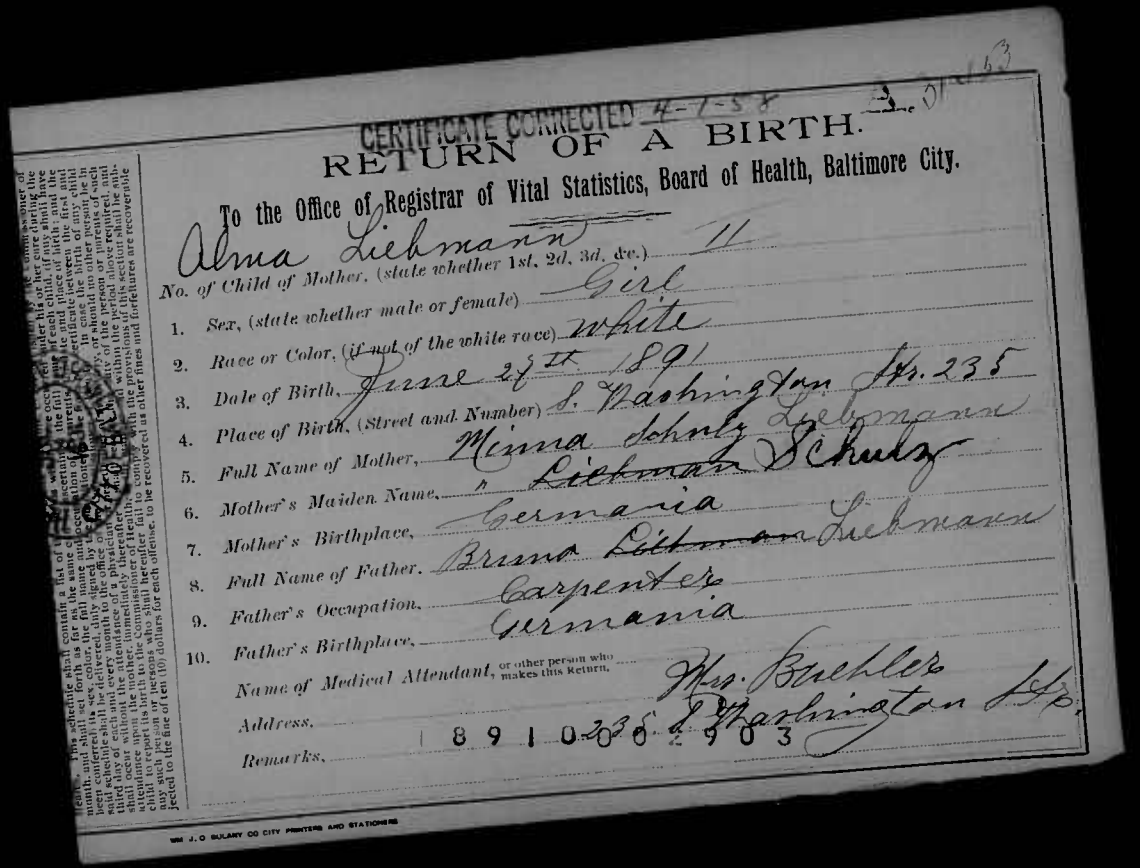
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 26th 1891
4. Place of Birth, (Street and Number) Bradford Alley 111
5. Full Name of Mother, Emma Fichtkey
6. Mother's Maiden Name, Gluth
7. Mother's Birthplace, Germania
8. Full Name of Father, Reinhold Gluth
9. Father's Occupation, Stevendare
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mrs Buehler

Address, [illegible]

Remarks, 1891 [illegible] Washington Ave.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.



CERTIFICATE CORRECTED 4-7-58

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alma Liebmann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27th 189[illegible] No. 235
4. Place of Birth, (Street and Number) S. Washington
5. Full Name of Mother, Minna Schultz Liebmann
6. Mother's Maiden Name, ~~Liebman~~ Schultz
7. Mother's Birthplace, Germania
8. Full Name of Father. Bruno ~~Liebman~~ Liebmann
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mrs. Buehler

Address, S. Washington St.

Remarks, 1891 0235 2903

(Sec.). This schedule shall contain a list of the names of all children born alive in any house or tenement occupied by the owner of such house or tenement, or by his agent or servant, or by any person who has come during the month, and shall state sex, color, the full name of each child, the day of the month on which it was born, and the full name of the parent of such child. Such list shall be delivered, duly verified, at the office of the Registrar of Vital Statistics, or the person or persons of such child shall occur without the mother, immediately after the birth of each child, and every person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

WM. J. O. SULLIVAN CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27 = 1891
4. Place of Birth, (Street and Number) 1031 W. Lexington
5. Full Name of Mother, Maggie Cunningham
6. Mother's Maiden Name, Callan
7. Mother's Birthplace, Balto.
8. Full Name of Father, John L. Cunningham
9. Father's Occupation, Shoe Laster
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return. John Neff M.D.

Address, 701 N. Carrollton Ave

Remarks, 8910002904

RECEIVED DEC 28 1891 CITY OF BALTIMORE BOARD OF HEALTH

GM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Color-d
3. Date of Birth	June 2nd
4. Place of Birth (Street and Number)	521 Lamb[illegible]
5. Full Name of Mother	Jennie Johnston
6. Mother's Maiden Name	Jennie Evans
7. Mother's Birthplace	Va
8. Full Name of Father	Saml Johnston
9. Father's Occupation	Waiter
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. O. H. Kneas
Address	1505 W. Fayette St
Remarks	

1 8 9 1 0 0 0 2 9 0 5

That any physician, accoucheur, midwife, or other person who shall attend upon or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth and sex of the child or children born, its or their physical condition, whether still born or living, and nativity, and residence of the parents, and the maiden name of the mother, as far as known.

CITY OF BALTIMORE

RETURN OF A BIRTH. A. 3156.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 6.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 27 June
4. Place of Birth, (Street and Number) 1153 Bowen Strat.
5. Full Name of Mother, Lezzie Kaufmann
6. Mother's Maiden Name, " Shafer
7. Mother's Birthplace, Hessen Kassel Germania
8. Full Name of Father, Fred Kaufmann
9. Father's Occupation, Shumaker
10. Father's Birthplace, Hessen Kassel Germania

Name of Medical Attendent, or other person who makes this Return. Wm Bange

Address, 711 Lemmon St.

Remarks,

8910002906

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 3140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Her 8 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 27 1891
4. Place of Birth, (Street and Number) 932 Argyle Ave
5. Full Name of Mother, Ellie E. Peters
6. Mother's Maiden Name, A. P. Patterson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Peters
9. Father's Occupation, Hostler
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return. Mary Bamps.

Address, 1 Court St

Remarks,

8 9 1 0 0 0 2 9 0 7

The record of each birth must be made in full. Each child, if any shall have been previously born, must be numbered in order of birth; and the full name and color, the full name and occupation of the father, and the full maiden name of the mother, must be given. The certificate between the first and second dotted lines must be signed by the physician in attendance, or by the person or parents of such child to report its birth to the Commissioner of Health, within ten days after the birth. In case the birth of any child shall occur without the presence of a physician or midwife, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. D. DULANY & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31468.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 2nd June
4. Place of Birth, (Street and Number) 1415 Anthony St
5. Full Name of Mother, Elizebith Eifelt
6. Mother's Maiden Name, nee Trautmann
7. Mother's Birthplace, Germany
8. Full Name of Father, John Eifelt
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groome

Address, 940 N Gay st

Remarks,

1 8 9 1 0 0 0 2 9 0 8

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth	July 3rd 1892
Place of Birth, (Street and Number)	1007 Gimpure al
Full Name of Mother.	Alice Wilson
Mother's Maiden Name	Alice Moody
7. Mother's Birthplace.	Essex, Va
8. Full Name of Father.	Ethan Wilson
9. Father's Occupation.	Laborer.
10. Father's Birthplace.	Westminster
Name of Medical Attendant, or other Person who makes this Return	Henry E. Cale
Address.	260 N. Hoffman St
Remarks.	Seventh child

1891 1 0002909

HEALTH DEPARTMENT JUL 1891 CITY OF BALTIMORE

...ET & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-21-55

RETURN OF A BIRTH.

31460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Minnie Catherine Maas

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 9 June - 1891
4. Place of Birth, (Street and Number) 1124 Low St
5. Full Name of Mother, Hennie Maas Moore
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, John Maas
9. Father's Occupation, Shoe maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs R. Ullig

Address, 1302 Hollen St

Remarks,

1891000291 0

...ORE. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3-161.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 5th June
4. Place of Birth, (Street and Number) 165 E Monument st
5. Full Name of Mother, Mary Bisinger
6. Mother's Maiden Name, Penn
7. Mother's Birthplace, Harford Co
8. Full Name of Father, William Bisinger
9. Father's Occupation, Clerk
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groome

Address, 940 N Gay st

Remarks,

8910002911

Every physician, midwife or other person in attendance upon the mother, immediately after the birth of each child (if any shall have been born dead) shall report the same to the Registrar of Vital Statistics of the district in which the birth occurred, within ten days after the birth, and shall set forth as far as the same can be ascertained the date and place of birth, and the name, sex, color, the full name of the parents, and the occupation of the father of the child (if any shall have been conferred) in the form of a certificate to be furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, within the period of time and in the manner above specified, and in such report to state the reason why the attendance of a physician or midwife was not procured. Any person who shall neglect or refuse to make such report as required by this section shall be subjected to the fine of ten (10) dollars for each offense. All of the penalties of this section shall be collected as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 6 June
4. Place of Birth, (Street and Number) 1135 Low St
5. Full Name of Mother, Esther Greenstein
6. Mother's Maiden Name, Liverpool
7. Mother's Birthplace, Poland
8. Full Name of Father, Kalmon Greenstein
9. Father's Occupation, Tailor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulligt

Address, 1302 Holland St

Remarks,

1891000291 2

CITY OF BALTIMORE

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 3413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	10th June
4. Place of Birth, (Street and Number)	1906 W Bond st
5. Full Name of Mother,	Ida Grahm
6. Mother's Maiden Name,	" Davis
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Christopher Grahm
9. Father's Occupation.	Hackman
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groom
Address,	940 S. Gay st
Remarks,	8910002913

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

3. Date of Birth, 11 June

4. Place of Birth, (Street and Number) 1818 Aisquith St

5. Full Name of Mother, Anna Henderson

6. Mother's Maiden Name, " Dankberger

7. Mother's Birthplace, Balto.

8. Full Name of Father, Arthur Henderson

9. Father's Occupation, wash blue Manufacture

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs R. Ellis

Address, 1802 Hollandst

Remarks,

8 9 1 0 0 0 2 9 1 4

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A. 31163.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 11, 1891
4. *Place of Birth, (Street and Number)*	1334 Hoffman St.
5. *Full Name of Mother,*	Belle Whalen McCleary
6. *Mother's Maiden Name,*	Ellicott Eih
7. *Mother's Birthplace,*	Wm. Albert Whalen
8. *Full Name of Father,*	Tinner
9. *Father's Occupation,*	Ellicott City
10. *Father's Birthplace,*	John Hoard
Name of Medical Attendant, or other person who makes this Return.	1137 Harlem Ave.
Address,	
Remarks,	8 9 1 0 0 0 2 9 1 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. L 31266.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, which shall be set forth as far as the same can be ascertained from the parents, the date and place of birth, and the full name of each child (if any shall have been named), the name and surname of the parents, and the town, county and State in which they were married, the color, and the occupation of the father, and the maiden name of the mother, and the place of birth of each; and the said schedule shall be delivered, duly certified by the person or persons under whose care the births occurred, to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the physician or practitioner in the case to report the birth of any child within forty-eight hours after the occurrence of the same, and in default of such report, or of the delivery of such schedule, the person or persons under whose care the births occurred, and who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense. to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE — REGISTRATION DEPARTMENT — JUN 9 1891

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* 11 June
5. *Place of Birth, (Street and Number)* 608 N. Lexington St
6. *Full Name of Mother,* Emma Jankhamel Willax
7. *Mother's Maiden Name,* "
8. *Mother's Birthplace,* Balto.
9. *Full Name of Father,* Conrad Jankhamel
10. *Father's Occupation,* Letter Carrier
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs R. Illig

Address, 302 N. Holland St

Remarks,

B 9 1 0 0 0 2 9 1 6

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascert[illegible] the full [illegible] of each child (if any shall have been conferred) its sex, color, the full name and occupation of [illegible] parents, the date and [illegible] of birth; and the said schedule shall be delivered, duly signed by the practiti[illegible] the form [illegible] certi[illegible] between the first and third day of each and every month to the office of the Com[illegible] of [illegible] Health. [illegible] the birth of any child shall occur without the attendance of a physician or practiti[illegible] [illegible] no other person be in attendance upon the mother, immediately thereafter it shall [illegible] person or parents of such child to report its birth to the Commissioner of Health, in the man[illegible] period above required, and any such person or persons who shall hereafter fail to comply with [illegible] of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

31467

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 4

1. *Sex*, (*state whether male or female*) Col

2. *Race or Color*, (*if not of the white race*)

3. *Date of Birth*, 12 June

4. *Place of Birth*, (*Street and Number*) 1207 Chase St.

5. *Full Name of Mother*, Maggie Ahl

6. *Mother's Maiden Name*, " H. Smith

7. *Mother's Birthplace*, Balt city

8. *Full Name of Father*, John Ahl

9. *Father's Occupation*, Balt =

10. *Father's Birthplace*, Balt

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 N. Cent Av.

Remarks, 1 8 9 1 0 0 0 2 9 1 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31168.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 13 June
4. Place of Birth, (Street and Number) 1811 E Fayette st
5. Full Name of Mother Sophia Pohl
6. Mother's Maiden Name, " Deid
7. Mother's Birthplace, Balto
8. Full Name of Father Geo. H. Pohl
9. Father's Occupation. Tailor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs R. Uhlig

Address, 302 Hollander st

Remarks,

8910002918

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 31469.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14th 91
4. Place of Birth, (Street and Number) no. 7 N. Collington Ave.
5. Full Name of Mother, Emma Mary Schroedl
6. Mother's Maiden Name, Schafer
7. Mother's Birthplace, City
8. Full Name of Father, Othello Stephen Schroedl
9. Father's Occupation, Dyer & Scourer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, E. P. Irons M.D.

Address, 1835 E. Balto. St.

Remarks, 8 9 1 0 0 0 2 9 1 9

Health. This schedule shall contain a list of the births which have ... during the month, and shall set forth as far as the same can be ascertained ... shall have been conferred, or such certificate delivered, duly signed by the ... of a certificate between any ... child ... third day of each and every month to the office of the Commissioner ... shall occur without the attendance of a physician or midwife, it shall become ... attendance upon the mother and child, and report the same ... to report as aforesaid, or who shall knowingly make any false report ... any such person or persons who shall hereafter fail to comply with the ... jected to the fine of ten (10) dollars for each offense; to be recovered as other fines are recoverable.

BOARD OF HEALTH

BALTIMORE

MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 15 June
4. Place of Birth, (Street and Number) 820 N. High St
5. Full Name of Mother, Maggie Moore
6. Mother's Maiden Name, " Meyers
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred. Moore
9. Father's Occupation, Fireman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs R. Illig

Address, 1302 Holland St

Remarks,

| 8 9 | 0 0 0 2 9 2 0 |

CITY OF BALTIMORE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 3107.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th.
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* June 16 th
5. *Place of Birth, (Street and Number)* 2030 Fair Mount Ave
6. *Full Name of Mother,* Effie Adele Downes
7. *Mother's Maiden Name.* Chase
8. *Mother's Birthplace,* Fair Haven Conn.
9. *Father's Occupation,* Joseph Lodewick Downes
10. *Father's Birthplace,* Tailor Maryland

Name of Medical Attendant, or other person who makes this Return. E. P. Downs M. D.

Address, 1834 E. Balto. St.

Remarks,

B 9 1 0 0 0 2 9 2 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full particulars required by the schedule, and shall have been conferred) he or she shall daily sign by the practitioner in charge of the case, or by the nurse in attendance, and shall be delivered or transmitted by mail, postage paid, to the office of the Commissioner of Health, on or before the first day of each and every month. In case of the death of any child whose birth shall not have been certified as aforesaid, the person required to report such birth shall report the fact of such death to the Commissioner of Health, in the manner and within the time above specified, and shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 June
4. *Place of Birth, (Street and Number)* 936 Bond st.
5. *Full Name of Mother,* Anna Himmick
6. *Mother's Maiden Name,* Schmidt
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Charles Himmick
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Miller

Address, 928 N. Conk, Av.

Remarks,

1891U0029222

GEO. W. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Col
3. *Date of Birth,*	14th June
4. *Place of Birth, (Street and Number)*	1827 N. Mc Donough st
5. *Full Name of Mother,*	Isabel Grant
6. *Mother's Maiden Name,*	" Anderson
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Saras Grant
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N. Bay st
Remarks,	8 9 1 U 0 0 2 9 2 3

CITY OF BALTIMORE HEALTH DEPARTMENT 1891

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said return shall be delivered with 5 days after the birth to the office of the Registrar of Vital Statistics, and shall be entered with 10 days after the birth of every child; and if the attendance of a physician or midwife was had at the birth of any child, it shall be the duty of such physician or midwife to report its birth to the Registrar and to comply with the provisions of this section with the same attendance upon the mother, immediately thereafter, and shall be entitled to receive for such return and report any such fee as is allowed by law for similar services. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 81474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	19th June
4. Place of Birth, (Street and Number)	1502 N. Spring st
5. Full Name of Mother,	Mary Schultz
6. Mother's Maiden Name,	Rose
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Frederick Schultz
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N. Gay st
Remarks,	1891 0002924

Health. This schedule shall contain a list of ... under his or her care during the month, and shall set forth as far as the same ... of each child of any ... and the ... parent ... the line next ... between the first and ... been corrected) ... Sex. ... delivered, duly signed ... In case the birth of any child ... said sexton of each and every month to the ... Secretary, or should no other person of such ... shall occur without the attendance of ... within the period above required, and ... attendance upon the ... provisions of this section shall be sub- ... child to require the ... Commissioner of ... person or persons who shall hereafter ... jected to the fine of ten (10) dollars for each offense, to ... other fines and forfeitures are recoverable.

RECEIVED JUN 22 1891 REGISTRAR OF VITAL STATISTICS BALTIMORE CITY

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31 Aug 03

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 19 June
4. Place of Birth, (Street and Number) 1307 West st.
5. Full Name of Mother, Carie Kuller
6. Mother's Maiden Name, Kimmelsen
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Kuller
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Carey Av.

Remarks,

1891000 2925

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31446.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21 June
4. Place of Birth, (Street and Number) 1259 Holland St
5. Full Name of Mother, Katie Wurtz
6. Mother's Maiden Name, " Schaffer
7. Mother's Birthplace, Europe
8. Full Name of Father, Jacob Wurtz
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. R. Uffig

Address, 302 Holland St

Remarks,

8 9 1 0 0 0 2 9 2 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CITY OF BALTIMORE — HEALTH DEPARTMENT — JUL 1891

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* 21 June
5. *Place of Birth, (Street and Number)* 526 N. Eden St
6. *Full Name of Mother,* Lizzie Petre
7. *Mother's Maiden Name,* Lauer
8. *Mother's Birthplace,* Balto.
9. *Full Name of Father,* Jno. Petre
10. *Father's Occupation,* Baker
11. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs R Ellig

Address, 302 Holland St

Remarks,

1891000029 27

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

E 31 1178.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 22
4. Place of Birth, (Street and Number) 1701 East Oliver St.
5. Full Name of Mother, Magie Beinsfelder
6. Mother's Maiden Name, = Leuchtmann
7. Mother's Birthplace, Germanie
8. Full Name of Father, Panchratz Beinsfelder
9. Father's Occupation, =
10. Father's Birthplace, Germanie Baiern

Name of Medical Attendant or other person who makes this Return, Anna Walter

Address, 928 N. Central Av.

Remarks,

1891000 2928

month, and shall set forth as far as the same can be ascertained the full name, sex, color, and place of birth; and the full name and occupation of the parents of each child (if any shall have been conferred) its sex, color, the full name and occupation of the parents of such child, and the place of birth; and the said schedule shall be delivered, duly signed and verified, to the Registrar of Vital Statistics of Baltimore City, at his office or to such other person as may be authorized by him to receive the same, within the first and third day of each month; and in case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the parents of such child to report its birth to the Commissioner of Health, or to such person as he may designate for the purpose, within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 June
4. Place of Birth, (Street and Number) 1307 Eagle St.
5. Full Name of Mother, Lizzie Spahn
6. Mother's Maiden Name, Mullan
7. Mother's Birthplace, Balt.
8. Full Name of Father, Conrad Spahn
9. Father's Occupation. —
10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other person who makes this Return. Anna L. Walker

Address, 928 N. Central Ave.

Remarks,

1891U002929

mouth, and shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth; and the full name, residence and occupation of the parents of each child born alive, and the date and place of the marriage of the parents; and whether the child is the first, second, third or other child born alive of the mother; and the number of children of the mother now living; and whether the birth of any child has been registered; and if not registered, the reason why; and the date and place of the death of any child who shall have died before the making of the certificate; and the date of the death of any child who shall have died between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and form hereinafter directed; and if any child born alive shall die without having been registered, and the death thereof shall occur without the attendance of a physician or practitioner of medicine, the parent or parents, or other person having charge of such child, shall forthwith report the death to the Commissioner of Health, and state the cause of such death, and the date and place of birth of such child, in the manner and form required by this section in case of births; and any person or persons who shall neglect or refuse to make the report required by this section, or who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

978 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 31480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 21st 1891
4. *Place of Birth, (Street and Number)* [illegible] St
5. *Full Name of Mother,* Ruth Gillen
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* [illegible] Gillen
9. *Father's Occupation,* Ship builder
10. *Father's Birthplace,* Scotland

Name of Medical Attendent, or other person who makes this Return. W. J. [illegible] M.D.

Address, 111 S. Broadway

Remarks,

1891000 2930

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 31481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c) 4th Child

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, June 24 1891
4. *Place of Birth*, (*Street and Number*) 1[illegible] Pratt St
5. *Full Name of Mother*, Agnes [illegible]
6. *Mother's Maiden Name*, [illegible]
7. *Mother's Birthplace*, [illegible]
8. *Full Name of Father*, [illegible]
9. *Father's Occupation*, [illegible]
10. *Father's Birthplace*, [illegible]

Name of Medical Attendent, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, [illegible]

8 9 1 0 0 0 2 9 3 1

month, and shall set forth as far as the same can be ascertained the [illegible] of such child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the [illegible] place of birth, and the said schedule shall be delivered, duly signed by the [illegible] of the family, to the [illegible] between the first and third day of each and every month to the office of the Registrar of Vital Statistics, and in case the birth of any child shall occur within the limits of the [illegible] or shall come to the knowledge of the person or persons in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such family to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* Jewish
4. *Date of Birth,* 24 June
5. *Place of Birth, (Street and Number)* 70 Market Space
6. *Full Name of Mother,* Lizzie Kaufman
7. *Mother's Maiden Name,* Abraham
8. *Mother's Birthplace,* Poland
9. *Full Name of Father,* Philip Kaufman
10. *Father's Occupation.* Clothing store
11. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Mrs. R. Illig

Address, 302 Holland St

Remarks,

8 9 1 0 0 0 2 9 3 2

CITY OF BALTIMORE 1891

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born alive) of which she shall be delivered, the sex, color, the full name of its parents, the date and the place of birth; and the number of children, if any, born alive to the mother previous to the birth of any child to which she shall be delivered, and the date of birth of the next preceding child, if any, and the number of such children then living; and the number of children, if any, born alive to the mother previous to the birth of any child to which she shall be delivered, and now dead, and the number and ages of such children living, and the number of children, if any, born dead to the mother previous to the birth of any child to which she shall be delivered. Such information shall be given to the office of the Commissioner of Health within the first thirty days after the birth of such child, by the attendant upon the mother at such birth, or in the absence of such attendance of a physician or midwife, then by the nearest relative or friend present at such birth, or in the absence of such relative or friend, by the occupant of the house or other place where such birth shall occur without unnecessary delay, and in the case of the death of the mother, immediately thereafter, and the attendant upon the mother at such birth, or in the absence of such attendance of a physician or midwife, then by the nearest relative or friend present at such birth, or in the absence of such relative or friend, by the occupant of the house or other place where such birth shall occur, shall report its birth to the Commissioner of Health hereinafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore City such person or persons shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31483.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 25th
4. *Place of Birth, (Street and Number)*	W. S. cor Bay & Caroline
5. *Full Name of Mother,*	Hellena Vanhorn
6. *Mother's Maiden Name,*	" Par
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	George Vanhorn
9. *Father's Occupation,*	Can maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groom
Address,	940 N. Bayst
Remarks,	8910002933

month and shall set forth as far as the same may be ascertained the name, sex, color, the day, month and year of birth, and the name of each child of any shall have been conferred upon it; sex, color, the day, month and year of birth; and the name of the father and mother, as the case may be, of each child born alive within the city of Baltimore during the preceding month. In case the birth of any child shall occur after the death of the father, or should no other person be in said schedule shall be delivered month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the third day of each month the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the mother herself shall be required, and shall have power to make the return of the birth of the child of the period above required, and shall be subject to the penalties of this section for neglect to make such return. The Commissioner of Health, in order that the provisions of this section shall be duly enforced, shall require every physician, midwife or other person who shall neglect or refuse to report the birth to the Commissioner of Health, in manner and form as above provided, shall forfeit and pay for each offense, to be recovered as other fines and forfeitures are recovered, any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 31484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Yellow
3. Date of Birth, June 25th 1891
4. Place of Birth, (Street and Number) 102 East Mulberry St
5. Full Name of Mother, Scharlot B Pye
6. Mother's Maiden Name, Scharlot Straley
7. Mother's Birthplace, Baltimore county
8. Full Name of Father, Felix B Pye
9. Father's Occupation, Undertaker & Shoe maker
10. Father's Birthplace, Charles Co Virginia

Name of Medical Attendant, or other person who makes this Return, Mary J Holland

Address, 832 Vine St Balto

Remarks, Mother suffered 1 hr & 0 min 12 hrs 3 darkness a very large child with external afflictions

CITY OF BALTIMORE

Persons and their agents are hereby required to report to the Commissioner of Health the name of each child born within the limits of Baltimore City which has occurred under his or her care during the twenty-four hours next preceding the time of such report, and the full name, color, sex, date and place of birth of the child, and the full name, color, occupation and residence of the parents of such child, and the date and place of birth of the parents, as far as the same can be ascertained by reasonable inquiry; and in case of the birth of any child without the attendance of a physician, midwife or nurse, it shall be the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health within the period above required, and in the manner and form above specified, and any such person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. The Commissioner of Health shall have power to enforce the provisions of this section and forfeitures are recoverable.

RETURN OF A BIRTH A 3 15

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 25th 1891
4. *Place of Birth, (Street and Number)*	130 W Hamburg st
5. *Full Name of Mother,*	Maggie Eidman
6. *Mother's Maiden Name,*	Maggie Wehrheim
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	George Eidman
9. *Father's Occupation,*	Painters trade
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Charlottie Williams
Address,	910 Leadenhall st
Remarks,	five dollars

1891 00 2935

month, and shall set forth as far as the same can be ascertained, the name, sex, color, date and place of birth, and residence of the child, the name, age, birthplace and residence of the parents, and the number of children born to the mother, and the number now living. All births of which notice shall have been required to be given, and which shall occur within the limits of any city, town or village, shall be reported within the first and third day of each and every month to the office of the [illegible] of such city, town or village. Every birth which shall occur without the attendance of a physician or [illegible] shall be reported to the Board of Health, within ten days after the birth of any child [illegible] and every birth which shall occur in any house, tenement or apartment, to which no other person shall be required to report its birth to the Commissioner of Health, as above required and [illegible] any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A. 31686.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, June 26th 1891
5. Place of Birth, (Street and Number) 2231 Eastern Ave
6. Full Name of Mother, Ellen Campbell
7. Mother's Maiden Name, Hall
8. Mother's Birthplace, Baltimore City
9. Full Name of Father, William Campbell
10. Father's Birthplace, Baltimore City
11. Name of Medical Attendent, or other person who makes this Return. Dr. Lindsay
12. Address, [illegible]
13. Remarks, 6910002936

HEALTH DEPARTMENT RECEIVED JUL 28 1891 BALTIMORE CITY

No. 1.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child of any and every mother, its sex, color, the date of its birth, the date and place of the marriage of its parents, the name and occupation of the father of such child, the name and occupation of the mother of such child, the date and place of birth of each child born to such mother previous to the birth of such child, and the number of such previous births which are living at the time of such report; and the said certificate shall be delivered each month to the officer or practitioner of the city of the births required, and shall receive a receipt therefor; and any midwife or practitioner who shall neglect or refuse to make such report within the time aforesaid, or who shall make a false report, shall for the first offence be fined not more than five dollars, and for each subsequent offence not more than twenty dollars; and any midwife or practitioner who shall neglect or refuse to comply with the requirements of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not more than twenty dollars for each offence, and shall forfeit his right to practice as a midwife; and it shall be the duty of the Commissioner of Health to report to the Register of Vital Statistics the name of any midwife who shall neglect or refuse to comply with the requirements of this section, and any such person or midwife who shall hereafter be convicted of violating the provisions of this section shall be subject to the fine of ten (10) dollars for each offence to be recovered as aforesaid, and such forfeitures are recoverable.

RETURN OF A BIRTH

A 31087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	27th June
4. *Place of Birth, (Street and Number)*	804 McKim st
5. *Full Name of Mother,*	Maria Heshian
6. *Mother's Maiden Name,*	" Gerahty
7. *Mother's Birthplace,*	Irland
8. *Full Name of Father,*	Patrick Gerahty
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N. Gay st
Remarks,	8910002937

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 3146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother.* (state whether 1st, 2d, 3d, &c.) 1
2. *Sex,* (state whether male or female) Male
3. *Race or Color,* (if not of the white race) White
4. *Date of Birth,* 27th June/91
5. *Place of Birth,* (Street and Number) 2120 E. Pratt St.
6. *Full Name of Mother,* Emma Sophia Jones
7. *Mother's Maiden Name,* Schenkel
8. *Mother's Birthplace,* City
9. *Full Name of Father,* William Clinton Jones
10. *Father's Occupation,* Oyster & Fruit Packer
11. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. E. L. Irons M.D.

Address, 1835 E. Balto. St.

Remarks, 8910002938

HEALTH DEPARTMENT BALTIMORE JUL 9 1891

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required to report it, then the parent or parents of such child shall be required, and it shall be the duty of the person who shall register such birth, to report the same to the Commissioner of Health, within the time prescribed by the provisions of this section, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be collected as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Mary Hasson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether living or dead, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPT. BALTIMORE CITY JUL 18

female
White
Dec 7 1889
211 N. Schroeder St
Barbara Hasson
Barbara Linder
Baltimore
Dennis Daniel O'Hasson
Clerk
Baltimore
Frederick Kemler Wilhelm
2116 West Baltimore

1 8 9 1 0 0 0 2 9 3 9

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

No. 31490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) — — —
3. Date of Birth, 27 of June
4. Place of Birth, (Street and Number) 629 Schaffer Alley
5. Full Name of Mother, Anna Maurer
6. Mother's Maiden Name, Schneider
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Maurer
9. Father's Occupation, Cutter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. S. Law

Address, 1707 E. [illegible]

Remarks,

1891000 2940

RECEIVED JUN 30 1891 REGISTRAR OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27th 91
4. Place of Birth, (Street and Number) 115 S. Bond St
5. Full Name of Mother, Annie Weida
6. Mother's Maiden Name, Feiss
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Weida
9. Father's Occupation, Cap-Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr Gorsuch

Address, 2120 d

Remarks,

1891000294 1

BOARD OF HEALTH 1891 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 31497.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	27 June
4. *Place of Birth, (Street and Number)*	904 Bolton St
5. *Full Name of Mother,*	Letha Ford
6. *Mother's Maiden Name,*	Letha Allen
7. *Mother's Birthplace,*	Sanantio Texas
8. *Full Name of Father,*	Charles Alexander Ford
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Baltimore County Md
Name of Medical Attendant, or other person who makes this Return.	Miranda Smith
Address,	938 Madison ave
Remarks,	

1 8 9 1 0 0 0 2 9 4 2

WM. J. D. GILLAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 31693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 27th 1911
4. *Place of Birth, (Street and Number)* 324 Druid Hill
5. *Full Name of Mother,* Lucy Johnson
6. *Mother's Maiden Name,* Lucy Thomas
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Samuel Johnson
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 324 Park ave

Remarks,

1 8 9 1 0 0 0 2 9 4 3

COPY

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-18-55

RETURN OF A BIRTH 31 1891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	William E Ward First Child
1. Sex. (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Color
3. Date of Birth,	27 June - 1891
4. Place of Birth, (Street and Number)	229 Hanover Street
5. Full Name of Mother,	Rosa M Ward
6. Mother's Maiden Name,	Rosa M Kotter
7. Mother's Birthplace,	Maryland point -
8. Full Name of Father,	William J Ward
9. Father's Occupation,	Label man
10. Father's Birthplace,	Baltimore City MD
Name of Medical Attendant, or other person who makes this Return.	Maile Gross
Address,	229 York Street
Remarks,	

1 8 9 1 0 0 0 2 9 4 4

Health. This schedule shall contain a list of the births occurring during the month, and shall be delivered, duly signed by the person required to report the same, to the Registrar of Vital Statistics, Board of Health, City Hall, on the third day of each and every month. If a physician or midwife in attendance upon the mother, immediately thereafter, to report the birth of such child. If no physician or midwife shall be in attendance upon the mother, the duty of reporting such birth shall devolve upon the father of such child, or the householder of the house in which such birth occurs, within five days after the occurrence of such birth. Any such person or persons who shall neglect or refuse to make such report shall be subject to the fine of ten dollars for each offense.

CITY OF BALTIMORE BOARD OF HEALTH JUL 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27th 1891
4. Place of Birth, (Street and Number) No 1504 Byrd st
5. Full Name of Mother, Mary V Poual
6. Mother's Maiden Name, Mary V Godden
7. Mother's Birthplace, Essex county Va
8. Full Name of Father, Samuel G Poual
9. Father's Occupation, Water man
10. Father's Birthplace, Pocomoke city accomac county Va

Name of Medical Attendant, or other person who makes this Return. Catherine Hennung

Address, No 1517 Byrd st

Remarks,

1891000 2945

ORD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st (2)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, June 2d, 1896
4. Place of Birth, (Street and Number) Private St. near Monument
5. Full Name of Mother, Hattie Brady.
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Maryland
8. Full Name of Father, George Brady.
9. Father's Occupation, Waiter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, J. C. Archibald M.D.

Address, Baltimore Balto Co Md

Remarks, Born in Co. Lived at the other address

8 9 1 0 0 0 2 9 4 6

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) white

Date of Birth, 28 June

Place of Birth, (Street and Number) 534 N. Front St

5. Full Name of Mother, Annie Mellon McKendrick

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto.

8. Full Name of Father Patrick Mellon

9. Father's Occupation. Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs R. Gilroy

Address, 1302 Holland St

Remarks,

+ 8 9 1 0 0 0 2 9 4 7

CITY OF BALTIMORE 1891

Health Department, Baltimore City, Md. Be it enacted by the Mayor and City Council of Baltimore, That from and after the passage of this ordinance it shall be the duty of the Commissioner of Health to cause the birth of any child born within the limits of Baltimore City to be registered, and to cause the full name of each child, if any shall have been given, and the full name and residence of the parents, the color of the child, the date of birth, the sex of the child, and the number of the child in order of birth of children born to the mother, to be ascertained as far as the same can be ascertained; and it shall be the duty of the Commissioner of Health to cause a certificate to be made out containing all the facts above required, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been given, and the full name and residence of the parents, the color of the child, the date of birth, the sex of the child, and the number of the child in order of birth of children born to the mother, to be ascertained as far as the same can be ascertained; and it shall be the duty of the Commissioner of Health to cause a certificate to be made out containing all the facts above required, and said schedule shall be delivered, duly signed by the practitioner in charge, or person who shall sign the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the parent or parents shall report the birth of such child within the time above required, and shall deliver the same duly signed by the parent or parents who shall sign the certificate to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the parent or parents shall report the birth of such child within the time above required, and shall deliver the same duly signed by the parent or parents who shall sign the certificate to the Commissioner of Health. Any person or persons who shall hereafter fail to report the birth of any child as required by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 31498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) Color
3. Date of Birth. June. 26.
4. Place of Birth, (Street and Number) N. Holliday 306.
5. Full Name of Mother. Elizabeth Hopkins
6. Mother's Maiden Name. E. Lythe May
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, Charles H. Hopkins
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore MD.

Name of Medical Attendant. or other person who makes this Return. Miss Laird Jackson

Address, 129 E. Saratoga Street Baltimore MD

Remarks,

1891 0002948

month, and shall set forth as far as the same can be [illegible] each child, if any shall have been born alive [illegible] the name, if [illegible] and occupation of its parents, the [illegible] and usual place of birth; and the [illegible] schedule shall be delivered, duly signed by the [illegible] or [illegible] to the Registrar between the first and third day of each and every month to the office of the [illegible] and no other person be in [illegible] should no other person be in attendance or [illegible] shall occur without the attendance of any [illegible] the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

J. C. BULLAMY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) African
3. Date of Birth, June 25 91
4. Place of Birth, (Street and Number) 115 E. Lombard St
5. Full Name of Mother, Grace Lewis
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Carter Greene

Address,

Remarks,

1891 CITY REGISTRAR'S DEPARTMENT BALTIMORE CITY OF BALTIMORE

1891 0 0 0 2 9 4 9

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 3150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 28th 1851
4. *Place of Birth, (Street and Number)* #2603 Eastern Ave
5. *Full Name of Mother.* Ellen Florence Brann
6. *Mother's Maiden Name,* " " Myrick
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John H. Brann
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. W. H. Schwatka M.D.

Address, #2429 Lancaster st

Remarks,

1 8 9 1 0 0 0 2 9 5 0

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ase[illegible] the [illegible] name [illegible] and the been conferred) its sex, color, the full name and occupa[illegible] his pa[illegible] the da[illegible] place of birth; and the said schedule shall be delivered, duly signed by the pra[illegible] in the form of a c[illegible] date between the first and third day of each and every month to the office of the [illegible] ssioner of Health. In case the birth of any child shall occur without the attendance of a physician or p[illegible] ffery [illegible] ould no other person be in attendance upon the mother, immediately thereafter it s[illegible] person or parents of such child to report its birth to the Commissioner of Health, in [illegible] period above required, and any such person or persons who shall hereafter fail to com[illegible] of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recov[illegible] and forfeitures are recoverable.

GIVEN NAME ADDED 9-24-57

RETURN OF A BIRTH.

A 61501.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carrie Francis ~~Thiele~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 28. 1891.
4. *Place of Birth, (Street and Number)* 1656 Lunne St
5. *Full Name of Mother,* Minnie Thiele
6. *Mother's Maiden Name,* " Hoffmier
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Fred. Thiele
9. *Father's Occupation,* Gold Smith ~~Baltimore Md.~~
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St

Remarks,

1891000 2951

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31307

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	28th of June.
4. *Place of Birth, (Street and Number)*	915 N. Charles St.
5. *Full Name of Mother*	Laura V. Hohn.
6. *Mother's Maiden Name*	Laura V. Barnett
7. *Mother's Birthplace*	York Pa.
8. *Full Name of Father*	Charles Hohn.
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

8 9 1 0 0 0 2 9 5 2

at the birth of any child, within the City of Ba... shall report to the Registrar aforesaid, within six days ... sex, and color of the children born, its or their physical ... thereafter, stating distinctly the date of birth, ... of the parents, and the maiden ... condition, whether still born or not, the full name ... name of the mother of such child or children.

CITY OF BALTIMORE

RETURN OF A BIRTH. 31503.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25 1891
4. Place of Birth, (Street and Number) 326 E Caroline Street
5. Full Name of Mother, ~~Henrietta~~ Richard Musington
6. Mother's Maiden Name, Henrietta Gillespie
7. Mother's Birthplace, Accomac County
8. Full Name of Father, Richard Musington
9. Father's Occupation, Digger
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Mrs Emma E Jones Mid

Address, 21 North Patterson Park Ave

Remarks, + 8 9 1 0 0 0 2 9 5 3

CITY OF BALTIMORE

...each child of any...have...month, and within ten days after the birth; and the...between the first and...each child born alive in...shall be delivered, duly signed...the office of the Registrar of Vital Statistics...third day of each and every month...shall occur without the presence...attendance of a physician or...to report its birth to the Commissioner of Health, in the manner and within the time above required, and...any such person or persons who shall hereafter fail to perform the duty or duties hereby imposed upon him, her or them in this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered with costs in the name of the State of Maryland, before any justice of the peace of the city of Baltimore, upon the information of any person, and all such fines and forfeitures are recoverable.

...as far as the same can be ascertained...

...set forth as far as the same can be ascertained...

WM. J. O DULANY & CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 of June
4. Place of Birth, (Street and Number) 122 peach alley
5. Full Name of Mother, Maggie Kraus
6. Mother's Maiden Name, Maggie Wright
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Kraus
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Bethsaida Church

Address, 800 Leadenhall St

Remarks,

1891000295 4

Health. This schedule shall contain a list of the births which have occurred during the month next preceding the date of the return, and the name and residence of the parent or other person who has attended professionally upon the mother at the birth of each child, and the name and residence of the midwife, if any, who has attended upon the mother at the birth of any child not attended professionally; and the said schedule shall be delivered, duly signed by the physician, midwife or other person who has attended upon the mother at the birth of any child, to the Registrar of Vital Statistics at the office of the Commissioner of Health, on the third day of each and every month; and the Commissioner of Health shall cause the said schedule to be delivered to the Registrar of Vital Statistics of the district in which the birth shall occur without the intervention of the parent or parents of such child, or of the person in whose house such birth shall occur, unless the said Registrar shall first have received a return of such birth to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A31505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 28 29
4. Place of Birth, (Street and Number) 615 E Pratt 12
5. Full Name of Mother, Kate Miller
6. Mother's Maiden Name, Reed er
7. Mother's Birthplace, Germany
8. Full Name of Father, Caspar Miller
9. Father's Occupation, Lumber Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr Wright

Address, 2 Lloyd St

Remarks, 1891000 2955

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3/306.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* M. [illegible]
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* Mary [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address,

Remarks,

8 9 1 0 0 0 2 9 5 6

PRINTED BY J.C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 3160

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	3rd
1. *Sex.* (*state whether male or female*)	Male
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth*	June 28th 1891
4. *Place of Birth.* (*Street and Number*)	No 1032 Woodyear A-
5. *Full Name of Mother*	Lizzie Bloom
6. *Mother's Maiden Name*	Rowles
7. *Mother's Birthplace*	Carroll Co. Md
8. *Full Name of Father*	Jacob Bloom
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Carroll Co. Md
Name of Medical Attendant, or other person who makes this Return.	W. H. Warner M.D.
Address	901 N. Stricker St
Remarks	1891 0002957

CITY OF BALTIMORE
BOARD OF HEALTH

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31508.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Brown Skin
3. Date of Birth, Sunday June 28th 1891
4. Place of Birth, (Street and Number) 642 East Lt Balto
5. Full Name of Mother, Rachel ~~Elliott~~ Paines
6. Mother's Maiden Name, Rachel Elliott
7. Mother's Birthplace, Towsontown Md.
8. Full Name of Father, Edward Paines
9. Father's Occupation, Stevedore
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Louisa Lee

Address, 642 Cooper St.

Remarks,

1 8 9 1 0 0 0 2 9 5 8

Health. The whole of this shall contain a list of the ... month, and shall set forth as far as the same can be ... been conferred) its sex, color, the full name and occ... said schedule shall be delivered, duly signed and occ... shall occur within the city during the month next ... attendance upon the mother at the birth of any child ... child to report its birth to the Commissioner of Health ... jected to a fine of ten 100 dollars for each offense, to be r... ...ce and forfeitures are recoverable.

GEO. J. G. BLEAKY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28th 1891
4. Place of Birth, (Street and Number) S. Madeira Alley 128
5. Full Name of Mother, Lina Hintz
6. Mother's Maiden Name, Reiss
7. Mother's Birthplace, Frosburg Md.
8. Full Name of Father, Wm Reiss
9. Father's Occupation, Stevendore
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Buehler

Address, 1891 0230 29 Washington St.

Remarks,

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full names of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed, to the Registrar of Vital Statistics, and a certificate of the delivery thereof shall be given to the person making the same. Every midwife, or other person who shall neglect to report such birth to the Commissioner of Health, in the manner and within the time above specified, or who shall refuse to deliver the said schedule, duly signed, to the Registrar of Vital Statistics, or who shall refuse to give the certificate aforesaid, shall be liable to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULLY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 31370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 29 1891
4. Place of Birth, (Street and Number) 111 N. York St
5. Full Name of Mother, Mary E Holmes
6. Mother's Maiden Name, She said it did not make no differ
7. Mother's Birthplace, Essex Co. Va. about
8. Full Name of Father, Jefferson Holmes Deceased
9. Father's Occupation, Laborer
10. Father's Birthplace, Essex Co Virginia

Name of Medical Attendant, or other Person who makes this Return, Mary Jane Richards

Address, 313 King St

Remarks,

1891 00002960

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 31571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 to

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 29 of June 1891
4. *Place of Birth, (Street and Number)* 414 Booth St.
5. *Full Name of Mother,* Annie Lockerman
6. *Mother's Maiden Name,* Unmarried
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,* Unmarried
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Kibler

Address, 315 Kirby St

Remarks,

8 9 1 0 0 0 2 9 6 1

...hn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 3 1 17

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 29 1911

4. Place of Birth, (Street and Number) 114 Wayne St.

5. Full Name of Mother. Annie Wallace

6. Mother's Maiden Name, Annie Rollins

7. Mother's Birthplace, Virginia County

8. Full Name of Father, Louis Wallace

9. Father's Occupation, Virginia County

10. Father's Birthplace, Father

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Rilea

Address, 813 Kirk St

Remarks, The Baby is dead and a stillbirth

1 8 9 1 0 6 0 0 2 9 6 2

ascertained the full name of each child (if any) born alive, the sex, color, the full name and occupation of its parents, the date and place of birth, and such other facts as may be required by the penetheur, in the form of a certificate to be furnished by the Commissioner of Health. In case the child is born dead, or dies before the return is made, the attendant shall state the fact in the certificate, and also the cause of death, if known. Every midwife or person who shall be in attendance upon the mother, immediately after the birth of a child to report its birth to the Commissioner of Health, and any such person or person who shall neglect or refuse to comply with the requirements of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are by law recoverable.

CITY OF BALTIMORE

a Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 31573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

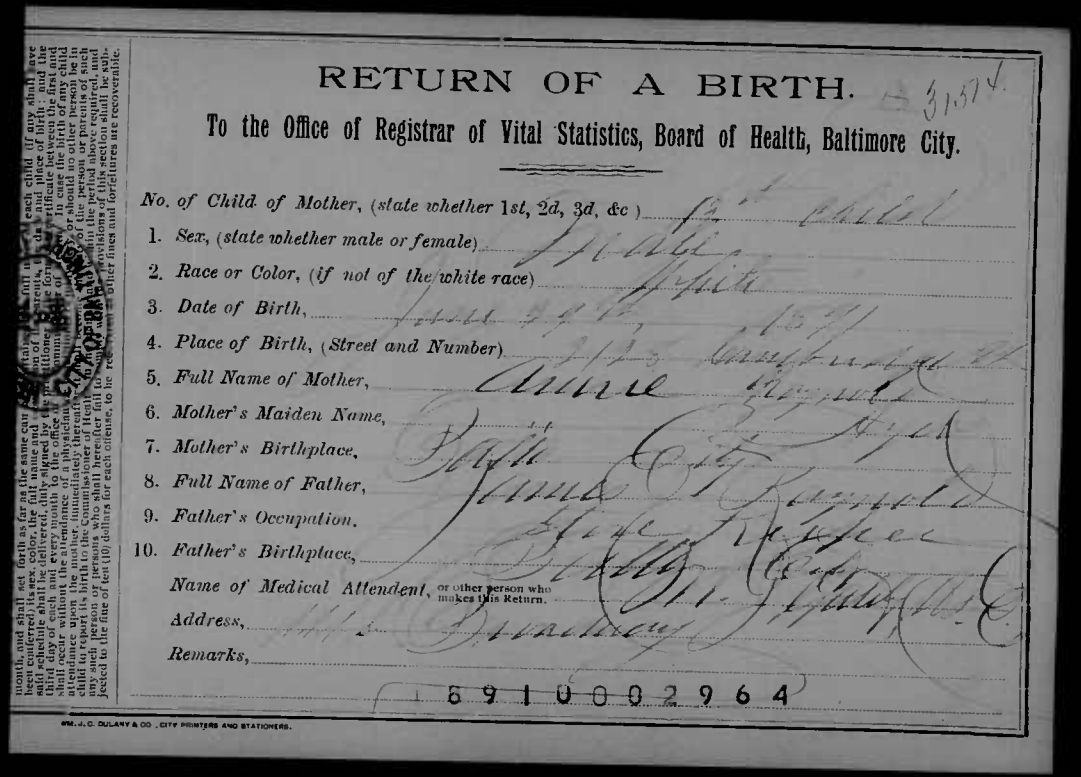
Address,

Remarks,

8911000 2963

month, and shall set forth as far as the name of the child, if any, the full name of each child (if any shall have been conferred), its sex, color, the full name of each parent, their age, their place of birth; and the said schedule shall be signed by the attendant, if any, and by one of the parents. A certificate setting forth the first child, if twins, triplets, &c., are born at one birth, and the day of the month and hour of birth of each child, shall be delivered to the person or parents of such child by the attendant, if any, or should no other person be in attendance upon the mother, the Commissioner of Health shall be notified within the period above required, and shall receive from him the certificate above mentioned. The provisions of this section shall be complied with by persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ADM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.



RETURN OF A BIRTH.

31,374.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26th 1877
4. Place of Birth, (Street and Number) 1113 Montpelier St
5. Full Name of Mother, Annie Bryant
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Balto City
8. Full Name of Father, James A. Bryant
9. Father's Occupation, Brick Mason
10. Father's Birthplace, Balto City

Name of Medical Attendent, or other person who makes this Return. Dr. J. Thos. Hall

Address, 1113 Broadway

Remarks,

691000029 64

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 3157

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

w (within six days thereafter, stating distinctly the Sex, and color of the child or children born, its or their physical condition, whether living or not, its (their) full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	1
1. *Sex.* (*state whether male or female*)	female
2. *Race or Color.* (*if not of the white race*)	white
3. *Date of Birth.*	19th Juny 1902
4. *Place of Birth.* (*Street and Number*)	1902 Christian Alley
5. *Full Name of Mother.*	Johana Eslinger
6. *Mother's Maiden Name.*	Johana Mellema
7. *Mother's Birthplace.*	Germany
8. *Full Name of Father,*	Christian Eslinger
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Friederiche Heuler Midwife
Address,	216 West Pratt St.
Remarks.	

CITY OF BALTIMORE

8 9 1 0 0 0 2 9 6 5

A. CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color. (if not of the white race) Colored
3. Date of Birth, June 29. 189[illegible]
4. Place of Birth, (Street and Number) 536 Walnut alley
5. Full Name of Mother, Annie amelia Jones
6. Mother's Maiden Name, Annie amelia Bines
7. Mother's Birthplace, Elizabeth New Jersey
8. Full Name of Father, Edward Jones
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mary ann Mason

537 Walnut alley

8/9 1 NLQ 0 2 9 6 6

Health. This schedule shall contain as far as practicable the full name of each child born alive in said city, and the month, and shall set forth as near as practicable the full name and [illegible] of the parents, the color of each, the place of birth, and the full name of the physician or midwife in attendance at the birth. In case the birth of any child shall occur without the attendance of a physician or midwife, then the householder or owner of the premises where such birth occurs shall report the same within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

31517.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth*	June 29 — 91
4.	*Place of Birth, (Street and Number)*	732 Hanover
5.	*Full Name of Mother*	Drucilla Ann Fetherolf
6.	*Mother's Maiden Name*	" Hubbard
7.	*Mother's Birthplace*	Baltimore Md
8.	*Full Name of Father*	William Henry Fetherolf
9.	*Father's Occupation*	Pattern Maker or Mechanical Engr
10.	*Father's Birthplace*	Baltimore Md
	Name of Medical Attendant, or other person who makes this Return	Dr. Minick (Midwife)
	Address	Redwall & Montgomery Sts a
	Remarks	Mrs Henry Fetherolf 732 Hanover — Mrs Baker Prof. Nurse, 1 0 6 9 Baby's doing well

Health. This schedule or blank must contain a list of the ... month, and shall set forth all ... shall be conferred; its sex, color, the ... Third day of ... shall be delivered, duly signed and ... shall occur without the city ... child born within the ... any such person who ... Jected to the fine of ten ... Health. ... Board of Health ... 1907 ... 30 ... 1907 ... 1907

1911 J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	second
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	30 June
4. *Place of Birth, (Street and Number)*	6 Cumbria ave 933
5. *Full Name of Mother,*	Annie Myer
6. *Mother's Maiden Name,*	Annie Rausch
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	George A. Myer
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs. Mary Bowden
Address,	806 Poplar St.
Remarks,	1891 0002968

HEALTH. "Each midwife shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the midwife or other person making the same, at the office of the Commissioner of Health within five days after the end of the month to which it refers. In case the birth of any child shall occur without the attendance of a physician or midwife, the person or parents of such child shall report its birth to the Commissioner of Health within ten days after the occurrence thereof, and shall furnish such information as may be required by the Commissioner of Health. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered before any court having jurisdiction of like offences, and other fines and forfeitures are recoverable.

HEALTH DEPARTMENT JUL 3 1891 CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-6-52

RETURN OF A BIRTH

31379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lillian ~~Grace~~ Wilhelm	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
3. Date of Birth	June 30th 1891
4. Place of Birth, (Street and Number)	531 Mc Mechan
5. Full Name of Mother	Lizzie Wilhelm
6. Mother's Maiden Name	" Weigel
7. Mother's Birthplace	Balto
8. Full Name of Father	George Wilhelm
9. Father's Occupation	Turner
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return	L. L. Buddenbohn
Address	418 S. Paca st.
Remarks	1891 0002969

HEALTH DEPARTMENT CITY OF BALTIMORE

...nonths, and shall set forth, as far as the same can be ascertained, the full name of such child; if any name shall have been conferred; the sex, color, the full name and place of birth of its parents, the city and place of its birth and the said schedule shall be delivered, duly signed, to the person authorized to receive the same, together with the amount of each and every such fee, and no other or further fee shall be charged or received by any person for the services required by this section. Should no other person be in attendance upon the mother, immediately after the birth of a child, it shall be the duty of the parent or parents of such child to report its birth as required by this section, and in default thereof such parent or parents shall be subject to the penalties provided for the neglect of duty with the same force and effect as if the duty had been imposed upon them by name. Any person who shall violate any of the provisions of this section shall be subject to a fine of ten dollars (or each offense, to be recovered as other debts are recovered) to be paid into the city treasury.

...ET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1st, 2d, 3d, *&c.*)	5th
1. *Sex.* (*state whether male or female*)	Male
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth.*	June 30 th
4. *Place of Birth.* (*Street and Number*)	1434 Battery ave.
5. *Full Name of Mother,*	Carrie Butz
6. *Mother's Maiden Name,*	" Meyer
7. *Mother's Birthplace.*	Balto.
8. *Full Name of Father.*	Louis Butz
9. *Father's Occupation.*	Horse dtlr
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant. or other Person who makes this Return	C. L. Caddington
Address.	418 S. Paca st.
Remarks.	8910002970

...ET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 30th June 1891
4. Place of Birth, (Street and Number) 1910 Hanover St
5. Full Name of Mother, Mary Bell
6. Mother's Maiden Name, Rose
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Bell
9. Father's Occupation, Laborer
10. Father's Birthplace, Maryland Co Md

Name of Medical Attendant, or other person who makes this Return. Charlotte Burrell

Address, 430 E Fort Ave

Remarks,

8 9 1 0 0 0 2 9 7 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...Board of Health. This schedule shall contain a list of the ... mother, as or ... care of each child ... same end he ... of each child ... of birth, and the ... month, and shall set ... certificate between the first and ... every month to the ... In case the birth of any child ... shall be delivered, duly signed by the ... should no other person ... such schedule shall be delivered by the ... petition, within the ... shall occur within the ... immediately thereafter ... the period above required, and ... shall occur within the ... child to report its birth to the Commissioner of ... as of this section shall be sub-... any such person or persons who shall ... and forfeitures are reserved ... jected to the fine of ten (10) dollars for each offense.

CITY OF BALTIMORE

RETURN OF A BIRTH. A 31577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* 30th June 1911
5. *Place of Birth, (Street and Number)* 261 E Hamburg St
   Full Name of Mother, Louisa Ludlook
6. *Mother's Maiden Name,* Lakes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Ludlook
9. *Father's Occupation,* Ice Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Jewell

Address, 716 E Fort Ave

Remarks,

8910002972

Health. This schedule shall contain a list of the names of every child born within the limits of the City of Baltimore, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the time and place of birth; and the name, residence and occupation of its parents; the date of the certificate (if any) issued by the practitioner in charge, or the midwife present at the birth of any child born without the attendance of a physician, and the name and residence of such practitioner or midwife; and such other information as may be required by the Commissioner of Health. It shall be the duty of the person or parents of each child born in the City of Baltimore, within the period above referred to, to report its birth to the office or practitioner in charge, or the midwife present at the birth, and in case of the attendance of a physician or midwife hereafter it shall be the duty of such practitioner or midwife to report the birth of such child to the Commissioner of Health. This return shall be subscribed by the person making the same, and any person who shall hereafter refuse or neglect to make such return as required by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

BALTIMORE CITY DEPARTMENT OF HEALTH 1911

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or [illegible] of midwifery, or should no other person be in attendance upon the mother, immediately thereafter [illegible] of the person or parents of such child to report its birth to the Commissioner of Health, in the [illegible] above required, and any such person or persons who shall hereafter fail to comply with the [illegible] subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forf[illegible]

RETURN OF A BIRTH

A 31373.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Benjamin Harris Henderson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male

Race or Color, (if not of the white race) White

Date of Birth. June 30 91

Place of Birth, (Street and Number) 1245 N. Bway

5. *Full Name of Mother,* Chaney Henderson

Mother's Maiden Name, Griffin

7. *Mother's Birthplace* City

8. *Full Name of Father.* Chas. F. Henderson

9. *Father's Occupation.* Cotton Broker

10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. J. B. Schwatka M.D.

Address, 1003 N. Bway

Remarks,

HEALTH DEPARTMENT JUL 2 1891 CITY OF BALTIMORE

1891000 2973

[illegible] Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 31572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ~~1st, 2d~~, 3d, &c., of Child of Mother, (state whether) Twenty
2. Sex, (state whether male or female) White
3. Race or Color, (if not of the white race)
3. Date of Birth, June 30 th 1891
4. Place of Birth, (Street and Number) 914 Hope Alley
5. Full Name of Mother, Mary A. Pipersaug
6. Mother's Maiden Name, Mary A Whitted
7. Mother's Birthplace, Balto City Md
8. Full Name of Father, Joseph Pipersaug
9. Father's Occupation, Carpetweaver
10. Father's Birthplace, Balto City Md

Name of Medical Attendant, or other person who makes this Return. Thos. Cooke Md

Address, 914 N Charles St

Remarks,

1891000002974

Health. This section shall apply to the case of every child born alive within the City of Baltimore, and the name of such child, if any, shall be ascertained and the full name of each child (if any shall have been given) shall be set forth in the certificate required to be made by the first and second sections of this ordinance. Within ten days after the birth of any child the full name and occupation of its parents, if known, and the place of birth of such child, as near as can be ascertained, the full name and occupation of the person who shall officiate as physician or midwife at the birth of any child shall be delivered, duly signed by the practitioner in the case, to the Commissioner of Health, or to such person as he may designate for the purpose, at the office of the Commissioner of Health, by the person required to make such certificate, or a written statement of the reason why such certificate cannot be procured, and such person shall, immediately thereafter, if such child shall become dead, report the death of such child to the Commissioner of Health. In the meantime, and until the certificate required by this section shall be delivered, the undertaker who shall bury the body of any such child shall report the death of such child to the Commissioner of Health. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE HEALTH DEPARTMENT 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, June 30th 1891
4. Place of Birth, (Street and Number) 421 N. Heat. St.
5. Full Name of Mother, Lenora Lee
6. Mother's Maiden Name, " Schwenda
7. Mother's Birthplace, Balto,
8. Full Name of Father, Sommers Lee
9. Father's Occupation, Window Glass Worker
10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return. H. J. Carrick M.D.

Address, 1316 Myrtle Ave

Remarks, 1891 00029 75

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

31376.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30th 5 a m 1891
4. Place of Birth, (Street and Number) 721 Harlem ave
5. Full Name of Mother, Annie McEvoy
6. Mother's Maiden Name, Annie Gallagher
7. Mother's Birthplace, Philadelphia Pa
8. Full Name of Father, P. J. McEvoy
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. A. H. Saxton MD

Address, 1136 W Lexington St

Remarks, 8910002976

GIVEN NAME ADDED 9-5-56

RETURN OF A BIRTH

No. 31577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Aline Steffey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 30th 1941
4. *Place of Birth, (Street and Number)* 325 Edmondson Ave. Hampden, Md.
5. *Full Name of Mother,* Ida M. Steffey
6. *Mother's Maiden Name,* Ida M. Parker
7. *Mother's Birthplace,* Howard Co. Md.
8. *Full Name of Father,* Jesse C. Steffey
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return. Geo. F. Brown, M.D.

Address, [illegible]

Remarks,

1 8 9 1 0 0 0 2 9 7 7

Health.—This schedule shall contain a list of every child born alive or dead under his or her care during the month, and shall set forth as far as the information can be obtained, the full name, sex, color, and date of birth of each child, if any shall have been conferred; its sex, color, the full name, residence and place of birth of the parents, and the full name and residence of the undertaker who shall have charge of the interment or disposition of the dead body of any child. Such schedule shall be delivered, duly signed by the person making the return, to the Registrar of Vital Statistics, or shall be mailed to his office, within the period fixed by section [illegible] of this article. In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the occupant of the house in which such birth occurs, or in default thereof, the mother herself, within the period fixed by section [illegible] of this article, to report the birth to the Commissioner of Health, and any such occupant or mother who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. The penalty may be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 30 Juni 1891
4. Place of Birth, (Street and Number) Hanover St N 928
5. Full Name of Mother, Dora Forath
6. Mother's Maiden Name, Mayer
7. Mother's Birthplace, German
8. Full Name of Father, Andrii Forath
9. Father's Occupation, Cimenter.
10. Father's Birthplace, Germani

Name of Medical Attendant, or other person who makes this Return, Catherine Gerwich

Address, 900 Leadenhall St

Remarks, 1891000 2978

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 30th 1891
4.	*Place of Birth, (Street and Number)*	#620 S. Charles St
5.	*Full Name of Mother,*	Jane Curry
6.	*Mother's Maiden Name,*	" Curley
7.	*Mother's Birthplace,*	Salt City
8.	*Full Name of Father,*	Wm F. Curry
9.	*Father's Occupation,*	Messenger
10.	*Father's Birthplace,*	Leesburg Va
	Name of Medical Attendant, or other person who makes this Return.	Catherine Mayfield
	Address,	820 Fredenhall st
	Remarks,	

1 8 9 1 0 0 0 2 9 7 9

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 31530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	1 st child
1. *Sex.* (*state whether male or female*)	male
2. *Race or Color.* (*if not of the white race*)	
3. *Date of Birth.*	June 30 — 91
4. *Place of Birth.* (*Street and Number*)	915 Leadenhall st.
5. *Full Name of Mother.*	Jennie Gibson
6. *Mother's Maiden Name.*	Pimhof
7. *Mother's Birthplace.*	America
8. *Full Name of Father.*	James Gibson
9. *Father's Occupation.*	Laborer
10. *Father's Birthplace.*	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser midwife
Address.	1032 Hanover.
Remarks.	8 9 1 0 0 0 2 9 8 0

month, and shall set forth as far as the same can be ascertained, the name, age, residence and occupation of the father of such child, if any, shall have been confirmed; its sex, color, the date and place of birth, and the name, age, residence and occupation of the mother of such child; and shall be duly signed by the practicing physician, midwife or other person who shall have attended upon the mother thereof. It shall become the duty of the person or persons in charge of any lying-in establishment, or of the parent or parents of such child, if there be no such establishment, and in the absence of such parent or parents, should no other person be in attendance upon the mother, to report to the office of the Commissioner of Health, in the manner and within the time specified in this section, all births occurring in such establishment, or in the family of such parent or parents, and such report shall contain all the information required to be given in relation to births by the person attending upon the mother. It shall hereafter be the duty of every midwife or physician who shall attend upon any case of confinement, to make a report of the birth of any child to the Commissioner of Health, in the manner and within the time specified in this section, and no other person shall be required to report such birth. Any midwife or physician who shall neglect or refuse to report the birth of any child as required by this section shall be subject to a fine of not less than five (5) dollars nor more than fifty (50) dollars for each offense. Any midwife or physician who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. O. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31.531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 30 1891
4. Place of Birth, (Street and Number) 312 Argyle Ave
5. Full Name of Mother, Emma Hyatt
6. Mother's Maiden Name, Emma Hyatt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, [illegible]
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Lowry

Address, 312 Argyle Ave.

Remarks,

1891 0002981

GEO. W. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. 31637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Brown Skin
3. Date of Birth, Tuesday June 30 1891
4. Place of Birth, (Street and Number) 412 Falls St Balto Md.
5. Full Name of Mother, Martha Smith
6. Mother's Maiden Name, Taylor
7. Mother's Birthplace, Carroll Co
8. Full Name of Father, Charles Smith
9. Father's Occupation, Farmer
10. Father's Birthplace, Queen Anne's Co Md

Name of Medical Attendant, or other person who makes this Return. Louis Dorsey

Address, 412 Baker

Remarks, 1891000298 2

Health. This schedule shall contain a list of the births which have occurred in the family of the person making the return, and shall be for the month next preceding the date of such return, and shall set forth, the full name, if any, and the sex and color, the full names of the parents, and the date and place of birth of each child, if any, and the date and place of birth of the first and each subsequent child born to the same mother; and if no birth has been conferred, it shall be delivered, duly to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall set forth that fact. Any person making a false return of births required, and said schedule each and every member of a physician or midwife in attendance upon the birth, and in case there shall be no such physician or midwife in attendance, then the owner or occupier of the house in which such birth shall occur without the other, immediately after the birth of each child born therein, a blank schedule of births required by this section shall be delivered, and it shall be the duty of the person in charge of the house to fill up the blanks and deliver the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, as aforesaid, within ten days after the birth of any child to report or cause to be reported the birth of any child born therein, and any person neglecting or refusing to make such report shall be subject to the fine of ten (10) dollars for each offense; and forfeitures are recoverable.

GEO. J. GELSTON & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31633.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	II
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	June 1. 11.
4. *Place of Birth, (Street and Number)*	622 W. Lombard st.
5. *Full Name of Mother,*	Isabella Green
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	D. Hargrove Holding
Address,	Md Univ Maternite City.
Remarks,	

8910002983

...ALTY. ... Leave to ... Mother's ... or her Guardian ... the ... mouth, and shall set forth ... ascertained, the ... the full name of each child; if any shall have ... color, the full name and ... the parents; the date of ... between the first and ... certificate shall be delivered, duly signed ... to the ... third day of each and every month to the ... shall occur without the ... after. Immediately thereafter ... duty to report its birth to the Commissioner of Health ... any such person or persons who shall ... subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31534.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which h... or her care during the month, and shall be delivered, duly signed by the practitioner or midwife, at the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, between the first and third day of each and every month; to the office of the County Commissioner of Health, in the County of ... and to the Health Officer upon the Island of ... In case there shall be no birth of any child to report in any month, the practitioner or midwife in attendance upon the mother shall make a like report to the Registrar or Health Officer, as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines are recoverable.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	II
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	W.
3. *Date of Birth*,	June 2. 91.
4. *Place of Birth*, (*Street and Number*)	43 North Eden st.
5. *Full Name of Mother*,	Susan Long
6. *Mother's Maiden Name*,	
7. *Mother's Birthplace*,	
8. *Full Name of Father*,	
9. *Father's Occupation*,	
10. *Father's Birthplace*,	
Name of Medical Attendant, or other person who makes this Return.	Dr Hargrove Hedding
Address,	622 W Lombard St.
Remarks,	

8 9 1 0 0 0 2 9 8 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) C.
3. Date of Birth, June 3. 91.
4. Place of Birth, (Street and Number) 540 Wayne st.
5. Full Name of Mother, Mary Tyler
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Dr Spalding Sturgeon

Address, Md Univ. Maternity. City

Remarks,

1 8 9 1 0 0 0 2 9 8 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child born, the sex, color, and parentage of such child, the full name and occupation of the father, the maiden name of the mother, the date and place of birth, and the residence of the parents. Such schedule shall be delivered at the office of the Registrar of Vital Statistics, Board of Health, on the third day of each and every month to the officer who shall call for the same, and a certificate between the first and third days of each month that no births have occurred during the month, or that all births have been reported as required by law, shall be delivered to the Registrar of Vital Statistics, Board of Health, by the physician, midwife or other person having charge of the case. In case the birth of any child shall occur without the attendance of a physician, midwife or other person having charge of the case, the parent or parents of such child shall report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or refuse to make such report, or who shall make any false report, shall be subjected to the fine of ten dollars for each offence, and all fines and forfeitures are recoverable as other fines and forfeitures are recoverable.

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 31536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2.

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* June 3. 91.

4. *Place of Birth,* (*Street and Number*) 504 Conway st.

5. *Full Name of Mother,* Mrs Gilland.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Drs. Hargrove & Spalding

Address, 622 W Lombard.

Remarks, 1 8 9 1 0 0 0 2 9 8 6

Health. This schedule shall contain a list of the bir[illegible] [illegible]urred [illegible] is or her care during the month, and shall set forth as far as the same can be as[illegible] [illegible]ch child, (if any shall have been conferred) its sex, color, the full name and occupat[illegible] [illegible] and place of birth; and the said schedule shall be delivered, duly signed by the practiti[illegible] [illegible]ertificate between the first and third day of each and every month to the office of the Commi[illegible] [illegible]. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 3135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4th 1896
4. Place of Birth, (Street and Number) Orfrau St No 2112
5. Full Name of Mother, Eva Elsders
6. Mother's Maiden Name, Enders
7. Mother's Birthplace, Germany
8. Full Name of Father, Anton Burzenday
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant or other person who makes this Return, Mary A. Fulli

Address, 1 E Washington St 105.

Remarks, 8 9 1 0 0 0 2 9 8 7

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

315-38.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Lizzie~~ II

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) C.
3. Date of Birth, June 4. 91.
4. Place of Birth, (Street and Number) 622 W Lombard St
5. Full Name of Mother, Lizzie Turner
6. Mother's Maiden Name, —
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Dr Spalding & Hagan

Address, Md Univ. Hospital 622 W. Lombard.

Remarks, 8910002988

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 31539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth. June 6th 1891
4. Place of Birth, (Street and Number) Aisquith St No 111
5. Full Name of Mother, Annie Kelly
6. Mother's Maiden Name, Kelly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Stephen Waters
9. Father's Occupation, Sailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Keith

Address, 1 Washington Place

Remarks, 1891 00029 89

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 31540.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) C.
3. Date of Birth, June 6. 91
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Sidney Johnson
6. Mother's Maiden Name,
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Sherwood Fabian

Address, Md Univ Maternity City

Remarks,

1 8 9 1 0 0 0 2 9 9 0

Rules. This schedule shall contain a full [illegible] of births [illegible] under his or her care during the month last set forth as far as the same can be ascertained; and the said schedule shall be delivered, duly filled out, to the Registrar of Vital Statistics, Board of Health, Baltimore City, on the first day of each and every month; and the said schedule shall be delivered, duly filled out, to the person or persons entitled to receive the same, on the first day of each and every month thereafter. In case the birth of any child should occur without the attendance of a physician or midwife, it shall be the duty of the person or persons in charge of such child to report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period hereinbefore required; and any such person or persons who shall hereafter fail to do so, shall be deemed guilty of a misdemeanor, and on conviction thereof, in the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

B 31 541.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Philip Herman ~~Harris~~ Harris

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 June 1891
4. Place of Birth, (Street and Number) 609 Pennsylvania Ave
5. Full Name of Mother, Theresa Harris
6. Mother's Maiden Name, Krasling
7. Mother's Birthplace, Russia
8. Full Name of Father, Abram Harris
9. Father's Occupation, Shoe-maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Silverman

Address, 42 Albemarle St

Remarks, GIVEN NAME ADDED. 9-8-53

1891000 2491

CITY OF BALTIMORE 1891

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, certificate between the first and fifteenth days of each month, to the Registrar of Vital Statistics. No certificate of birth of any child shall occur without the attendance of a physician or person who shall be required to report the birth to the Commissioner of Health within ten days after the birth occurs, and any such physician or person who shall neglect or refuse to make such report as required by this section shall be subject to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

B 31542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, 9 June 1891
   Place of Birth, (Street and Number) 700 S. Charles St
5. Full Name of Mother, Gitta Goldstein
6. Mother's Maiden Name, Visener
7. Mother's Birthplace, Russia
8. Full Name of Father, Solomon Goldstein
9. Father's Occupation, Pedlar
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 242 Albemarle St

Remarks, 8910002992

HEALTH DEPARTMENT JUL 1891 CITY OF BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his charge during the month, and he shall report to the Commissioner of Health, on the first day of each and every month, all births which may occur in the family of any child named in such schedule subsequent to the rendition of the same, and within the period above required; and shall report the birth to the Commissioner of Health, in like manner and within the period above required, and shall report to the Commissioner of Health, in like manner and within the period above required, all births occurring in his family, which may not be embraced in the schedule rendered next preceding. Any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines are recoverable

WM J C BULLARY CO CITY PRINTERS AND STATIONERS

31543

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) C
3. Date of Birth, June 10. 91.
4. Place of Birth, (Street and Number) 622 W Lombard St.
5. Full Name of Mother, Annie Jenkins.
6. Mother's Maiden Name, Annie Jenkins
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. D W Hargrove Spalding

Address, 622 W Lombard.

Remarks, 18910002993

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be [illegible] full name of each child, (if any shall have been conferred) its sex, color, the full name and [illegible] the date and place of birth; and the said schedule shall be delivered, duly signed by [illegible] of a certificate between the first and third day of each and every month to the office [illegible] birth. In case the birth of any child shall occur without the attendance of a physician [illegible] or should no other person be in attendance upon the mother, immediately the [illegible] of the person or parents of such child to report its birth to the Commissioner of Health [illegible] in the period above required, and any such person or persons who shall hereafter [illegible] with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence [illegible] and forfeitures are recoverable.

REGISTRAR'S DEPARTMENT CITY OF BALTIMORE 1891

J. D. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH.

B 31520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex. (state whether male or female) Boy
2. Race or Color. (if not of the white race) White
3. Date of Birth. June 11th 1891
4. Place of Birth. (Street and Number) N. Washington Ave
5. Full Name of Mother. Maggie Tolle
6. Mother's Maiden Name. Tolle
7. Mother's Birthplace. Baltimore
8. Full Name of Father. John Tolle
9. Father's Occupation. Tayloi
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this Return. Henry F. Tolle

Address. 1 Washington Ave

Remarks. 8 9 1 0 0 0 2 9 9 4

...shall have been conferred) its sex, color, the full name by the practitioner in charge, the date of the first and ...said schedule shall be delivered with the certificate of birth to the Commissioner of Health, or to such ...third day of each month. If any physician or midwife shall become liable to the penalty ... the attendance of a physician or midwife, the father, or, if he be absent ... shall have been upon the mother, householder or nurse present at the birth, shall be subject to the same penalty ... Commissioner of Health, in the manner ... child to report its birth to the Commissioner of Health hereafter fail to comply ... shall be ... may such person be sued and recovered as one of the debts ... are recovered ... subject to the fine of ten (10) dollars for each offense, to be recovered as one of the debts ...

...ERK OF BALTIMORE

...WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth. June 16 Th 1891
4. Place of Birth. (Street and Number) Duncan Ave
5. Full Name of Mother. Katerina Jecik
6. Mother's Maiden Name, Jecik
7. Mother's Birthplace, Bohemian
8. Full Name of Father, Jose Stepcek
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return. Mary Bayless

Address. N Washington Ave

Remarks. 8910002995

CITY OF BALTIMORE

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31546.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, June 10. 91.
4. Place of Birth, (Street and Number) 622 W Lombard st.
5. Full Name of Mother, Emma Hinds
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Dr Harrison & Fielding

Address, Md Univ Maternite. City

Remarks,

8 9 1 0 0 0 2 9 9 6

This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained, the name and surname, if any, of each child born alive, the sex, color, and place of birth; and the name, residence, and occupation of the parents; and the date of marriage between the first and said child's mother, and the number of children born to her alive and still living. Such list shall be delivered, duly signed by the person making the same, to the office of the Commissioner of Health, on the third day of each and every month; and no other person shall be required to make any other return of births during the month. No certificate of birth shall occur without the attendance of a physician or midwife, if such there be in attendance upon the mother, or the certificate of the person or parents of such child, if there be no such attendant, as provided by law. It shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1891

6

RETURN OF A BIRTH. A 3104

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17th July 91
4. *Place of Birth (Street and Number)* 111 E. Fremont St.
5. *Full Name of Mother* Mary Black
6. *Mother's Maiden Name* Mary Leber
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Black
9. *Father's Occupation* Bar Tender
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. Ettell

Address Fayette & Fremont St.

Remarks 28th July 91

Should have 8 or 10 or 9 or 7 letters on Father

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall register aforesaid, within six days thereafter, stating distinctly the date of birth, the color, the number of children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT AUG 1891 CITY OF BALTIMORE

[R]ETURN OF A BIRTH. 37093

[...]f Registrar of Vital Statistics, Board of Health, Baltimore City.

[...] Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. [...]hether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 17 - 91

4. Place of Birth, (Street and Number) 2409 E Monument

[F]ull Name of Mother, Margaret Locher

[Mo]ther's Maiden Name, " Young

[M]other's Birthplace, Balto

[F]ull Name of Father, Joseph Locher

Father's Occupation, Stonecutter

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Allwell

Address, 912 McDonogh

Remarks, 1 8 9 1 0 0 0 2 9 9 8

RETURN OF A BIRTH A 37594.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of ... (state whether 1st, 2d, 3d, &c.) Seventh

Sex, (state whether male or female) Male

Race or Color, (white, black, mulatto, &c., of the white race)

3. Date of Birth, July 19 - 91

Place of Birth, (Street and Number) 1728 Chew

4. Name of Mother, Jeanette J. Williamson

5. Maiden Name, " " Rouzel

6. Birthplace, Va

7. Name of Father, John S. Williamson

8. Occupation, Salesman

9. Birthplace, Va

10. Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 912 McDonogh

Remarks,

1 8 9 1 0 0 0 2 9 9 9

© BULLARD CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 3707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ed Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth. July 17 — 1891
4. Place of Birth, (Street and Number) 1306 William st.
5. Full Name of Mother, Mary Forsythe
6. Mother's Maiden Name, Fisher
7. Mother's Birthplace, America
8. Full Name of Father, James Forsythe
9. Father's Occupation. Boiler maker
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. J. Lohnasser and wife

Address. 1032 Hanover st.

Remarks. 1891000 3000

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

No. 32096.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
3. Date of Birth,	July 17th 91
4. Place of Birth, (Street and Number)	66 Hanford Road
5. Full Name of Mother,	Emma E Riefle
6. Mother's Maiden Name,	Curtain
7. Mother's Birthplace,	Baltimore
8. Full Name of Father.	George F Riefle
9. Father's Occupation.	Oil Agent
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Thomas Opie MD
Address,	600 N Howard St
Remarks,	

8 9 1 0 0 0 3 0 0 1

CITY OF BALTIMORE

GEO. W. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth. July 17 1891.
4. Place of Birth, (Street and Number) 2000 Fairmount Ave
5. Full Name of Mother. Dora Hollander
6. Mother's Maiden Name,
7. Mother's Birthplace. Europe
8. Full Name of Father. Jacob Hollander
9. Father's Occupation. Tailor
10. Father's Birthplace. Europe

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Exeter st

Remarks, 8910003002

CITY REGISTRAR'S OFFICE
OCT 26 1891
COPY OF BALTIMORE

Section 4. And be it further enacted, That it shall be the duty of the Commissioner of Health to prepare and furnish to the Registrar of Vital Statistics, and to the midwives and physicians of the city, blank schedules, in such form as may be directed by the Commissioner of Health. This schedule shall contain a list of the births which shall have occurred during the month next preceding the date of the delivery of the schedule, and shall set forth as far as possible the full name and occupation of the parents, the place of birth, and the sex and color of each child born during the month, together with the certificate of the midwife, physician or other person in attendance upon the birth, stating the time when and the place where each child was born, and the full name and residence of the parent or parents of such child; and it shall be the duty of the midwife, physician or other person in attendance upon the birth of any child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties and forfeitures are recoverable

BY J. D. GULLEY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 3209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d
2. Sex, (state whether male or female) Male
   Race or Color, (if not of the white race) White
3. Date of Birth, July 17/91
4. Place of Birth, (Street and Number) 213 Barclay St
5. Full Name of Mother, Emma Faulon
6. Mother's Maiden Name, Emma McGee
7. Mother's Birthplace, Penna
8. Full Name of Father, Wm Henry Faulon
9. Father's Occupation, Railroading
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, A. A. Pole

Address, Madison ave & Bloom

Remarks, 1891 0003003

CITY OF BALTIMORE 1891

Register of Births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. The schedule shall contain a list of the births which have occurred under his observation during the month, and shall set forth as near as may be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and residence of parents, the date and place of birth, and the full name and residence of the practitioner in the case. The date and place of birth, and the third day of each month thereafter, a like report for the preceding month, and if no birth shall occur without the attendance of a practitioner or midwife, the parent or parents of such child or the householder in whose house such birth occurs shall report the same to the office of the Commissioner of Health, in the manner required of practitioners and midwives, and any such person who shall neglect or refuse to make such report as herein required, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. BULLARY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. L 32099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, [illegible]

4. Place of Birth, (Street and Number) [illegible]

5. Full Name of Mother, [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, [illegible]

8. Full Name of Father, [illegible]

9. Father's Occupation, [illegible]

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible]

8 9 1 0 0 0 3 0 0 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 37100.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	17th July 1891
4. *Place of Birth, (Street and Number)*	1622 S. Charles St
5. *Full Name of Mother,*	Martha Elliott
6. *Mother's Maiden Name,*	Lynch
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Elliott
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Yewell
Address,	430 E Pont Ave
Remarks,	

8 9 1 0 0 0 3 0 0 5

Baltimore under whose charge or supervision, on and after the first day of January, 1875, any child shall be born, shall enter the same on a blank form to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which shall occur during the month, and shall set forth as far as practicable the following particulars, viz: the number of each child (if any shall have been born) of the same mother, the sex and color of each child, the date and place of birth, the full name of the mother, her maiden name, birthplace and usual occupation, the full name of the father, his birthplace and usual occupation, and the name and address of the attending physician or other person who may make the return. Every such schedule shall be delivered, duly signed by the practitioner or other person in charge, to the Commissioner of Health within ten days after the third day of each and every month to the office of the Commissioner of Health. In the event that any birth shall occur without the attendance of a practitioner, it shall become the duty of the midwife in attendance upon the mother, or other person having charge of the case during the month, to report such birth to the Commissioner of Health, in the manner above provided, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 32101.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* July 17th 1891
5. *Place of Birth, (Street and Number)* 29 Valley st. Waverly Annex.
6. *Full Name of Mother,* Ella M. Schulle-
7. *Mother's Maiden Name,* " " Cook-
8. *Mother's Birthplace,* Virginia
9. *Full Name of Father.* Frederick H- Schulle
10. *Father's Occupation.* Paper hanger
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. R G Rankin M D

Address, Waverly Station Balto md

Remarks,

1891 0003006

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births within the district registered under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), the sex, the color, the date of birth, the name and residence of its parents, the name and residence of the medical attendant, or other person who made the return, and the date when the return was delivered, duly signed by the practitioner in the form prescribed by the Commissioner of Health. The person making such return shall be entitled to receive from the Commissioner of Health, for each certificate of birth by him returned and registered, a fee of twenty-five cents, to be paid by the parent or guardian of the child, or by the undertaker if he shall become entitled to charge for the burial certificate. And every person who shall neglect or refuse to make the return required by this section, or shall neglect or refuse to attend upon the Commissioner of Health, in the manner required by this section, or shall neglect or refuse to comply with the requirements of the Commissioner of Health, in the manner required by this section, or shall neglect or refuse to make the return required by this section, or shall neglect or refuse to attend upon the Commissioner of Health, in the manner required by this section, or shall neglect or refuse to comply with the requirements of the Commissioner of Health, in the manner required by this section, he shall be subject to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 32107

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1.	Sex, (state whether male or female)	Female
2.	Race or Color, (if not of the white race)	
3.	Date of Birth,	July 17 — 1891
4.	Place of Birth, (Street and Number)	121 S. Exeter St.
5.	Full Name of Mother,	Mary Kelly
6.	Mother's Maiden Name,	Chase
7.	Mother's Birthplace,	Baltimore
8.	Full Name of Father,	John F. Kelly
9.	Father's Occupation,	Fireman
10.	Father's Birthplace,	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Mary Stein
	Address,	427 E. Pratt St.
	Remarks,	

1891 0003007

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 32103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 17 — 1891
4. *Place of Birth, (Street and Number)*	1415 E. Pratt St.
5. *Full Name of Mother,*	Lizzie Galvan
6. *Mother's Maiden Name,*	Lausaytis
7. *Mother's Birthplace,*	~~Bohemia~~ Russia
8. *Full Name of Father,*	John Galvan
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	~~Bohemia~~ Russia
Name of Medical Attendant, or other person who makes this Return,	Mary Stein
Address,	1427 E Pratt St.
Remarks,	6 9 1 0 0 0 3 0 0 8

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

32 104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2d

1. Sex. (state whether male or female) Male
2. Race or Color. (if not of the white race)
3. Date of Birth. July 17th 1891
4. Place of Birth. (Street and Number) 243 Falls Road, Hampden, Balto.
5. Full Name of Mother. Frances McCauley
6. Mother's Maiden Name. Frances Rice
7. Mother's Birthplace. Balto Co. Md.
8. Full Name of Father. William M McCauley
9. Father's Occupation. Employee in Cotton Factory
10. Father's Birthplace. Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Howes M.D

Address. 123 3d Ave Woodberry, Balto.

Remarks.

8911000 3009

CITY OF BALTIMORE

Section 1. And be it further ordained, That it shall be the duty of the Commissioner of Health, and he is hereby authorized and required, to prepare and cause to be printed such blank forms as may be necessary for the purposes of this ordinance, and to furnish the same on application to all persons required to report births or deaths, or to make returns thereof, under the provisions of this ordinance.

Section 2. And be it further ordained, That the Commissioner of Health shall cause to be printed a schedule, to be known as the Schedule of Births, which shall contain a list of the births which have occurred in the City of Baltimore during the month next preceding the date of the issue of said schedule, as far as the same can be ascertained from the returns of births made to the office of the Registrar of Vital Statistics, Board of Health, as required by this ordinance. Said schedule shall contain the name and occupation of the parent or parents, and place of birth; and the said schedule shall be delivered, duly signed by the Commissioner of Health, or by his authority, to the Chief Clerk of the Police Department, on the first and third day of each and every month, to the office of the Chief of Police, between the first and second hours of said days, respectively, and it shall be the duty of the Chief Clerk of the Police Department, or such other person as may be designated by the Chief of Police, to receive said schedule, and to cause the same to be delivered, without delay, to the Mayor, the City Register, the Comptroller, the Commissioner of Health, and the Commissioners of Finance, respectively, at their offices, at the hour of nine o'clock A. M. of the same days on which the said schedule is received at the office of the Chief of Police, and no other person shall receive said schedule, or be entitled to the information contained therein, except as hereinafter provided.

Section 3. And be it further ordained, That it shall be the duty of the physician or midwife in attendance upon the mother at the birth of any child, or of the father, mother or person having charge of such child, if there be no physician or midwife in attendance upon the mother at the birth of such child, to report the birth to the Commissioner of Health, within ten days thereafter, in such form as may be required by the Commissioner of Health; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable by law.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A.32105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 17: 1891
4. *Place of Birth, (Street and Number)* 1802 N. Calvert
5. *Full Name of Mother,* Estelle Hipsley
6. *Mother's Maiden Name,* " Robinson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry L. Hipsley
9. *Father's Occupation,* Wholesale & Retail Grocer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. P. B. Williams

Address, 900 Madison Ave

Remarks,

1891 0003010

Health. This schedule shall contain a list of the [illegible] under his or her care during the month, and shall be filled up as far as the same can [illegible] each child [illegible] shall have been conferred its sex, color, the name and [illegible] of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the [illegible] to the [illegible] on the first Monday of each and every month to the office of the [illegible] and shall receive a certificate therefor. [illegible] shall omit to report as aforesaid, or shall neglect to procure the certificate between the first and attendance upon the mother at the birth of any child [illegible] child to report its birth to the Commissioner of Health [illegible] person or persons who shall hereafter fail to [illegible] within the period above required, and [illegible] jected to the fine of ten (10) dollars for each offense, to be recovered [illegible] other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 32106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth. Juli 18 1891.
4. Place of Birth, (Street and Number) Forest Street 169.
5. Full Name of Mother. Katherine Sauter
6. Mother's Maiden Name, Ne. Schultzbach
7. Mother's Birthplace, Germany
8. Full Name of Father. Albert Sauter
9. Father's Occupation. Bürstenmacher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Cathrina Munsch

Address, 800 Leadenhall St.

Remarks, ...

8910003011

Health. This schedule shall contain a list of the births which have occurred in the district of the Commissioner of Health during the month, and shall set forth as far as the same can be ascertained the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the full name, residence and occupation of the person making the return. The first and third days of each and every month is hereby designated as the time for the delivery of such returns to the Commissioner of Health, and any such person who shall neglect or refuse to make such return as herein required, shall be subjected to the fine of ten dollars, for each offense, to be recovered as debts of like amount are recoverable

J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 32107.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ~~Colored~~ Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 18th July
4. Place of Birth, (Street and Number) 102 S Jenkins alley
5. Full Name of Mother, Lizey Smith
6. Mother's Maiden Name, Lizey Dorsey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Francis Smith
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Ledger Contance

Address, 509 Pulaski st

Remarks, 7 Months Sick First Born 3012

Health. This schedule shall contain a list of the births which have occurre under his or her care during the month, and shall set forth as far as the same can be ascertained, the name of each child (if any shall have been named), the sex, color, the full name and residence of the parents, the date and place of birth, and the number (if any) of the child born alive to the mother, including the present birth. In case the birth of any child said schedule shall be delivered to the office of the Registrar of Vital Statistics on or before the third day of each and every month, and a like return shall be made monthly thereafter, whether any births have occurred or not. Any person who shall neglect to make the return required, and attendance upon the mother, furnished information in the manner and within the time required by the provisions of this section shall be deemed guilty of a misdemeanor, and shall be subject to the fine of ten (10) dollars for each offense. CITY OF BALTIMORE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 32108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the [illegible] which shall be filled by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full and correct answers to each and every question herein asked. Upon receipt of the said schedule, the [illegible] shall issue a certificate, duly signed by the attending physician or midwife, if there was one present, setting forth the fact that the child was born alive, and the time and place of birth, and the name, sex and color of the child, which certificate shall be prima facie evidence in all courts of the facts therein stated. Every midwife who shall attend at the birth of any child shall, within ten days thereafter, make a return of such birth to the Commissioner of Health, and for every neglect or refusal to make such return, such midwife shall forfeit and pay a fine of ten dollars. Every physician who shall attend at the birth of any child shall, within ten days thereafter, make a return of such birth to the Commissioner of Health, and for every neglect or refusal to make such return, such physician shall forfeit and pay a fine of ten dollars. Every person who shall attend at the birth of any child and shall neglect or refuse to make such return as aforesaid, shall forfeit and pay a fine of ten dollars. Every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	18th July 1891
4.	*Place of Birth, (Street and Number)*	1117 E. Lombard St
5.	*Full Name of Mother,*	Katie Swartz
6.	*Mother's Maiden Name,*	Yelensky
7.	*Mother's Birthplace,*	Russia
8.	*Full Name of Father,*	Philip Swartz
9.	*Father's Occupation,*	Tailor
10.	*Father's Birthplace,*	Russia
	Name of Medical Attendant, or other person who makes this Return.	E. Schermann
	Address,	42 Albemarle St
	Remarks,	

1891 0003013

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37109.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colored

Date of Birth, July 6 1891

Place of Birth, (Street and Number) 434 N. Howard St.

5. Full Name of Mother, Mary Estella Dennis

6. Mother's Maiden Name, Estella Peake

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Emory James Dennis

9. Father's Occupation, Furniture Hagman

10. Father's Birthplace, Prince's Anne Co. Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Hester Cartanza

Address, 509 Preston St.

Remarks,

8 9 1 0 0 0 3 0 1 4

CITY OF BALTIMORE 1891

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been omitted,) the sex, color, date and place of birth; and the full name, residence and occupation of its parents, the date and place of birth; and the said notice shall be delivered, duly signed by the practitioner in charge, or a certificate to the first child third day of each and every month to the office of the Commissioner of Health, and in case there should no other person be in attendance upon the mother, then the person or parents of such child born shall within ten days after the birth of such child, make and deliver to the Commissioner of Health a certificate containing the information required to be given by the physician or midwife in attendance, and in default of any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 32110.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 18 11-
4. Place of Birth, (Street and Number) 1338 Pennsylvania Ave
5. Full Name of Mother, Rebecca Kaiser
6. Mother's Maiden Name, Rebecca Tutsen
7. Mother's Birthplace, Germany
8. Full Name of Father, Abraham Kaiser
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Meenzehl

Address, 543 Mc Mechen st

Remarks,

8 9 1 0 0 0 3 0 1 5

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. E 32111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Caucasian
3. *Date of Birth,*	July 18, 1894
4. *Place of Birth, (Street and Number)*	1812 Chicamacomico
5. *Full Name of Mother,*	Mary Simpson
6. *Mother's Maiden Name,*	Mary Chester
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Edgar Simpson
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary E. Simpson
Address,	1210 Eager St.
Remarks,	

8 9 1 0 0 0 3 0 1 6

666. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 3211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 18th July 1894
4. Place of Birth, (Street and Number) E. Burke St. 526
5. Full Name of Mother, Maggie Schmitt
6. Mother's Maiden Name, Ruth
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm. Schmitt
9. Father's Occupation, workman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Buehler

Address, 894 Washington Av.

Remarks, 1894 1 0 2 5 0 3 8

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained [illegible] er ente during the
been conferred; its sex, color, the full name and occupation of [illegible] of any shall have
said schedule shall be delivered, duly signed by the practitioner [illegible] of birth; and the
third day of each and every month to the office of the Commission [illegible] between the first and
shall occur without the attendance of a physician or practitioner [illegible] birth of any child
attendance upon the mother, immediately thereafter it shall [illegible] other person be in
child to report its birth to the Commissioner of Health. In the [illegible] parents of such
any such person or persons who shall hereafter fail to comply with [illegible] above required, and
jected to the fine of ten dollars for each offence, to be recovered [illegible] section shall be sub- [illegible] fines are recoverable.

RECEIVED JUL 31 1891 CITY OF BALTIMORE

GIVEN NAME ADDED 6-3-66

RETURN OF A BIRTH A. 32113.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: LILLIAN CATHERINE MERRICK

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3?

1. *Sex, (state whether male or female)* Female.
2. *Race or color, (if not of the white race)* White.
3. *Date of Birth,* July 18th 1891.
4. *Place of Birth, (Street and Number)* 209 Clifton St
5. *Full Name of Mother,* Laura S. Merrick.
6. *Mother's Maiden Name,* Laura S. Little.
7. *Mother's Birthplace,* Carroll Co. Md
8. *Full Name of Father,* George R. Merrick
9. *Father's Occupation,* car driver & conductor, Fr.sh line.
10. *Father's Birthplace,* Baltimore . Md.

Name of Medical Attendant, or other person who makes this Return. E. G. Shore. M.D.

Address, [illegible] Penna. av. ext.

Remarks, 8910003018

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 18. 1891
4. *Place of Birth, (Street and Number)*	1605 Union alley
5. *Full Name of Mother,*	Agnes Johnson
6. *Mother's Maiden Name,*	Agnes Lee
7. *Mother's Birthplace,*	King Queens Co Virginia
8. *Full Name of Father,*	Rob. Johnson
9. *Father's Occupation.*	Labor
10. *Father's Birthplace,*	King Queen Co Va
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Montonney
Address,	26 S. Regester St
Remarks,	

1891 0003019

Section 1. And be it enacted, that it shall be the duty of the Board of Health of Baltimore City to provide a blank form for the return of births, which shall contain a list of the births required by this act to be returned, and such other information as may be required by the said Board of Health; and it shall be the duty of the physician in attendance upon any child born within the limits of Baltimore City, or of the midwife or other person who shall have been employed to attend upon the mother of such child, to report to the Board of Health, on the blank form provided by the said Board of Health, the facts required by this act to be returned concerning such birth, within ten days after the birth of such child; and it shall be the duty of the father, mother, householder, or owner of the premises where any child shall be born, to see that the information required by this act is given to the proper person, within the time prescribed by this act; and the said Board of Health shall cause the blank forms aforesaid to be delivered to the proper persons, and shall require the information aforesaid to be returned in the manner and within the time prescribed by this act. In case the birth of any child shall not be reported within the time prescribed by this act, the attendance without the attendance of a physician or midwife, the householder or owner of the premises where the birth occurred shall be liable to the penalty hereinafter provided for the neglect of the duty imposed upon him by this section; and every month's neglect of the duty imposed by this section shall be considered a separate offence. And it shall be the duty of the Board of Health to appoint a registrar of births, who shall receive a salary of not more than twelve hundred dollars per annum, and who shall immediately after the passage of this act become the salary, or should no other person be appointed, it shall become the duty of the said registrar to perform the duties required by this act, and any such person or persons who shall have neglected or refused to perform the duties required by this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37115.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	July 19 – 91
4.	*Place of Birth, (Street and Number)*	919 Mc Donogh
5.	*Full Name of Mother,*	Lucy A. Wilson
6.	*Mother's Maiden Name,*	" Thomas
7.	*Mother's Birthplace,*	Va
8.	*Full Name of Father,*	Raymond B. Wilson
9.	*Father's Occupation,*	Sign Painter
10.	*Father's Birthplace,*	Boston
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A Arnold
	Address,	912 Mc Donogh
	Remarks,	1891 0003020

month and shall set forth as far as the same can be ascertained the matters hereinbefore required to be recorded concerning the birth of such child. If any midwife or other person shall neglect or refuse to make such return as herein required, he or she shall forfeit and pay for every such neglect or refusal the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

898 J. C. BULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 12-15-55

RETURN OF A BIRTH. A 3716.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Emma ~~Backhaus~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 4.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 19 - 1891
4. Place of Birth, (Street and Number) 1225 Jena Ave.
5. Full Name of Mother, Pauline Backhaus
6. Mother's Maiden Name, Guiler.
7. Mother's Birthplace, Müllheim, Switzerland Cant. Thurgau
8. Full Name of Father, Louis Backhaus
9. Father's Occupation, Dyer & Scourer.
10. Father's Birthplace, Weimar, Thuringia Saxonia

Name of Medical Attendent, or other person who makes this Return: Mrs. M. Wenmel Hinsdale

Address, 908 Penna Ave

Remarks,

1 8 9 1 0 0 0 3 0 2 1

Health. ... this schedule shall contain all of the births ... each child ... any shall have ... and shall ... set forth, as far as the same can be ascertained, the ... date and place of birth; and the ... birth conferred); its sex, color, the full name and occupation ... A certificate between the first and ... skill schedule shall be delivered, duly ... to the office of ... the same ... other ... third day of each ... to the attendance of a physician ... of the person or parents of such ... attendance upon the mother, immediately thereafter, ... child with the ... child to report its birth to the Commissioner of Health ... with ... any such person or persons shall ... after ... subjected to the fine of fifty dollars for each offense, to be ... as ... said forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 37117.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 17. 1941
4. *Place of Birth (Street and Number),* # 1244 Druid Hill Ave
5. *Full Name of Mother,* Mrs. Ruth Riley
6. *Mother's Maiden Name,* " Riley
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Ennis Riley
9. *Father's Occupation,* Carpenter.
10. *Father's Birthplace,* Texas

Name of Medical Attendant, or other person who makes this Return. Dr. H. Pender Hill

Address, 1401 Mary Ave.

Remarks,

1 8 9 1 0 0 0 3 0 2 2

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 3711 8.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, July 17 1891.
4. Place of Birth, (Street and Number) 564 Bethel Alley
5. Full Name of Mother, Joanna Scott
6. Mother's Maiden Name, Shaw
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Scott
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St.

Remarks,

1 8 9 1 0 0 0 3 0 2 3

Health. This schedule shall contain a list of the births which have occurred in his or her practice during the month, and it shall be delivered by the person required by law to make the return, to the Registrar of Vital Statistics, on or before the fifth day of each and every month, and the Registrar shall give a certificate between the first and fifteenth days of each month to every person who shall have delivered a schedule as required by this section, stating the number of births returned by such person. The Registrar shall not be required to issue any certificate to any person who shall have failed to deliver a schedule within the time specified in this section, or who should make no return of births during the month. Immediately thereafter the Registrar shall report the name of any person who shall have failed to deliver a schedule within the time specified above required, and such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be [illegible] and forfeitures are recoverable.

HEALTH DEPARTMENT CITY OF BALTIMORE JUL 28 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex* (state whether male or female) Male

2. *Race or Color,* (if not of the white race) White

3. *Date of Birth,* July 19, 1891

4. *Place of Birth,* (Street and Number) 123 William St.

5. *Full Name of Mother,* Florence Stanley

6. *Mother's Maiden Name,* Florence Hubert

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Stanley

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. H. K. Caskey

Address, 213 E. Heath St

Remarks, Young Hill

8910003024

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37170.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 19th July
4. Place of Birth, (Street and Number) 34 E. Fort
5. Full Name of Mother, Mary C. Malloy
6. Mother's Maiden Name, Mary Lee
7. Mother's Birthplace, Ireland
8. Full Name of Father, Edward C. Malloy
9. Father's Occupation, Stevedore
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return, M. J. Twomey midwife

Address, 2. 32 E. Fort Ave.

Remarks, 8 9 1 0 0 0 3 0 2 5

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the passage of this Ordinance it shall be the duty of every physician, midwife, or other person who shall be present at the birth of any child within the limits of the City of Baltimore, to report to the Registrar of Vital Statistics, at the office of the Board of Health, the birth of such child, stating the full name and occupation, if any, of the parents, the color, the place and date of birth, and the full name of such child, if it shall have been determined upon at the time of making such report, and the said report shall be delivered, duly signed by the person making the same, at the office of the Registrar of Vital Statistics, within ten days after the birth of such child shall occur without the attendance of a physician or practical midwife, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such family residing nearest to the house where such birth shall occur, and in the presence of any of whom the said birth shall occur, to report the birth of such child as herein required, and every person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. p 3321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 09 1891
4. Place of Birth, (Street and Number) 319 N. Carrollton Avenue
5. Full Name of Mother, Mary G. Leland
6. Mother's Maiden Name, Kane
7. Mother's Birthplace, Montgomery County Maryland
8. Full Name of Father, Edgar P. Leland
9. Father's Occupation, Clerk
10. Father's Birthplace, Ohio

Name of Medical Attendent, or other person who makes this Return. Mary Bruce MD

Address, 1106 N. Eutaw Street

Remarks, Premature Birth 4 1/2 Months

89 100031026

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the form and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A. 3377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT CITY OF BALTIMORE AUG 4 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 July 1891
4. *Place of Birth, (Street and Number)* 44 Albemarle St
5. *Full Name of Mother,* Theresa Schmitzel
6. *Mother's Maiden Name,* Bogner
7. *Mother's Birthplace,* Oberbiern Germany
8. *Full Name of Father,* Joseph Schmitzel
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Niederbiern Germany

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Albemarle St

Remarks, 6910003027

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. E 37153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT CITY OF BALTIMORE AUG 3 1891

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 19. 1891
4. Place of Birth, (Street and Number) 810 Fayette st
5. Full Name of Mother, Dora Baskewitz
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Simon Baskewitz
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C Bernstein

Address, 122 S. Exeter st

Remarks,

1891 0003028

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the manner and within the time prescribed by the said every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such mother to report its birth to the Commissioner of Health, in the manner and within the time prescribed in the case of persons who shall hereafter fail to comply with the provisions of this section, and be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recovered.

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. E 3776.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* 19th July 1891
5. *Place of Birth, (Street and Number)* 1518 Risborough St
6. *Full Name of Mother,* Ellen Belt
7. *Mother's Maiden Name,* Sayers
8. *Mother's Birthplace,* Baltimore Co Md
9. *Full Name of Father,* William Belt
10. *Father's Occupation,* Howard Co Md
    Father's Birthplace, Laborer

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yewell

Address, 436 E Fort Ave

Remarks,

8 9 1 0 0 0 3 0 2 9

Health. This schedule shall contain all of the facts required to be ascertained under the ordinance of which it is a part, and shall be filled out by the attending physician, midwife, or other person having charge of the case, within twenty-four hours after the birth, and delivered or mailed to the Registrar of Vital Statistics, Board of Health, Baltimore City. Any physician, midwife, or other person who shall neglect or refuse to fill out and deliver or mail such schedule, as herein required, shall forfeit and pay for each such offence a penalty of not less than five dollars nor more than fifty dollars, to be recovered as debts of like amount are recoverable.

Name. The Christian name proposed to be given to the child must be stated, if it has been determined upon at the time when the return is made; and if the child has been named before the return is made, the Christian name must be stated. If the child has not been named at the time when the return is made, the fact must be stated, and it shall be the duty of the parent, guardian, or other person having charge of the child to report the Christian name to the Registrar of Vital Statistics, Board of Health, Baltimore City, within one month after the birth of the child, and in default thereof he shall be liable to the penalty prescribed in the preceding section.

Sex. The sex of the child must be stated, whether male or female.

Color. The color of the child must be stated, if not white.

Date of Birth. The year, month, day of the month, hour of the day, and the exact locality where the child was born must be stated.

Name of Mother. The full name of the mother must be stated, including the maiden name.

Residence of Mother. The residence of the mother must be stated, including the street and number, if any.

Birthplace of Mother. The birthplace of the mother must be stated, including the city, county, and State, if born in the United States, and if not born in the United States, the country in which she was born.

Name of Father. The full name of the father must be stated.

Residence of Father. The residence of the father must be stated, including the street and number, if any.

Birthplace of Father. The birthplace of the father must be stated, including the city, county, and State, if born in the United States, and if not born in the United States, the country in which he was born.

Occupation of Father. The occupation of the father must be stated, including the kind of business in which he is engaged.

Name of Attendant. The name of the attending physician, midwife, or other person having charge of the case must be stated.

Address. The address of the attending physician, midwife, or other person having charge of the case must be stated.

Remarks. Any facts not required by the foregoing provisions, but which may be deemed important, may be stated under this head.

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3m 76.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth. July 19. 1876.
4. Place of Birth, (Street and Number) 1410 Block st.
5. Full Name of Mother. Babaneth McDonald
6. Mother's Maiden Name, Justus
7. Mother's Birthplace. Baltimore
8. Full Name of Father. Edward McDonald
9. Father's Occupation. Laborer
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm C. Bernstein

Address. 122 S. Exeter st.

Remarks.

6 9 1 0 0 0 3 0 3 0

...ecuth. ...ns required shall contain a list of ...ecorded under his or her care during the ...month, and shall set forth as far as the same ...been conferred, the name of each child, if any, ...said certificate shall be delivered, duly signed ...third day of each and every month to the offi... shall occur without the attendance of a phy... attendance upon the birth to the Commissioner ... any such person or persons who shall hereafter ...jected to the fine of ten (10) dollars, for each offense.

...ns required shall contain a list of ...ecorded under his or her care during the ...month, and shall set forth as far as the same ...been conferred, the name of each child, if any, ...said certificate shall be delivered, duly signed ...third day of each and every month to the offi... shall occur without the attendance of a phy... attendance upon the birth to the Commissioner ... any such person or persons who shall hereafter ...jected to the fine of ten (10) dollars, for each offenses. ...ecovered under this section shall be sub- ...other fines and forfeitures are recoverable.

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 3776.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 4/4.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	Black.
3. *Date of Birth,*	July 19, 1891.
4. *Place of Birth, (Street and Number)*	825 Remington ave.
5. *Full Name of Mother,*	Harriet Ann Thompson.
6. *Mother's Maiden Name,*	Johnson.
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	Alfred Thompson.
9. *Father's Occupation.*	Waiter
10. *Father's Birthplace,*	Va.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	6910003031

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 37177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
	Sex, (state whether male or female)	Female
2.	Race or Color, (if not of the white race)	White
3.	Date of Birth,	July 20th
4.	Place of Birth, (Street and Number)	1017 Eagle St
5.	Full Name of Mother,	Maggie Bozz
6.	Mother's Maiden Name,	" McGovern
7.	Mother's Birthplace,	City
8.	Full Name of Father,	Sam Bozz
9.	Father's Occupation,	Wood Dealer
10.	Father's Birthplace,	City
	Name of Medical Attendant, or other person who makes this Return,	Dr. Burch Md
	Address,	571 Hanover St
	Remarks,	

8910003032

month and shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth, full name and maiden name of mother, full name, occupation and birthplace of father, and the full name and address of the physician or person who shall have been conferred with at the birth of such child, which said schedule shall be delivered, duly signed by the practitioner in charge, to the parent, guardian or other person having control of such child, within ten days after the birth thereof, and the third copy of each and every month to the office of the Commissioner of Health; and it shall be the duty of every physician or practitioner in charge, or in attendance upon the birth of any child, and in case there be no physician or practitioner in attendance upon the birth of such child, then it shall be the duty of the person having control of such child to report its birth to the Commissioner of Health, in the manner prescribed by this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are now recoverable

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

L 3 m 78.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

Sex, (State whether male or female) female

Race or color, (if not of the white race) W

Date of Birth, July 20th 1891

Place of Birth, (Street and Number) 1324 West Pratt

Full Name of Mother, Mary E. Kelly

6. Mother's Maiden Name. Rund

7. Mother's Birthplace, Anne Arundel County

8. Full Name of Father, Philip McKelly

9. Father's Occupation, Stone Cutter

10. Father's Birthplace, Ireland

Name of Medical Attendant or other person who makes this Return. M J Kelly

Address, 1004 W Lexington St

Remarks,

1 8 9 1 0 0 0 3 0 3 3

CITY OF BALTIMORE AUG 4 1891 REGISTRAR'S DEPARTMENT

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and such other information as may be required by said schedule; said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent of any child within ten days after the birth, and in case there is no practitioner in attendance, then the parent shall within the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother at the birth of any child, then it shall be the duty of the parent of such child to report its birth to the Commissioner of Health, as herein provided, and in default thereof shall be guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore shall be fined not less than five dollars nor more than twenty dollars for each offence; and the penalties and forfeitures provided in this section shall be sued for and recovered by the Commissioner of Health, as herein provided, and in default thereof shall be guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore shall be fined not less than five dollars nor more than twenty dollars for each offence; and the penalties and forfeitures provided in this section shall be sued for and recovered by the Commissioner of Health, as herein provided, and in default thereof shall be guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore shall be fined not less than five dollars nor more than twenty dollars for each offence; and the penalties and forfeitures are recoverable by any such person or persons, who shall hereafter fail, neglect or refuse to comply with the provisions of this section, and shall be subjected to the fine of ten (10) dollars for each offence; and the penalties and forfeitures are recoverable

WM. J. E. SULAVY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 3979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1.	*Sex, (state whether male or female)*	
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	20th July
4.	*Place of Birth, (Street and Number)*	Balt N. Eden 622
5.	*Full Name of Mother,*	Elizabeth Bader
6.	*Mother's Maiden Name,*	Zensel
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Julius Bader
9.	*Father's Occupation,*	Butcher
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Catherine A. Mauch
	Address,	900 Leadenhall St
	Remarks,	1891 0003034

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3730.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 26th July 1891
4. Place of Birth, (Street and Number) 1132 Fort Ave
5. Full Name of Mother, Ellen Mortimer
6. Mother's Maiden Name, Voyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Mortimer
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Newell

Address, 1362 Fort Ave

Remarks,

8 9 1 0 0 0 3 0 3 5

Health. This record shall contain all of the facts with which it is required to deal, so far as the same can be ascertained by reasonable inquiry, and the absence of information shall be specifically noted. Every midwife or other person who shall have been in attendance upon the mother at the birth of any child, whether born living or dead, shall, within five days after the birth of such child, make a return to the Commissioner of Health of the facts required to be stated in relation thereto, which knowledge or belief shall be derived, as far as practicable, from the parents of such child or from the attendant upon the mother at the birth of such child. In the absence of a physician or practitioner or midwife in attendance upon the mother, the parent of any child born alive shall within five days after the birth of such child report the facts required to be stated in relation thereto, which knowledge or belief shall be derived, as far as practicable, from the parents of such child or from the attendant upon the mother at the birth of such child. Any person who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3m31

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* July 20th 1891
5. *Place of Birth, (Street and Number)* 2nd Ly 21 Ave
6. *Full Name of Mother,* Kate Lowley
7. *Mother's Maiden Name,* " Brown
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* William B. Lowley
10. *Father's Occupation,* Clerk
11. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M D

Address, Waverly Station Balto

Remarks,

1 8 9 1 0 0 0 3 0 3 6

REGISTERED 1891 CITY OF BALTIMORE

The Registrar shall not receive any certificate of birth unless the same be accompanied by the full name of each child (if any shall have been born) to the mother making such return, the name of its parents, the date and place of birth; and the said Registrar shall enter in a book to be kept for that purpose the name of each child registered, the name of its parents, the date and place of birth, and the sex of each child, which entry shall be signed by the practitioner in the form of a certificate between the first and fifth days of each and every month to the office of the Commissioner of Health. If the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the parent or parents of such child to report such birth to the Commissioner of Health, in the manner and within the time above required, and in such report shall state the cause of the absence of such attendance upon the mother. Immediately upon the registration of the birth of any child, the Registrar shall issue a certificate of such registration, which shall be prima facie evidence in all courts of the facts therein stated. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before any justice of the peace.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 3737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third 3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 20th 1891
4. *Place of Birth, (Street and Number)*	1356 Stockton st
5. *Full Name of Mother,*	Mary Henderett
6. *Mother's Maiden Name,*	Mary O'Brien
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	William Henderett
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Hennessy
Address,	241 W Lexington st
Remarks,	

1891 0003037

month, and shall set forth as far as the same can be ascertained all the particulars required by the Commissioners of Health in relation to each birth which may have occurred in such month, and shall be delivered, duly signed by the person who has been in attendance upon the mother, or by the father, or by the occupier of the house in which the birth has occurred, its sex, color, the full name and occupation of the father, and the maiden name of the mother, and the place of birth of any child born after the first and said schedule shall be delivered, duly signed by the person who has been in attendance upon the mother, or by the father, or by the occupier of the house in which the birth has occurred, or by any other person being in the house at the time of the birth of any child born after the first and third day of each month after the birth of such child. Any physician or practitioner of medicine or midwifery who shall neglect or refuse to make the return of births required, and shall omit to report its birth to the Commissioners of Health within the time above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

Case 37133.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY

Name of child: Maria Alice Joyce

1. No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 3rd
2. Sex, (*state whether male or female*) Female
3. Race or Color, (*if not of the white race*) White
4. Date of Birth, 20th of July
5. Place of Birth, (*Street and Number*) 709 Saratoga St.
6. Full Name of Mother, Maria Joyce
7. Mother's Maiden Name, Maria Sikes
8. Mother's Birthplace, Baltimore
9. Father's Occupation, Thomas A. Joyce
10. Father's Birthplace, Dish Store
Name of Medical Attendant, or other Person who makes this Return Baltimore
Address, Friederike Heuter Midwife
Remarks, 216 West Pratt St.

1 8 9 1 0 0 0 3 0 3 8

within six days thereafter, stating distinctly the date of birth, and the name, if any, of the child or children born, its or their physical condition, whether still-born or not, the full name, residence, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CITY OF BALTIMORE 1891

A. CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 3734.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* July 20th 91
5. *Place of Birth, (Street and Number)* 1132 N Stricker St
6. *Full Name of Mother,* Olie Huston.
7. *Mother's Maiden Name,* Curtain
8. *Mother's Birthplace,* Delaware
9. *Full Name of Father,* Arthur J Huston
10. *Father's Occupation,* Sailor
11. *Father's Birthplace,* Delaware

Name of Medical Attendant, or other person who makes this Return, Thomas Opie MD

Address, 600 N Howard St

Remarks,

1891 0003039

CITY OF BALTIMORE

1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 37133.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Robert Le Roy Phillips

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 20 th. 1891
4. Place of Birth, (Street and Number)	1418 N. Charles St.
5. Full Name of Mother,	Maggie Phillips
6. Mother's Maiden Name,	Maggie Donoghue
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	John Phillips
9. Father's Occupation,	B. & P. R.R. Employee
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton M.D.
Address,	Calvert & Preston Sts.
Remarks,	

1891 0003040

BM.J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 5-21-56

RETURN OF A BIRTH 3736.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ella Elizabeth Goldstraw

No. of Child of Mother, (State whether 1st, 2d, 3d, &c.)	2
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	20 July 1891
4. *Place of Birth, (Street and Number)*	Lavaton at
5. *Full Name of Mother,*	Sadie Goldstraw
6. *Mother's Maiden Name,*	Sadie Webster
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Charles Goldstraw
9. *Father's Occupation,*	[illegible]
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	[illegible]
Address,	[illegible]
Remarks,	

1 8 9 1 0 0 0 3 0 4 1

mouth, and shall set forth as far as the same has been ascertained by inquiry, the name of each child of such mother born since the last return, and the sex, color, the full name of the father, and such other facts as may be required by said schedule shall be delivered. duly signed [illegible] shall direct, and every month to the Commissioner of Health. In case the birth of any child shall occur within the limits of the City of Baltimore, [illegible] attendance upon the mother, immediately after the birth of such child to report its birth to the Commissioner of Health within the period above required, such [illegible] shall be liable to a penalty of [illegible] dollars for each offence. [illegible] Jected to the fine of twenty dollars for each offence. [illegible] ...ions of this section shall be subject to the fine of twenty dollars for each offence. [illegible] ...ther fines and forfeitures are recoverable.

CITY OF BALTIMORE

J. C. INGLEHART & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, A 37137.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, whether the child born is the only or which of children born, its or their physical condition, whether still born or not, the full name of the parents, and the maiden name of the mother of such child or children.

CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) _____

1. Sex (state whether male ~~or female~~) _____
2. Race or Color, (if not of the white race) White
3. Date of Birth July 20th 1891.
4. Place of Birth, (Street and Number) 1632 Thames St.
5. Full Name of Mother Matilda Young
6. Mother's Maiden Name Matilda Garbelin
7. Mother's Birthplace Baltimore City, Md.
8. Full Name of Father Randall S. Young
9. Father's Occupation Pilot
10. Father's Birthplace Mount Desert, Hancock Co. Maine

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Bashore,

Address 700 S. Broadway

Remarks _____

1891 0003042

RETURN OF A BIRTH. A 32138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 20th July
4. Place of Birth, (Street and Number) 123 North Paca St
5. Full Name of Mother, Freda Taylor
6. Mother's Maiden Name, Walter
7. Mother's Birthplace, Germany
8. Full Name of Father, Vanna Taylor
9. Father's Occupation, Boardchopper
10. Father's Birthplace, Northern Virginia

Name of Medical Attendent, or other person who makes this Return. Dr. Dunn

Address, 711 West St

Remarks,

1891000303 43

month, and shall set forth as far as the same can be ... child of any such ... been conferred, its sex, color, the full ... and the ... shall ... every month to the office of the ... shall occur without the attendance of a physician or ... of the person or parents of such ... attendance upon the mother, immediately after the ... and within ... child to report ... to the Commissioner of Health. In the ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be ... fined in the sum of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 3739.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday July 20th 91 12.30 M.
4. Place of Birth, (Street and Number) S.E. Cor Caloosh & Saratoga St
5. Full Name of Mother, Mary DiPaulo
6. Mother's Maiden Name, Mary Giovanna
7. Mother's Birthplace, Italy
8. Full Name of Father, Vincent DiPaulo
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. E. L. Wolch M.D.

Address, Park Ave & Mulberry St

Remarks,

8 9 1 0 0 0 3 0 4 4

month, and shall set forth as far as the name can be ascertained, the surname and Christian name of the child, if named, the sex, color, date and place of birth, the name and residence of the parents, the age of the mother, the number of children born to her, and the number living, and such other information as may be required by the blanks of said schedule. Said schedule shall be delivered, duly signed by the practitioner in charge, or if a midwife between the first and third day of each and every month to the office of the Commissioner of Health. Before the birth of any child shall occur without the attendance of a physician or practical midwife, the parent or parents or other person having charge of such child shall report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

PRINTED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 32140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th
4. *Sex, (state whether male or female)* male
5. *Race or Color, (if not of the white race)* white
6. *Date of Birth,* July 21st 1891.
7. *Place of Birth, (Street and Number)* No. 408 Cemetery Lane.
8. *Full Name of Mother,* Annie Fuller.
9. *Mother's Maiden Name,* Annie Holtenbach.
10. *Mother's Birthplace,* Baltimore.
11. *Full Name of Father,* Joseph Fuller.
12. *Father's Occupation.* Laborer.
13. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8910003045

CITY OF BALTIMORE 1891

month and shall set forth as far as the same can be ascertained the full name of each child of any and all the names conferred) the sex, color, the full names and residence of its parents, the date of birth and the number of the house in which the birth occurred, and in cases of illegitimate children the name and residence of the father, if known. Such return shall be delivered, duly signed by the practitioner in charge or person in attendance, to the Registrar of Vital Statistics between the first and third day of each and every month to the office of the Commissioner of Health, and shall be written with ink or indelible pencil. If a physician or practitioner in charge or person in attendance upon the birth of such child shall neglect or refuse to report such birth to the Commissioner of Health, in the manner and within the time above required, such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-7-57

RETURN OF A BIRTH

A 3714.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Richard Woerner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 21st 1906
4. Place of Birth, (Street and Number) 1006 Scott St
5. Full Name of Mother, Mary Ellen Woerner
6. Mother's Maiden Name, Mary Ellen Stuver
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Lee Woerner
9. Father's Occupation, Piano maker.
10. Father's Birthplace, Baltimore.

Name of Medical Attendent, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, 8910003046

...month, and shall set forth as far as the same can be ascertained the full name of the child, if any, the sex, color, the full name and residence of its parents, the date and place of birth; and whether the child is the first, second, third or other child born of the mother (which information shall be entered by the practitioner in the form of questions hereinafter set forth, and shall be signed by the practitioner in the form of certificate hereinafter set forth). The said schedule shall be delivered by the practitioner or midwife in attendance upon the birth, or by the father of the child, to the Commissioner of Health, or to such person as he may designate for the purpose, within ten days after the birth, and in case a birth shall occur without the attendance of a physician or midwife, then the father or mother of the child shall within ten days after the birth become the duty of the Commissioner of Health to cause such attendance upon the mother immediately to be provided. In the manner and within the time aforesaid the child to report the birth to the Commissioner of Health. In the manner and within the time aforesaid the Commissioner of Health shall cause the provisions of this section to be complied with. The persons who shall hereafter fail to comply with the provisions of this section shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than ten dollars nor more than fifty dollars, and costs of prosecution may be recovered, in the discretion of the court, from the person convicted. The penalties imposed by this section shall be collected by the State's Attorney of Baltimore City, in the name of the State, to the use of the Board of Health, and shall be recovered by action of debt, or by indictment, at the election of the State's Attorney. Any person who shall refuse or neglect to report the birth of a child, as required by this section, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than ten dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 3142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 21
4. *Place of Birth, (Street and Number)*	1 Eden Avenue
5. *Full Name of Mother,*	Maria Sabrina
6. *Mother's Maiden Name,*	Maria Pottfeld
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Winfield Scott Thom
9. *Father's Occupation,*	Brakeman
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Emelia Abt
Address,	Same as above
Remarks,	

8 9 1 0 0 0 3 0 4 7

CITY OF BALTIMORE

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 37143.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 21st 189
4. *Place of Birth, (Street and Number)* 227 Bethel st
5. *Full Name of Mother,* Mary Ott
6. *Mother's Maiden Name,* Mary Seidel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jos Ott
9. *Father's Occupation,* Cart driver
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Rebecca Cobb

Address, 11 E. Bond st

Remarks,

8 9 1 0 0 0 3 0 4 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 32147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 21 1891
4. Place of Birth, (Street and Number) 210 Saratoga St City
5. Full Name of Mother, Maggie Agnes Shugars
6. Mother's Maiden Name, Dawkes
7. Mother's Birthplace, Ireland
8. Full Name of Father, William Daniel Shugars
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto county

Name of Medical Attendent, or other person who makes this Return. Mrs M Marmet Midwife

Address, 973 Penna Ave

Remarks,

8910003049

GEO. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

HEALTH DEPARTMENT OF BALTIMORE CITY

JUL 23 1891

REGISTERED

...every child of any shall have ...birth, and the ...between ...any child ...the parents of such ...other person ...the period ...sections of ...penalties ...recoverable.

RETURN OF A BIRTH 32/93.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

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1. *Number of Child of Mother.* (*state whether 1st, 2d, 3d, &c.*)	1st
2. *Sex.* (*state whether male or female*)	Male
3. *Color or Race.* (*if not of the white race*)	White
4. *Date of Birth,*	21st of July
5. *Place of Birth,* (*Street and Number*)	120 Watson Lane
6. *Full Name of Mother.*	Catharina Albrecht
7. *Mother's Maiden Name.*	Catharina Bolt
8. *Mother's Birthplace.*	Baltimore
9. *Full Name of Father.*	Wilhelm Albrecht
10. *Father's Occupation,*	Bäcker
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Frederick Reuter Midwife
Address,	116 West Pratt St.
Remarks,	

1891 CITY REGISTRAR

8 9 1 0 0 0 3 0 5 0

A CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 37146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 21 st 1891

4. Place of Birth, (Street and Number) 1439 W Lombard st

5. Full Name of Mother, Katie Meyer

6. Mother's Maiden Name, Thomas

7. Mother's Birthplace, a City

8. Full Name of Father. George Meyer

9. Father's Occupation, German (Saxon)

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. John Lyd M.D.

Address, 1931 E Monument

Remarks, 1891000305

CITY OF BALTIMORE

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 3747.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 21. 1891.
4. Place of Birth, (Street and Number) 823 President st
5. Full Name of Mother, Annie Gunon
6. Mother's Maiden Name,
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Gunon
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs L. Bernstein

Address, 122 S. Exeter st

Remarks, 1891 0003052

CITY OF BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3748.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth*	July 9
4.	*Place of Birth, (Street and Number)*	Baltimore Co.
5.	*Full Name of Mother*	Mary C. Hayden
6.	*Mother's Maiden Name*	Mary C. Cunkle
7.	*Mother's Birthplace*	Winchester Va.
8.	*Full Name of Father*	Benjamin G. Hayden
9.	*Father's Occupation*	Oyster Trader
10.	*Father's Birthplace*	Northumberland Co. Va.
	Name of Medical Attendant, or other person who makes this Return,	Catherine Murphy
	Address,	800 Leadenhall St
	Remarks,	1891000305 3

month, and shall set forth as far as the same can be ascertained the full name of each child ... during the ... and ... shall have ... and ... the ... of any child ... person he ... parents of such ... shall be ... and ... shall be sub- ... dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3749.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 July
4. Place of Birth, (Street and Number) Bond 602
5. Full Name of Mother, Magdaleta Vershacke
6. Mother's Maiden Name, Fuchs
7. Mother's Birthplace, Poland
8. Full Name of Father, Valentine Vershacke
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Skolzka

Address, 806 Bond St.

Remarks,

1891000 3054

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3750.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 21 July 1880
4. Place of Birth, (Street and Number) 1101 Cross st
5. Full Name of Mother, Carrie Frank
6. Mother's Maiden Name, Carrie Brown
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Frank
9. Father's Occupation, driver Wagon
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Crumbo

Address, 900 Scarlett Hall st

Remarks,

1891000 3055

month, and shall set forth as far as the same can be ascertained the name, sex, race or color, date and place of birth, and the full name and occupation of each parent of each child, if any, born during the said month, and the number of such child of the mother, which has been conferred by the preceding birth, and the place of birth; and the said schedule shall be delivered, duly signed by the practicing physician, midwife or person in attendance upon the mother at the birth of each child, or by the father or mother of such child, within ten days after the birth of any child, to the office of the Commissioner of Health, or shall be left at the office of the Commissioner of Health, by some person in attendance upon the mother at the birth of any child, or by the father or mother of such child, within ten days after the birth of any child, to be forwarded by mail to the Commissioner of Health, by such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

OF BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 3761.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 st July
4. Place of Birth, (Street and Number) 737 Cumberland St Balto
5. Full Name of Mother, Emma Barbara Downs
6. Mother's Maiden Name, " " Lockney
7. Mother's Birthplace, Balto Co Md
8. Full Name of Father, Wm Allen Downs
9. Father's Occupation, Store keeper
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return.

Address, Wm J Shockney 731 Cumberland St Balto Md

Remarks,

1891 0003056

...month, and shall set forth as far as the same can be ascertained the ... been conferred, its sex, color, the full name and occupation of its Parents, ... and the third day of each and every month, by the Practitioner in the form ... shall occur without the attendance of a physician or practitioner of ... attendance upon the Mother. Immediately thereafter it shall become the ... child or parent, to report to the Commissioner of Health, in the manner and ... any such person or persons who shall neglect or refuse to comply with the ... Jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CITY OF BALTIMORE

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, July 22 '91
5. Place of Birth, (Street and Number) 210 4 Jefferson Place
6. Full Name of Mother, Sarah Kone
7. Mother's Maiden Name, Sarah Albright
8. Mother's Birthplace, Penna
9. Full Name of Father, Henry H Kone
10. Father's Occupation, Laundry
11. Father's Birthplace, Md
12. Name of Medical Attendant, or other person who makes this Return, A. E. Pole
13. Address, Mason and Bloom
14. Remarks, 1 8 9 1 0 0 0 3 0 5 7

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 3763.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	July 22, 1891.
4. Place of Birth, (Street and Number)	100 S. Arlington Ave.
5. Full Name of Mother,	Elizabeth A. Bateman.
6. Mother's Maiden Name,	Nagle.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	P. Gilbert Bateman.
9. Father's Occupation,	Plumber
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	John Hood
Address,	137 Harlem Ave.
Remarks,	18910003058

months, and shall set forth as far as the same can be ascertained by reasonable inquiry, the name, sex, color, the full name and description of each child, of which any female shall have been delivered, the date and the place of birth, and the full name and residence of the father and mother; and in case the birth of any child shall occur without the attendance of a physician or midwife, the parent or other person who should give information of such birth shall state the reason why such information was not given by a physician or midwife. Every physician or midwife who shall attend upon any female during her confinement shall make a return of each birth at which he shall have been present, within the period above required, and any such person or persons who shall neglect or refuse to make such return, as required by the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, and forfeitures are recoverable.

CITY OF BALTIMORE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 37954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
	Sex, (state whether male or female)	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	July 22 - 1891
4.	*Place of Birth, (Street and Number)*	1407 Orleans St.
5.	*Full Name of Mother,*	Elizabeth W. Taylor
6.	*Mother's Maiden Name,*	Pittaff
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Charles Edgar Taylor
9.	*Father's Occupation,*	Sign Painter
10.	*Father's Birthplace,*	Washington
	Name of Medical Attendant, or other person who makes this Return	Mary Klein
	Address,	1427 E. Pratt St.
	Remarks,	1891 0003059

CITY OF BALTIMORE 1891

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the place and date of birth, and the said certificate shall be signed by the attendant in the case and if there be no attendant, then by the parent. And the third day of each and every month to the office of the Commissioner of Health, or some other officer designated by him, the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the parents of such child to report the same to the Commissioner of Health, or other officer designated by him, and no other person he is required to report the same to the Commissioner of Health, or other officer designated by him, and no other person shall be required to report the same to the Commissioner of Health, or other officer designated by him, and no other person pay such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before any justice of the peace in this State, and for which sum or fine so recovered suit shall be instituted in the name of the State of Maryland for the use of the City of Baltimore.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. E 3730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 22 — 1891
4. Place of Birth, (Street and Number) 921 S. Cappel St.
5. Full Name of Mother, Katharina Wagner
6. Mother's Maiden Name, Parchent
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm Wagner
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Gary Stein

Address, 1427 E Pratt St.

Remarks,

1891 0003060

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH B 3706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 22nd. 1891
4. Place of Birth, (Street and Number) 2025 E. Preston St. Balt.
5. Full Name of Mother, Emma Baker
6. Mother's Maiden Name, " " Burkhardt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George H. Baker
9. Father's Occupation, Police Officer
10. Father's Birthptace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wilhelmina Schmidt

Address, No. 1859 N. Gay St. City

Remarks, none

1891 0003061

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 32154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 22: 1891
4. Place of Birth, (Street and Number) 406 E. First St
5. Full Name of Mother, Bertha Hopkins
6. Mother's Maiden Name, " Murray
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. H. Hopkins
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. D. G. Williams

Address, 900 Madison Ave

Remarks,

1891000306 2

CITY OF BALTIMORE

...been conferred) its sex, color, the full name and occupation ... and the ... and place of birth, and the ... the first and ... date the birth of any child ... said schedule shall be delivered, duly ... to the office of the ... Registrar of Vital Statistics, ... should no other person be in ... attendance of a physician or ... person or parent of such ... shall occur within the ... immediately thereafter, in the manner and within the ... Section 1 of this section shall be ... child to report its birth to the Commissioner of Health, ... with the penalties ... and ... any such person or persons ... Jected to the fine of ten ... dollars for each offense, to be ... recoverable.

...ORE, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37188.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	July 22 – 91
4.	*Place of Birth, (Street and Number)*	212-3 E. Monument
5.	*Full Name of Mother,*	Kate Gollinkoffer
6.	*Mother's Maiden Name,*	" King
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Wm G. Gollinkoffer
9.	*Father's Occupation,*	Upholsterer
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allen
	Address,	912 McDonogh
	Remarks,	

1891 0003063

been conferred) its sex, color, the full name and occupation[illegible] of birth, and the said schedule shall be delivered, duly signed by the practitioner[illegible] certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner above required, and shall occur without the attendance of a physician or practitioner, the father or other person in charge of the child to report its birth to the Commissioner of Health, in the manner above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable.

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 37159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 July
4. Place of Birth, (Street and Number) 2819 July
5. Full Name of Mother, Bertha Hasse
6. Mother's Maiden Name, = Petwell.
7. Mother's Birthplace, Peruvian (Germ)
8. Full Name of Father, ~~Carpenter~~ Georg Hasse
9. Father's Occupation, Carpenter
10. Father's Birthplace, Peruvian (Germ)

Name of Medical Attendant, or other person who makes this Return. Mrs E. Weiss

Address, 2524 Lancaster St.

Remarks,

1891000306 4

month, and shall set forth as far as the same can be ascertained, the full name, sex, color, date and place of birth, and the name, residence and occupation of the parents of each child, of any child born within the limits of the City of Baltimore, which may hereafter be born, and which shall not have been entered in the office of the Commissioner of Health, or which may hereafter be born, and which shall not have been entered, duly signed by the practicing physician or midwife in attendance upon the birth of any child or in case there shall be no such physician or midwife in attendance, then by the father or mother of such child, or in case of the death or inability of both father and mother, then by the householder in whose house such child shall be born, within ten days after the birth of any child and every month to the office of the Commissioner of Health, or where no other person be in attendance without the attendance of a physician or midwife, then by the father or mother of such child, or in case of the death or inability of both father and mother, then by the householder in whose house such child shall be born, within ten days after the birth of any child and every month to the office of the Commissioner of Health, to be registered; and it shall hereafter be the duty of the physician or parents of such child or householder in whose house such child shall be born, or midwife in attendance upon such birth to the Commissioner of Health, to report and register such birth within ten days after the same shall occur; and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs, before any justice of the peace, by warrant of distress and sale of the goods and chattels of the offender, and in default of sufficient distress and sale, the offender shall be committed to the House of Correction for a period not exceeding thirty days, unless the fine and costs aforesaid are sooner paid; and all fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 32160.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male - Frank Edward Stark
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 2nd
4. *Place of Birth, (Street and Number)*	318 Penn St
Full Name of Mother,	Ella Stark
6. *Mother's Maiden Name,*	Ella Murphy
7. *Mother's Birthplace,*	Staten Island N.Y.
8. *Full Name of Father,*	Jacob C. Stark
9. *Father's Occupation,*	Truck Maker
10. *Father's Birthplace,*	Jersey City N.J.
Name of Medical Attendant, or other person who makes this Return.	Geo. Stone M.D.
Address,	474 Saratoga St
Remarks,	

8910003065

months, and shall set forth (as far as the same can be ascertained) the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the attendant at the birth, or some other person present thereat, to the third day of each and every month to the officer or person appointed to receive the same. In case the birth of any child shall occur upon the vessel, the master, steward, or other officer or person in charge thereof shall perform the duties required by this section of the person in attendance upon the mother. Immediately after the birth of any child, it shall become the duty of the person required to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 37161.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th.
3. *Sex, (state whether male or female)* Female.
4. *Race or color, (if not of the white race)* White.
5. *Date of Birth,* July 22nd 1891.
6. *Place of Birth, (Street and Number)* 580 Richland St. bet. Bona ave. & Monroe St.
7. *Full Name of Mother,* Mary A. Doubbart. Mary A. Killman.
8. *Mother's Maiden Name,*
9. *Mother's Birthplace,* Washington, D. C.
10. *Father's Occupation,* George E. Doubbart
    Father's Birthplace, Policeman
    Name of Medical Attendant, or other person who makes this Return. Prince George's Co. M.D.
    Address, S. G. Shower. M.D.
    Remarks, 8 Bona ave. ext.

8 9 1 U 0 0 3 0 6 6

CITY OF BALTIMORE

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 3767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 22 [illegible]
4. Place of Birth, (Street and Number) # 302 Marion St
5. Full Name of Mother, Rosario Libuto
6. Mother's Maiden Name, " Barrage
7. Mother's Birthplace, Arvalo Italy
8. Full Name of Father, Salvator Libuto
9. Father's Occupation, Peddler
10. Father's Birthplace, Arvalo Italy

Name of Medical Attendant, or other person who makes this Return. John G. Huck

Address, # 649 Lafayette Ave (Rear)

Remarks,

189 10003067

any such person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 37163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th (Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Wednesday July 22nd 1891
4. Place of Birth, (Street and Number) 2236 Orleans Street
5. Full Name of Mother, Gertrude Lang.
6. Mother's Maiden Name, Gertrude Vogel.
7. Mother's Birthplace, Lower Prussia.
8. Full Name of Father, John Lang.
9. Father's Occupation, Wood Turner.
10. Father's Birthplace, Kaisa Bavaria

Name of Medical Attendant, or other person who makes this Return. Mrs Hannah E Power (C)

Address, 216 North Patterson Ave

Remarks, Attended

1891 0003068

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 7-6-56

RETURN OF A BIRTH A 3764.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Theodosia Fitch ~~Johnson~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether ~~male~~ or female)
2. Race or ~~Color~~. (if not of the white race)
3. Date of Birth, June 2nd - 1891
4. Place of Birth, (Street and Number) 1213 N. Mc Cu
5. Full Name of Mother, Theodosia Johnson
6. Mother's Maiden Name, Theodosia Fitch
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, Thomas H. Johnson
9. Father's Occupation, Butcher
10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other person who makes this Return. E. C. Cole M. D.

Address,

Remarks, Cert. rec'd

1891 0003069

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. 32166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child 1

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 22, 1894
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation.* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendent, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible]

8 9 1 0 0 0 3 0 7 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 3766.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color. (if not of the white race) White
3. Date of Birth, 7/22/91 at 6:30 a m
4. Place of Birth, (Street and Number) 817 S Paca St
5. Full Name of Mother, Mrs Minnie Kaufman
6. Mother's Maiden Name, Minnie Schmidt
7. Mother's Birthplace, City
8. Full Name of Father. Wm Kaufman
9. Father's Occupation. Packer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks,

1891 0003071

month, and shall set forth its form the same can be ascertained, the name of each child of any shall have been before given, the sex, color, the full name and occupation of its parents, the place and date of birth; and the said schedule shall be delivered, duly signed by the person making the same, to the Registrar within the first and third day of each and every month to the office of the Commissioner of Health, and a duplicate thereof to any other person he is directed to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ORE. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3m 67.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22th July 821
4. Place of Birth, (Street and Number) Baltimore Md 1805 Fleet
5. Full Name of Mother, L Lipscomb
6. Mother's Maiden Name, Mary L Hunter
7. Mother's Birthplace, Baltimore Md 1801
8. Full Name of Father, John B Dorsey
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore Md 1801

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 414 S Sharp St Baltimore Md

Remarks, [illegible]

1891000 3072

...Act of Assembly, passed at the January Session, 1874, Chapter 383, Section 12, Sub-Section 3, it shall be the duty of the Physician, Midwife, Nurse or other person who shall have been in attendance upon the mother immediately before the birth of any child, or in case there shall be no such person, then of the person or parents of such child, or in case the parents shall be dead, then of the householder of the district in which such birth shall occur, within ten days after the birth of such child, to report its birth to the Commissioner of Health in the District and Wards of the city in the manner and form above required, and any such person who shall neglect or refuse to make such report, as aforesaid, shall be subject to the fine or fines (not exceeding ... dollars for each offence) and forfeitures as recoverable.

...Act of Assembly, passed at the January Session, 1874, Chapter 383, Section 12, Sub-Section 3, it shall be the duty of the Physician, Midwife, Nurse or other person who shall have been in attendance upon the mother immediately before the birth of any child, or in case there shall be no such person, then of the person or parents of such child, or in case the parents shall be dead, then of the householder of the district in which such birth shall occur, within ten days after the birth of such child, to report its birth to the Commissioner of Health in the District and Wards of the city in the manner and form above required, and any such person who shall neglect or refuse to make such report, as aforesaid, shall be subject to the fine or fines (not exceeding ... dollars for each offence) and forfeitures are recoverable.

BOARD OF HEALTH BALTIMORE

...ORE, J. C. O'LEARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 32168.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2d of July
4. *Place of Birth, (Street and Number)* 2706
5. *Full Name of Mother,* Therese Schatt
6. *Mother's Maiden Name,* Hofmann
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Peter Schatt
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return. Mrs Ed Weiss

Address, 2424 Lancaster St

Remarks,

8 9 1 0 0 0 3 0 7 3

6M.-J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33164.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22nd of July 1891.
4. Place of Birth, (Street and Number) 418 Patterson Park Ave.
5. Full Name of Mother, Ida Tansel
6. Mother's Maiden Name, Ida Hollence
7. Mother's Birthplace, Langen County Virginia
8. Full Name of Father, John H. Tansel
9. Father's Occupation, Laborman
10. Father's Birthplace, Deals Island Somerset Co Md

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel St per Justina Kunkel

Remarks; Healthy

9 1 0 0 0 3 0 7 4

ORIG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37170.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	II
1.	*Sex, (state whether male or female)*	Girl
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	23rd July 189[illegible]
4.	*Place of Birth, (Street and Number)*	Ellington Ave. 414.
5.	*Full Name of Mother,*	Maggie Guenther
6.	*Mother's Maiden Name,*	Kreiger
7.	*Mother's Birthplace,*	Balto.
8.	*Full Name of Father,*	Albert Kreiger
9.	*Father's Occupation,*	workman
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	
	Address,	
	Remarks,	8 9 1 0 0 0 3 0 Dr. Buehler 235 S. Washington St

month, and shall set forth as far as he can ascertain the full name, sex, color, the full name and occupation of the father, and the maiden name of the mother of each child born alive during the month, and shall be delivered, duly signed by the practitioner in attendance, or the person who shall have been employed) its sex, color, the full name and occupation of the father, and the maiden name of the mother of each and every month to the office of the Commissioner of Health, in the manner and form prescribed by said schedule shall be delivered, duly signed by the practitioner in attendance, or the person who shall have certified the birth. And any child born within the limits of Baltimore City after the first day of [illegible] 1890, and not reported within the first ten days of its birth, shall be reported to the Commissioner of Health by the person in charge of the house in which such child was born, or by the person in attendance upon the mother, immediately thereafter, [illegible] become aware of the birth of any child to report its birth to the Commissioner of Health, in the manner and form prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable

RECEIVED AUG 6 1890 REGISTRAR'S DEPARTMENT OF BALTIMORE

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 32171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 3 1891
4. *Place of Birth, (Street and Number)* 229 Saint
5. *Full Name of Mother,* Lizzie
6. *Mother's Maiden Name,* Lizzie Gentleman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John H Thomas
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr Wm Keller

Address, 1111 Lombard St

Remarks,

8 9 1 0 0 0 3 0 7 6

month, and shall set forth as far as the same can be ascertained all the particulars required by the form of certificate hereinafter mentioned, and shall sign the same with his usual signature and place of birth; and the full name and place of birth of the mother of such child, and the full name and place of birth of the father of such child, if the same can be ascertained by the person required to make the return of the birth of such child. A certificate between the first and tenth day of each month, stating the number of births which have been registered during the preceding month, shall be delivered by the Registrar of Vital Statistics to the Comptroller of the City of Baltimore. Any person who shall refuse or neglect to make the return of the birth of any child which he shall be required to make by the provisions of this section, or who shall refuse or neglect to make such return within the time prescribed by this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 23rd

4. Place of Brth, (Street and Number) 525 N Fremont Ave

5. Full Nameof Mother, Miller

6. Mother's Maiden Name, Unknown

7. Mother's Brthplace, Germany

8. Full Nameof Father, Adam Miller

9. Father's Occupation, Shoemaker

10. Father's Bithplace, Germany

Name of Medical Attendant, or other Person who makes this Return. D. F. Hall M.D.

Address, 1001 E. Baltimore

Remarks,

1891 0003077

CITY OF BALTIMORE HEALTH DEPARTMENT 1891

Duty of the births which have occurred, under his or her care during the month, and shall set forth as far as the same can be ascertained the following particulars, viz: the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be entered in a book to be kept for that purpose. Every person who shall neglect to make such report, or shall refuse to give the information required by this section, or shall knowingly give false information, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offence, to be recovered as other fines and forfeitures are recovered.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 43773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	
Date of Birth,	July 23rd 91
Place of Birth, (Street and Number)	1117 E. Lombard St
5. *Full Name of Mother,*	Annie Graf
6. *Mother's Maiden Name,*	Geiger
7. *Mother's Birthplace,*	Prussia
8. *Full Name of Father,*	Herman Graf
9. *Father's Occupation,*	Tanner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Jenny Turst
Address,	19 N Edmondson Ave
Remarks,	

8 9 1 0 0 0 3 0 7 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 3217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* female
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* Dec 23, 1891
5. *Place of Birth, (Street and Number)* 3505 Boston St.
6. *Full Name of Mother,* Lena Herman
7. *Mother's Maiden Name,* Lena Hyman
8. *Mother's Birthplace,* Baltimore
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary C. Sherman

Address, 726 Aisquith St

Remarks,

1891 0003079

HEALTH DEPT. CITY OF BALTIMORE 1891 AUG 1

Every physician or midwife in attendance upon any case of birth shall be required to ascertain the full name of each child. If any shall have been omitted from the return of birth, he shall ascertain the same and report it to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in said schedule shall be delivered, duly signed by the mother, to the coroner of the district, within twenty-four hours after the birth of such child to report its birth to the Commissioner of Health. In case the person or parents of such third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. The penalty for neglect or refusal to comply with the provisions of this section shall be any such person or persons who shall hereafter fail to perform the duties required of them by the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, and the name of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CITY OF BALTIMORE 1891

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* July 22nd 1891
5. *Place of Birth, (Street and Number)* No 1524 Linden Ave
6. *Full Name of Mother,* Sarah E Smith
7. *Mother's Maiden Name,* Sarah E Wheeler
8. *Mother's Birthplace,* Pittsylvania County Virginia
9. *Full Name of Father,* Christian M Smith
10. *Father's Occupation,* Painter
11. *Father's Birthplace,* Baltimore City MD

Name of Medical Attendant, or other Person who makes this Return. Dr Virginia Wheeler

Address, 1531 N Linden Ave

Remarks,

1891 0003080

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 37176.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Third
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	July 23 – 91
4.	*Place of Birth, (Street and Number)*	942 N Wolfe
5.	*Full Name of Mother,*	Carrie B Elgert
6.	*Mother's Maiden Name,*	" " Weber
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Charles C Elgert
9.	*Father's Occupation,*	Salesman
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
	Address,	912 Mc Donough
	Remarks,	6910003081

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 3177.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 23, 189[illegible]
4. Place of Birth, (Street and Number) 220 N. Durham St.
5. Full Name of Mother, Mary Ellen Jackson
6. Mother's Maiden Name, Mary Ellen Jackson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Jackson
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Susan Hooper

Address, 129 N. Durham St

Remarks,

8910003082

...the birth of any child ... shall be delivered ... to the office of the ... Board of Health, ... and an other person ... shall ... report ... the ... birth ... to the ... Board of Health, ... within ... days ... after the ... birth ... shall ... be subject to the penalties ... of this section shall be subject to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

GEO. C. G. BALLEY & BRO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH a. 3178.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, July 23d 1851

4. Place of Birth, (Street and Number) # 829 Butler st

5. Full Name of Mother, Clara A. Bennett

6. Mother's Maiden Name, " " Funk

7. Mother's Birthplace, Balto City

8. Full Name of Father, Asher B. Bennett

9. Father's Occupation, Captain of Yacht

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, W. H. Schwatka M.D.

Address, # 2429 Lancaster st

Remarks, 8 9 1 0 0 0 3 0 8 3

CITY OF BALTIMORE 1851

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3779.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] during the month, and shall set forth as far as the same can be ascertained the fu[ll] [illegible] of each child, [illegible] shall have been conferred) its sex, color, the full name and occupation of its pare[nts], the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person [illegible] of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines [illegible] are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 23 — 1891
4. *Place of Birth, (Street and Number)* 2103 W Vine St
5. *Full Name of Mother,* Estella Agnes Quinnt
6. *Mother's Maiden Name,* Estella Agnes Akers
7. *Mother's Birthplace,* Carroll Co md
8. *Full Name of Father,* Andrew Valentine Quinnt
9. *Father's Occupation,* Wire Worker
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. G. N. Slater md

Address, 1634 W. Fayette St

Remarks, 1 8 9 1 0 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

37180.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 July
4. *Place of Birth, (Street and Number)* 1620 Jefferson St
5. *Full Name of Mother,* Ella Bell
6. *Mother's Maiden Name,* Hubert
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* W. H. Bell
9. *Father's Occupation.* Carpenter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs R Gillig.

Address, 1302 E. Lehing

Remarks,

+ 8 9 1 0 0 0 3 0 8 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 3181.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23 1891
4. Place of Birth, (Street and Number) 2047 Pinna Ave
5. Full Name of Mother, Catherine Norris
6. Mother's Maiden Name, Menrhaw
7. Mother's Birthplace, Anne Arundel Co
8. Full Name of Father, John Norris
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Chas E Sadtler

Address, 2100 Druid Hill Ave

Remarks,

1 8 9 1 0 0 0 3 0 8 6

PRINTED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 Aug
4. Place of Birth, (Street and Number) 1722 Potter
5. Full Name of Mother, Louise Birr
6. Mother's Maiden Name, Louise Gerland
7. Mother's Birthplace, German
8. Full Name of Father, Heinrich Birr
9. Father's Occupation, School
10. Father's Birthplace, German

Name of Medical Attendant, or other person who makes this Return, Catherina Heinrichs

Address, 100 Seadanhall st

Remarks,

1891000 3087

month, and shall set forth as far as the same can be ascertained the full name, residence and occupation of the parents, the number of children born to the mother, and the number of each sex living, the number of each child, if any, shall have died before the birth of the child reported, and the number of each sex living, the number of each child, if any, shall have said schedule shall be delivered, duly signed by the physician or midwife in attendance, or, should no other person be in attendance, by the parent or parents of the child, or by the householder in whose house the birth shall occur, or by the nurse in attendance, within thirty days after the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, and every such parent or parents shall deliver to the Commissioner of Health, in the manner and within the time above specified, a schedule containing the information required to be given by this section; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

a 3783

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, July 23rd 1891
4. *Place of Birth*, (*Street and Number*) 1019 Maldies St
5. *Full Name of Mother*, Mary Ewoldt
6. *Mother's Maiden Name*, " Kessler
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Harry Ewoldt
9. *Father's Occupation*, Safe builder
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return. Geo R [illegible]

Address,

Remarks, 1891000 3088

months, and shall set forth as far as the same can be ascertained the full name [illegible] child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] third day of each and every month to the office of the Commissioner of Health, [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] child to report its birth to the Commissioner of Health, in the manner and within the [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3784.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CITY OF BALTIMORE REGISTRAR'S OFFICE 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 23rd 1891
4. *Place of Birth, (Street and Number)*	505 L Parkin St
5. *Full Name of Mother,*	Emma Duchesne
6. *Mother's Maiden Name,*	" Wright
7. *Mother's Birthplace,*	Massachusetts
8. *Full Name of Father,*	Jos C Duchesne
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Massachusetts
Name of Medical Attendant, or other person who makes this Return.	Geo R Latane
Address,	
Remarks,	

1 8 9 1 0 0 0 3 0 8 9

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be filled up and signed by the physician or midwife in attendance, or if there be none, by the father or mother of such child, within five days after the birth, and the third day of each and every month to the office of the Commissioner of Health. In case the said certificate shall occur without the attendance of a physician or practitioner of midwifery, or should the attendant upon the mother immediately thereafter it shall become the duty of the person with whom the mother resides, or in which the birth occurs, to report the same to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3785.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex. (state whether male or female) Male
2. Race or Color. (if not of the white race) W.
3. Date of Birth. July 23 / 91
4. Place of Birth. (Street and Number) 1055 E Lombard
5. Full Name of Mother, Alice Baupre
6. Mother's Maiden Name, " Donahoe
7. Mother's Birthplace, England
8. Full Name of Father, Louis Baupre
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return, Leo L Wilkins

Address,

Remarks, 8 9 1 0 0 0 3 0 9 0

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 3786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Living

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec 24 1871
4. *Place of Birth (Street and Number),* 404 North Ave
5. *Full Name of Mother,* Mary Ignatius Harding
6. *Mother's Maiden Name,* M. Carter
7. *Mother's Birthplace,* London England
8. *Full Name of Father,* James Edward Harding
9. *Father's Occupation,* Engineer Mate
10. *Father's Birthplace,* Frederick City Md

Name of Medical Attendant, or other person who makes this Return. Dr Hammer

Address, 212 N Broadway

Remarks, 8910003091

e Baltim e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 3215[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 27th [illegible]
4. *Place of Birth, (Street and Number)* 1547 [illegible]
5. *Full Name of Mother,* Rosa Cassell
6. *Mother's Maiden Name,* Rosa Alexander
7. *Mother's Birthplace,* Frederick co Md
8. *Full Name of Father,* Max H Cassell
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Anna [illegible]

Address, 576 N [illegible]

Remarks,

8910003092

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 32188.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24 = 1891
4. Place of Birth, (Street and Number) 323 N Carrollton Ave
5. Full Name of Mother, Emma Stoffregen
6. Mother's Maiden Name, Kaiser
7. Mother's Birthplace, Balto
8. Full Name of Father, Carl Stoffregen
9. Father's Occupation, Accountant
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, John Scott M.D

Address, 701 N Carrollton Ave

Remarks,

1 8 9 1 0 0 0 3 0 9 3

HEALTH DEPARTMENT CITY OF BALTIMORE 1891

PRINTED BY J.C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, July 24th 1891
5. Place of Birth, (Street and Number) 619 Madison Waverly Annex
6. Full Name of Mother, Mary R. Lumpf
7. Mother's Maiden Name, " " Diggs
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Lawson P. Lumpf
10. Father's Occupation, Bookkeeper
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. H. Rankin M.D.

Address, Waverly Station Balto md

Remarks,

1891 0003094

CITY OF BALTIMORE. JAN 1891 REGISTRAR'S OFFICE

month and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) the sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or person in charge of each case between the first and the fifth day of each and every month to the office of the Commissioner of Health. In case the first and attendance upon the mother [illegible] or practitioner of [illegible] no other person [illegible] child to report its birth to the Commissioner of Health, [illegible] such person or persons who shall hereafter fail to comply with [illegible] forfeit and pay for each offense a sum not exceeding [illegible] dollars, to be recovered as debts of like amount are now recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 5-31-55

RETURN OF A BIRTH. 3790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Matthew Louis Kolb

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 4 July - 1891
4. Place of Birth, (Street and Number) 2066 Carlton ave
5. Full Name of Mother, Mary Kolb
6. Mother's Maiden Name, Mary Hagan
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm Kolb
9. Father's Occupation, Dairy
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Wm D Ulig

Address, 1002 Lexington St

Remarks,

1891 0003095

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full names of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the Registrar of Vital Statistics of Baltimore City every month to the Commissioner of Health. If more than one child shall occur without the issuance of a license between the first and last births, a separate schedule shall be delivered for each child. If there be no attendance upon the mother, immediately after the birth of any child, the parent or parents of such child to report its birth to the Commissioner of Health. And any duty of the person or parents of such child with regard to the registration of its birth, who shall hereafter fail to comply with the provisions of this section, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined for each offense, to which no discretionary power to remit fines and forfeitures is reconcilable.

CITY OF BALTIMORE ILLINOIS

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be as[illegible] of each child (if any shall have been conferred) its sex, color, the full name and occu[illegible]te and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] certificate between the first and third day of each and every month to the office of [illegible] In case the birth of any child shall occur without the attendance of a physician [illegible] should no other person be in attendance upon the mother, immediately thereafter it shall become the duty [illegible] person or parents of such child to report its birth to the Commissioner of Health [illegible] within the period above required, and any such person or persons who shall hereafter fail to [illegible] of this section shall be subjected to the fine of ten (10) dollars for each offense, to [illegible] forfeitures are recoverable.

HEALTH DEPARTMENT AUG 1891 CITY OF BALTIMORE

RETURN OF A BIRTH. 3791.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* July 24 1891
4. *Place of Birth, (Street and Number)* 214 Burk St
5. *Full Name of Mother,* Annie Maria Harrison
6. *Mother's Maiden Name,* Annie Maria Smith
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Stephen J. Harrison
9. *Father's Occupation,* labor
10. *Father's Birthplace,* Estern Shore Dorchester Co. Md

Name of Medical Attendant, or other person who makes this Return. Mrs Elizabeth Madoniel

Address, No 26 South Register St

Remarks,

18910003096

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 21th
4.	*Place of Birth, (Street and Number)*	1231 Hanover St
5.	*Full Name of Mother,*	Mary Kelly
6.	*Mother's Maiden Name,*	M McMahon
7.	*Mother's Birthplace,*	Ireland
8.	*Full Name of Father,*	John Kelly
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Ireland
	Name of Medical Attendant, or other person who makes this Return,	H C Bond M D
	Address,	511 Hanover St
	Remarks,	

1891 0003097

... month, and shall set forth as far as the same can be ascertained the ... and shall sign the same with ... name and residence of the ... shall be delivered. duly signed by the practitioner in the form of a certificate ... third day of each and every month to the office of the Commissioner of Health. In case ... shall serve without the attendance of a physician or practitioner ... child to report its birth to the Commissioner of Health, in the manner and ... any such person or persons who shall hereafter fail to comply with the ... Jertell to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable

... J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) race
3. Date of Birth, 24 of Feb
4. Place of Birth, (Street and Number) 1623 Shakespeare st
5. Full Name of Mother, Anna Brady
6. Mother's Maiden Name, Anna Radtke
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Reed
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Anna Lunsford

Address, 1611 Lanvale st.

Remarks, 8 9 1 0 0 0 3 0 9 8

CITY OF BALTIMORE 1891

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, July 24 / 91
4. Place of Birth, (Street and Number) 304 No. Carlton st.
5. Name of Mother, Ella V. Jones
6. Mother's Maiden Name, " " Wheatley
7. Mother's Birthplace, D. C.
8. Full Name of Father, John D. Jones
9. Father's Occupation, Driver
10. Father's Birthplace, D. C.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Wiltens

Address, 1126 E. Broadway.

Remarks, 8 9 1 0 0 0 3 0 9 9

CITY OF BALTIMORE HEALTH DEPARTMENT JUN 3 1892

month, and shall set forth as far as the same can be ascertained, the following facts: The name, if any, given to the child at the time of registry, the sex, color, the full names of the parents, the date and place of birth, and the name of each living child of the mother, and the date of birth of the last child born before the one then reported, and the said schedule shall be delivered monthly to the office of the Commissioner of Health, or should no other person lie in attendance upon the mother, the physician or midwife in attendance upon the case shall report without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth as herein required within ten days thereafter, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the penalty of ten dollars for each offense, to be recovered as other penalties and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

A. 32295

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form [illegible] the first and third day of each and every month to the office of the Commissioner of [illegible] of any child shall occur without the attendance of a physician or practitioner of mid[illegible] person be in attendance upon the mother, immediately thereafter it shall become the [illegible] of such child to report its birth to the Commissioner of Health, in the manner [illegible] above required, and any such person or persons who shall hereafter fail to comply with [illegible] provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT AUG 1891 CITY OF BALTIMORE

of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

3. Date of Birth. July 24th

4. Place of Birth, (Street and Number) 420 Payson [redacted] Baltimore Co

5. Full Name of Mother, Matilda Barn

6. Mother's Maiden Name, " " Smith

7. Mother's Birthplace, Baltimore M D

8. Full Name of Father, William H Barn

9. Father's Occupation, Brushmaker

10. Father's Birthplace, Baltimore M D

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 No Poppelton St

Remarks, 1 8 9 1 0 0 0 3 1 0 0

Wm. J. C. Dulany Co City Printers and Stationers

Over

5796

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Teresa Duncan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24th 1891
4. Place of Birth, (Street and Number) 2113 Division
5. Full Name of Mother, Lavinia Duncan
6. Mother's Maiden Name, Everwin
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Duncan
9. Father's Occupation, Painter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Chas E Sadtler

Address, 200 [illegible]

Remarks,

1891000310 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 32197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 24 July
4. Place of Birth, (Street and Number) 1403 Olive Street
5. Full Name of Mother, Sara Weller
6. Mother's Maiden Name, N Cramer
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Weller
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katherine A Minnick

Address, 822 Scarlett Hall Ct

Remarks,

1891000310 2

month, and shall set forth as far as the same can be ascertained the full name, residence, occupation and birthplace of the father and mother, the full name of the child, if it has been named, the sex of the child, whether it was born alive or dead, the number of children born to the mother, and the number now living, the color or race of the parents and child, the date and place of birth, and the full name and residence of the physician, midwife or other person in attendance at the birth; and the said schedule shall be delivered, duly signed by the physician, midwife or other person in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; and in case the birth of any child shall occur without the attendance of a physician or midwife, then the said schedule shall be delivered by the parent or parents of such child between the first and third day of each and every month to the office of the Commissioner of Health; and in case the birth of any child shall occur in any institution, then the person or persons in charge of such institution shall cause the said schedule to be delivered between the first and third day of each and every month to the office of the Commissioner of Health; and the Registrar shall within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in the same manner as other fines and forfeitures are recoverable.

WM J O DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 32198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven U C.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24 1891
4. Place of Birth, (Street and Number) 1720 Bank Lane
5. Full Name of Mother, Margaret Loge
6. Mother's Maiden Name, Margaret Cahill
7. Mother's Birthplace, Ireland
8. Full Name of Father, Silvester Loge
9. Father's Occupation, Stone polisher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Martha Foster

Address, 1518 Argyle St

Remarks,

8910003103

DEC 5 1891 BUREAU OF VITAL STATISTICS

Wm. J. C. Dulany Co City Printers and Stationers.

RETURN OF A BIRTH 37144.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),* male.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 2d 1891
4. *Place of Birth (Street and Number),* 161 S Caldwell
5. *Full Name of Mother,* Mary E Robertson
6. *Mother's Maiden Name,* M. E. Robertson
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* David Neal Davis
9. *Father's Occupation,* Saylor
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Edward H Cordon M.D.

Address, 1403 N Fayette St

Remarks,

8 9 1 0 0 0 3 1 0 4

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	4th
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth.*	July 24th 1891
4. *Place of Birth,* (*Street and Number*)	12 W. West St
5. *Full Name of Mother.*	Wilhelmine Müller
6. *Mother's Maiden Name.*	" "
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father.*	Louis Wolle.
9. *Father's Occupation.*	Stone Cutter
10. *Father's Birthplace.*	Germany.
Name of Medical Attendant, or other Person who makes this Return	L. L. Broadbent
Address.	414 E. Pacca St.
Remarks.	

8910003105

A. ONG., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the [illegible] of such [illegible] during the
been conferred) its sex, color, the full name and occupation of its p[illegible] the date and place [illegible] any shall have
said schedule shall be delivered, duly signed by the practitioner in [illegible] of a certificate [illegible] birth; and the
third day of each and every month to the office of the Commissioner of Health. In case the [illegible] between the first and
shall occur without the attendance of a physician or practitioner [illegible] delivery [illegible] birth of any child
attendance upon the mother, immediately thereafter it shall become [illegible] person be in
child to report its birth to the Commissioner of Health, in the manner [illegible] parents of such
any such person or persons who shall hereafter fail to comply with the [illegible] required, and
jected to the fine of ten (10) dollars for each offense, to be recovered as oth[illegible] shall be sub-
[illegible] es are recoverable.

A 33701.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c*) 6 Child

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* twenty forth
4. *Place of Birth,* (*Street and Number*) 1231 South [illegible] st Balti
5. *Full Name of Mother,* [illegible] Matthias
6. *Mother's Maiden Name,* [illegible] [illegible]
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Matthias
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs B[illegible]

Address, [illegible] Cross St

Remarks, 1 6 9 1 0 0 0 3 1 0 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 2 of Oct

4. Place of Birth, (Street and Number) 450

5. Full Name of Mother, Mary Ann

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father,

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 3 1 0 7

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c)* 3rd
2. *Sex, (state whether ~~male~~ or female)* Male
3. *Race or Color, (if not of the white race)* Black
4. *Date of Birth,* Aug 2 1891
5. *Place of Birth, (Street and Number)* 2 York St
6. *Full Name of Mother,* Eliza Thomas
7. *Mother's Maiden Name,* Eliza Anderson
8. *Mother's Birthplace,* Balto
9. *Full Name of Father,* Thomas Thomas
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Dr. J. L. Fisher

Address, 1224 Eight St

Remarks,

1891 0003108

CITY OF BALTIMORE 1891

Code, Art. 4, sec. 161. Every birth is to be registered as soon as the same can be ascertained the full name of each child (if any shall have been given) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the commissioner of health, and in case there is no such practitioner then the said schedule shall be delivered, duly signed by the person or parents of such child, between the first and third day of each and every month to the office of the commissioner of health. If such birth shall occur without the attendance of a practitioner it shall be the duty of the person or parents of such child to report its birth to the commissioner of health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to report as herein required, shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
Race or Color, (if not of the white race) Male
Date of Birth. Dec 24 1891
Place of Birth, (Street and Number) Garrett cor Ross
Full Name of Mother. Betty Sheeder
6. *Mother's Maiden Name.* Lindquist
7. *Mother's Birthplace.* Karlstad Sweden
8. *Full Name of Father.* Harry Sheeder
9. *Father's Occupation.* Sheeder
10. *Father's Birthplace.* Karlstad Sweden
Name of Medical Attendant, or other person who makes this Return. Johnson Fowke
Address. Garrett St 1363
Remarks. Locust Point

8910003109

HEALTH DEPARTMENT CITY OF BALTIMORE 1891

month, and shall set forth on the same the name and residence of the physician or midwife in attendance upon the birth, and in case there was no such attendant, then the name and residence of the person who shall have been present at the birth, or who shall have had the charge of the mother during her confinement. Every certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, and in case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the mother of such child, if she be able, and if not able, then of the person in charge of the mother, to report its birth to the Commissioner of Health within the period above required. Such report shall be verified by the oath or affirmation of the person making the same. The provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered, with costs, by the Register of Wills; and all fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 37703.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 24th 1891
4. *Place of Birth, (Street and Number)*	No 1271 William st
5. *Full Name of Mother,*	Catherine Whelttle
6. *Mother's Maiden Name,*	Catherine Hutton
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Whelttle
9. *Father's Occupation,*	Carpmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Horning
Address,	No 1547 Byrd st
Remarks,	8910003110

month, and shall set forth as far as the same or ... of each child; if any shall have ... of birth; and the ... certificate between the first and ... the birth of any such ... or should no parents of such ... required, and ... of the period aforesaid ... sections of this section shall be ... fines and forfeitures are recoverable ... dollars for each offense.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3mo6.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 July
4. Place of Birth, (Street and Number) 320 Caroline Street
5. Full Name of Mother, Mary Fallhear
6. Mother's Maiden Name, Mary Rossa
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Fallhear
9. Father's Occupation, Ice Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Max Schumann

Address, 409 South Bond Street

Remarks,

1891000311 1

890 J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Orea

RETURN OF A BIRTH. 3rm7.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	1-
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	July 24-91
4. *Place of Birth, (Street and Number)*	1624 E Chase
5. *Full Name of Mother,*	Ella Lumley
6. *Mother's Maiden Name,*	Sidman
7. *Mother's Birthplace,*	B. Co -
8. *Full Name of Father,*	Geo A Lumley
9. *Father's Occupation.*	Milk man
10. *Father's Birthplace,*	B. Co
Name of Medical Attendant, or other person who makes this Return.	Geo Wilbert
Address,	1207 E. Monument St
Remarks,	Full name of child - Walter French Lamley

9910003112

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. No. 37708.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	July 24 - 91
4.	*Place of Birth, (Street and Number)*	1336 N. Washington
5.	*Full Name of Mother,*	Annie M. Lucker
6.	*Mother's Maiden Name,*	" " Funk
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Charles N. Lucker
9.	*Father's Occupation,*	Shoemaker
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A Allen
	Address,	912 McDonogh
	Remarks,	

8910003113

(58) J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 1-20-52

RETURN OF A BIRTH. A 3mo 1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lily May Augusta Neyman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 24 1891
4. Place of Birth, (Street and Number) 1116 Milligan St.
5. Full Name of Mother, Catharine Neyman
6. Mother's Maiden Name, ~~Neyman~~ Kelfinson
7. Mother's Birthplace, Germany
8. Full Name of Father, John Neyman
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Filza

Address, 605 Fallsway

Remarks,

8910003114

month, and shall set forth as far as the same can be ascertained the full name of each child (if any) shall have been conferred) its sex, color, the full name, residence, the date and place of birth; and the said midwife shall within one month to the Commissioner of Health, or such other person as he in writing without the attendance of a physician or midwife, the duty of the person or persons of such attendance upon the mother, immediately after the birth, to report the particulars above required, and child to report its birth to the Commissioner of Health, within the period above required, and any midwife or person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense. All fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 39710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24, 1891
4. Place of Birth, (Street and Number) 2534 Fosterview
5. Full Name of Mother, Frances E. Boston
6. Mother's Maiden Name, Frances E. Silva
7. Mother's Birthplace, Balto.
8. Full Name of Father, Stacy Boston
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Frances E. Boston

Address, 2534 Fosterview Ave.

Remarks,

1891000311 5

...and shall set forth as far as the same can be ascertained the full name, color, date and place of birth; and the full name, color, and place of birth of the parents of each child. If any child shall have been conferred, the full name and place of birth of the person or parents of such child shall be entered in the certificate for the first child. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report the case to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter neglect or refuse to make such report, or who shall make any false statements of the particulars required by this section shall be subject to the fine of ten (10) dollars for each offense. The violations of this section shall be subject to the penalties and forfeitures are recoverable.

698 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 24th 1891
4. Place of Birth, (Street and Number) 316 Custer Alley
5. Full Name of Mother, Mary Mitchell
6. Mother's Maiden Name, Mary Jones
7. Mother's Birthplace, Frederick Co. Maryland
8. Full Name of Father, Frederick Mitchell
9. Father's Occupation, Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Wm. H. Clemens

Address, 726 Eutaw St.

Remarks,

1 8 9 1 0 0 0 3 1 1 6

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 3777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) —

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 24 1891,
4. *Place of Birth, (Street and Number)* 151 Jefferson St.
5. *Full Name of Mother,* Mary E. Moore
6. *Mother's Maiden Name,* Waters
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John Thos
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Martin Miller

Address, 160 E Baltimore St.

Remarks,

1 8 9 1 0 0 0 3 1 1 7

month, and shall set forth as far as the same can be ascertained, the full name, sex, color, date and place of birth, and parentage of such child, the name, profession and residence of the attending physician or midwife, if any, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if there is no other person legally competent to make the return required, such return shall be made by the father, mother, householder or owner of the premises where the birth occurred, within the period above required, and any such person or persons who shall hereafter refuse or neglect to make such return, or who shall make a false return, shall be subject to the provisions of this section shall be subject to the fine of ten (10) dollars for each offense. Fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37713.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born July 24th 1891
4. *Place of Birth, (Street and Number)*	# 302 Forrest St
5. *Full Name of Mother,*	Mrs Lizzie Wittmann
6. *Mother's Maiden Name,*	Miss Fisher
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr Christ Wittmann
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 W. Pratt St
Remarks,	8 9 1 0 0 0 3 1 1 8

month, and shall set forth in full the name of each child (if any shall have been conferred) its sex, color, the full name and residence of the parents, and the date and place of birth; and the said schedule shall be delivered, duly signed by the attending physician or midwife, or by the father or mother of such child, to the officer within five days after the birth of such child. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, or should no other person be in attendance upon the mother, then the father or mother of such child shall report the birth of such child to the officer within five days after the birth of such child. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health within five days after the birth of such child. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. Fines and forfeitures are recoverable.

CITY OF BALTIMORE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 3704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether mate or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 24th 1891
4. *Place of Birth, (Street and Number)*	Baltimore No 917 E Preston St
5. *Full Name of Mother,*	Mary Mc Grane
6. *Mother's Maiden Name,*	Mary Holmes
7. *Mother's Birthplace,*	Baltimore City Md.
8. *Full Name of Father,*	William Mc Grane
9. *Father's Occupation,*	Telephone Co Collector
10. *Father's Birthplace,*	Baltimore City Md.
Name of Medical Attendant, or other person who makes this Return.	E Winston
Address,	936 Gorsuch Ave
Remarks,	

1891 0003119

month, and shall set forth as far as the same can be ascertained the name, sex, color, date and place of birth, the name, residence and occupation of parents, and the number of each child of any shall have been previously born to the mother, and the number of the living and the dead, and shall deliver a duplicate of such certificate to the person or persons required to report the birth, and for every such certificate delivered he shall be entitled to receive from the person or persons required to report the birth the sum of fifty cents. Every physician or midwife who shall have said schedule shall be delivered, duly signed by the physician or midwife in attendance, or if there be no physician or midwife present at the birth, by the father or mother of the child, within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the father or mother of such child shall within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.)

1. *Sex*, (*state whether male or female*)
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*,
4. *Place of Birth*, (*Street and Number*)
5. *Full Name of Mother*,
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*,
8. *Full Name of Father*,
9. *Father's Occupation*,
10. *Father's Birthplace*,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

1 8 9 1 0 0 0 3 1 2 0

within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) .....

1. Sex, (state whether male or female) female, the 3. child.
2. Race or Color, (if not of the white race) white
3. Date of Birth, 25th July 1891
4. Place of Birth, (Street and Number) Patterson Road 2215
5. Full Name of Mother, Anna Mary Ramsey
6. Mother's Maiden Name, J. Kavanagh
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles F. Ramsey
9. Father's Occupation. Tinner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. .....

Address, ...

Remarks, ...

1891000312 1

Month, and shall set forth as far as the same can be ascertained the full name of the child, if it shall have been named, and if not, the surname of the parents, the sex, color, the full name and occupation of the father and the maiden name of the mother, the place and date of birth, and such other information as may be required by the Commissioner of Health. Every physician or midwife, or other person who shall deliver, or attend upon the mother, immediately thereafter, shall become liable to the penalty hereinafter provided, unless the birth of such child shall be reported as aforesaid, and it shall be the duty of each and every physician or midwife, or other person who shall attend upon the mother, immediately thereafter, to make such report to the Commissioner of Health within ten days after the birth of such child, and every such physician or midwife, or other person who shall neglect or refuse to make such report, or shall wilfully make a false report, shall be subject to a fine of not less than five nor more than ten dollars for each offense, to be recovered as other fines and penalties are recovered.

SEAL OF THE REGISTRAR OF VITAL STATISTICS OF BALTIMORE CITY

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37717.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. Child
1. *Sex, (state whether mate or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born July 25th 1891
4. *Place of Birth, (Street and Number)*	# 351 Payson Str
5. *Full Name of Mother,*	Mrs Therese Hauenstein
6. *Mother's Maiden Name,*	Miss " Smith
7. *Mother's Birthplace,*	Bayern Germany
8. *Full Name of Father,*	Mr. John Hauenstein
9. *Father's Occupation,*	Shoe Maker
10. *Father's Birthplace,*	Bayern Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 W Pratt St
Remarks,	1891000322

month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the name and surname of the father and mother, the date and place of birth; and the said schedule shall be delivered, duly signed by the person making the return, to the officer of the Board of Health on the third day of each and every month to the office of the Registrar of Vital Statistics. In case the birth occurs in any institution, the superintendent, or principal officer of such institution, shall cause the birth to be registered and shall return the same as herein directed. In case the birth occurs in private lodgings, the physician in attendance upon the mother at the time of the birth, or should no other person be in attendance, then the nearest relative present, or the owner of such lodgings, shall cause the birth to be registered and shall return the same as herein directed. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as debts of like amount are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Saturday July 25 th. 1891
4. *Place of Birth, (Street and Number)*	1213 Valley St
5. *Full Name of Mother,*	Zalinda Link
6. *Mother's Maiden Name,*	Zalinda Russell
7. *Mother's Birthplace,*	Lynchburg Va.
8. *Full Name of Father,*	Godfrey Link.
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton. M.D
Address,	Calvert & Preston Sts.
Remarks,	

1 8 9 1 0 0 0 3 1 2 3

months, and shall act forth as far as the [illegible] shall be obtained up for name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] a certificate of the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur in a family [illegible] attendance upon the mother immediately before and after the birth, [illegible] attendance upon the mother immediately before and after the birth, it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, as herein and within the period above required, and any such person or persons who shall hereafter [illegible] with the provisions of this section shall be subjected to the fine of [illegible] dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 37719.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25th July 1891
4. *Place of Birth, (Street and Number)*	506 S. Fremont Ave.
5. *Full Name of Mother,*	Katheran Steffens
6. *Mother's Maiden Name,*	Katheran Pegelow
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Harry F. Steffens
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs Bange
Address,	[illegible] St
Remarks,	

8910003124

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 3177 20

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, John P. Rosel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 23rd July 1891
4. Place of Birth, (Street and Number) S. Duncan Alley 302
5. Full Name of Mother, Maggie (Rössler) Rosel
6. Mother's Maiden Name, Wendorfer
7. Mother's Birthplace, Germania
8. Full Name of Father, Jacob (Rössler) Rosel
9. Father's Occupation, Stevendore
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Buehler

Address, 245 Washington St.

Remarks, 1891000231

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3778.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 June
4. Place of Birth, (Street and Number) 64 Bank St
5. Full Name of Mother, Anna Coffee
6. Mother's Maiden Name, Mahr
7. Mother's Birthplace, W. Pennsylvania
8. Full Name of Father, Jacob Coffee
9. Father's Occupation, Laborer
10. Father's Birthplace, West Pennsylvania (Germ)

Name of Medical Attendant, or other person who makes this Return. W. E. Wise

Address, 2524 Lancaster St

Remarks,

8 9 1 0 0 0 3 1 2 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 3777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 25 1891 morning
4. *Place of Birth, (Street and Number)* No 1625 N. Charles St
5. *Full Name of Mother,* Ella, alla, Kuyser
6. *Mother's Maiden Name,* Ella Mongarity
7. *Mother's Birthplace,* Baltimore City md
8. *Full Name of Father,* Charles Kuyser
9. *Father's Occupation,* Hard Wood Finisher
10. *Father's Birthplace,* Baltimore City md

Name of Medical Attendant, or other person who makes this Return. E. Hinton

Address, No 1422 Hanover St

Remarks,

1 8 9 1 0 0 0 3 1 2 7

month, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name and residence of the parents, the date of birth, and the number of children born to the mother, and the number now living. Such certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, it shall be the duty of the father or mother of such child, or in the absence of the father and mother, the occupant of the house in which such birth occurs, to report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and any such person or persons who shall hereafter neglect or refuse to comply with the terms of this section shall be subjected to the fine of ten (10) dollars for each offense; said fine and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN HOME 6-29-65

A 37273.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Alice Shaw

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 25 afternoon 1871
4. Place of Birth, (Street and Number) No 1611 Harmon Alley
5. Full Name of Mother, Annie Shaw
6. Mother's Maiden Name, Annie Porter
7. Mother's Birthplace, England
8. Full Name of Father, James Shaw
9. Father's Occupation, Fireman on Rail Road
10. Father's Birthplace, England Europe

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hinton

Address, No 1622 Harmon St

Remarks,

1891 0003128

month and shall set forth as far as the same can be ... and such child, if any shall ... been conferred) its sex, color, the full ... said schedule shall be delivered ... third day of each month to the office of the ... and every such physician or midwife ... attendance upon the mother, immediately ... child to report its birth to the ... any such person or midwife who shall ... subject to the fine of ten (10) dollars for each offense, to be ... of this section shall be subject to the fine of ten (10) dollars for each offense, to be ... forfeitures and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July the 25 1891
4. Place of Birth, (Street and Number) No 1717 Orleans St
5. Full Name of Mother, Mary E. Wallace
6. Mother's Maiden Name, Mary E Harris
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James H. Wallace
9. Father's Occupation, Laborer
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Fowler Potter

Address, No 114 Chestnut St

Remarks, well as can be ascertained

1891000 3129

...which...occupy...or his or her care during the month, and shall set forth as far as the same can be ascertained by inquiry of the parents or other persons having knowledge of the facts, the name and surname of each child, if any, born since the last schedule shall be delivered, duly signed by the...and the sex, color, date and place of birth of each child, and the name and surname of the mother; and a certificate between the first and third day of each and every month to the office of the...Health. In case the birth of any child shall occur without the attendance of a physician or...it shall become the duty of the person in charge of the...to secure the attendance of a physician or...to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. S. SELBY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 37775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 25-th 1891
4. *Place of Birth, (Street and Number)*	№ 127 Fort ave
5. *Full Name of Mother,*	Mary Ehlers
6. *Mother's Maiden Name,*	Mary Bayne
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Lewis Ehlers
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Catherine Hornung
Address,	№ 1547 Byrd st
Remarks,	1891 0003130

month, and shall set forth as far as the same can be ascertained by reasonable inquiry, the name of each child of any such female
child to report its birth to the Commissioner of Health within the period above required, and
shall occur without the attendance of a physician or midwife, the parent or parents of such child
attendance upon the mother immediately before the birth, or the person who shall have been
in charge of such child after birth, shall be required to report the birth to the Commissioner
of Health. In case the birth of any child
shall occur without the attendance of a physician or midwife, the parent or parents of such child
child to report its birth to the Commissioner of Health within the period above required, and
and every person who shall hereafter neglect or refuse to comply with the provisions of this section shall be sub-
ject to the fine of ten (10) dollars for each offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	July 25 1891
4. Place of Birth, (Street and Number)	805 Rowe St
5. Full Name of Mother,	Lizzie Stroble
6. Mother's Maiden Name,	Lizzie Miller
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph Stroble
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Chas L Simmons
Address,	720 Luzerne St
Remarks,	

1891000031 31

month, and shall set forth as far as the same can be ascertained the name and surname, the sex, the color, the occupation of parents, and the place of birth; and the name and surname, sex, color, occupation of parents, and place of birth of each child (if any shall have been conferred) to which such parents shall have given birth, and the date of birth of each child, and the order of birth of each child, whether the first child, second child, third child, or other child, and every such return shall be signed by the person in attendance at such birth, or if there be two persons in attendance, by the person first in charge; and if no other person be in attendance, or if the child shall occur without the attendance of a physician, midwife or nurse, then the parent or parents of such child shall make such return within the time aforesaid, and in default of any such return as aforesaid, every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recoverable. Penalties are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A3777.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother*, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2nd
2. *Sex*, (*state whether male or female*) Male
3. *Race or Color*, (*if not of the white race*) W
4. *Date of Birth*, Aug 25th 1891
5. *Place of Birth*, (*Street and Number*) 19 S Bond St
6. *Full Name of Mother*, Mary Hook
7. *Mother's Maiden Name*, Mary
8. *Mother's Birthplace*, Balt
9. *Full Name of Father*, Hook
10. *Father's Occupation*, Laborer
11. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm. Pollice M.D.

Address, 194 S. Bond St

Remarks,

1 8 9 1 0 0 0 3 1 3 2

CITY OF BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child of any such [illegible] born alive, either the fully known occupation of the parents, the place of birth, and the [illegible] third day of each and every month to the office of the Commissioner of Health, or other officer [illegible] shall occur without the attendance of a physician or midwife, or in case the parents or parent of such [illegible] attendance upon the mother immediately before and after the birth, it shall be the duty of the [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other debts and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth. July 25
4. Place of Birth. (Street and Number) 338 E Pratt St
5. Full Name of Mother, Annie Herbst
6. Mother's Maiden Name, Rossi
7. Mother's Birthplace, Germany
8. Full Name of Father, Fred K Herbst
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Thomas

Address, 412 Bank St

Remarks.

8 9 1 0 0 0 3 1 3 3

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been born alive, and the sex and color of each child, the full name and residence of the parents, the date and place of birth, and the said scientific skill be delivered. Any signed bill for such services shall be rendered within ten days after the birth of any child, and the third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, the parent or parents of such child shall report its birth to the Commissioner of Health, within ten days after the occurrence thereof. And should no other person be in attendance upon the mother at the time of the birth of any child, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above mentioned, and any such person or persons who shall hereafter fail to do so, or who shall violate any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3779.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (State whether male or female)	Male
Race or color, (if not of the white race)	White
3. Date of Birth,	July 25th 1891
4. Place of Birth, (Street and Number)	1138 Hanover St
5. Full Name of Mother,	Mary Lizzie Bodinbiry
6. Mother's Maiden Name,	Mary Lizzie Maier Maier
7. Mother's Birthplace,	Baltimore, md
8. Full Name of Father,	Charles John Bodinbiry
9. Father's Occupation,	Varnisher
10. Father's Birthplace,	Baltimore md
Name of Medical Attendant, or other person who makes this Return,	Ellen M. A. Anderson
Address,	1434 Patapsco St
Remarks,	

1 8 9 1 0 0 0 3 1 3 4

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 37730.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) [illegible]

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* Balto Md

Name of Medical Attendent, or other person who makes this Return, [illegible] M.D.

Address, [illegible]

Remarks,

1891000 3135

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 37731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* July 25 1891
5. *Place of Birth, (Street and Number)* #604 Gilmor Ave
6. *Full Name of Mother,* Annie R. Todd
7. *Mother's Maiden Name,* Stone
8. *Mother's Birthplace.* Baltimore Co Md
9. *Full Name of Father.* Thomas C. Todd
10. *Father's Occupation.* Plasterer
11. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Dr P. H. Rankin M.D.

Address, Waverly Station Balto md

Remarks, 8 9 1 0 0 0 3 1 3 6

CITY OF BALTIMORE 1891

Health. The Act requires that a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the date, the place and parents of each child (of any sex) born, and its sex, color, the full name and occupation of the father, and the maiden name of the mother, and shall be delivered, duly signed, at the office of the Commissioner of Health, or to such person as he may designate for the purpose, within the first ten days of each month. Every physician or midwife who shall neglect to report as aforesaid the birth of any child shall forfeit and pay the sum of ten (10) dollars for each offense, to be recovered as other debts are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 25 1891
4. Place of Birth, (Street and Number) 308 S. Exeter St.
5. Full Name of Mother, Mary Anni Mc Macmeno
6. Mother's Maiden Name, Hinderneseh
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph P. Mc Macmeno
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Fait St.

Remarks,

8 9 1 0 0 0 3 1 3 7

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B 3727 33

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	25 July
4.	*Place of Birth, (Street and Number)*	Fell St. 925
5.	*Full Name of Mother,*	Magnuhatta Meleska
6.	*Mother's Maiden Name,*	Kiwinski
7.	*Mother's Birthplace,*	Poland
8.	*Full Name of Father,*	Mike Meleska
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Poland
	Name of Medical Attendant, or other person who makes this Return,	Mary Kadzika
	Address,	806 Bond St.
	Remarks,	

1891000313 8

CITY OF BALTIMORE

WM. J. D. BULLY, CITY PRINTER AND STATIONER.

RETURN OF A BIRTH. A 37734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 25th
4. *Place of Birth, (Street and Number)* No 21 Little Broadway
5. *Full Name of Mother,* Lizzie Brown
6. *Mother's Maiden Name,* Lizzie Brady
7. *Mother's Birthplace,* Calvert Co. Md
8. *Full Name of Father,* Mack Brown
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Calvert Co. Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth McCowney

Address, No 26. S. Regester St.

Remarks,

1891U0031139

month, and shall set forth as far as the same can be ascertained, the name, date and place of birth, and the name, residence and occupation of the parents of each child, if any shall have been born alive, and the full maiden name of the mother, and the date and place of birth and the name, residence and occupation of the parents of such mother; and the said schedule shall be delivered, duly signed by the person making the return, to the Registrar of Vital Statistics, a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, and in case the birth of any child shall occur without the attendance of a physician or midwife, then the said schedule shall be delivered as aforesaid within ten days after the birth of such child; and in case the birth of any child shall happen in the absence of the parents, then the said schedule shall be delivered as aforesaid within ten days after the death of such child; and in case the birth of any child shall happen in the absence of the parents and the death of such child shall occur before the expiration of the period above required, and before the said schedule shall be delivered as aforesaid, then the said schedule shall be delivered as aforesaid within ten days after the expiration of the period above required, and it shall be the duty of the person making the return of the birth of such child to report its birth to the Commissioner of Health, and to apply to him for a burial permit, and any such person or persons who shall hereafter neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, which may be recovered, with costs and forfeitures are recoverable.

REGISTRAR OF VITAL STATISTICS BOARD OF HEALTH BALTIMORE CITY

498. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37736.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible]

1891000031140

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date (to the month) and the place of birth; and the said midwife, nurse or other attendant shall certify to the office of the Commissioner in the form of a return of birth, the first and said midwife, nurse or other attendant shall certify to the office of the Commissioner in the form of a return of birth, the first and full name and surname of the child (if it shall have been named) and the full name, residence and occupation of the parents, and the date of birth of such child; and in case there shall be no midwife, nurse or other attendant, or in case of the inability of such attendant, the attendance of a physician or practitioner of medicine shall be required, and it shall be the duty of such physician or practitioner of medicine to make the return above required, and attendance upon the mother, immediately thereafter, in the manner and form above required, and child to report its birth to the Commissioner of Health. In the manner and form above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 32736.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 25 1891
4. Place of Birth, (Street and Number) 904 Potomac st
5. Full Name of Mother. Annie E Jones
6. Mother's Maiden Name, Reese
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Samuel Jones
9. Father's Occupation. Carpenter
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return. Amelia G Summers

Address, 611 South Patterson Park ave

Remarks,

1891000314 1

month, and shall set forth so far as the same can be ascertained the full name, sex, color, the full name and occupation of the parents, the place of birth and the number of children born to the mother, and the number of such children living, and the number of children born between the first and said schedule shall be delivered, duly signed by the person making the return, to the Registrar of Vital Statistics of the City of Baltimore, or to such other person as may be authorized to receive the same, and shall enter such return in a book to be kept for that purpose in the office of the Commissioner of Health. The birth of any child shall have been registered in accordance with the provisions of this section, and without the attendance of a physician or midwife, or the same shall be registered by one of the parents of such child or the owner or agent of the premises where the birth occurred, within ten days after the birth, and the certificate of a physician or midwife shall not be required, until after the registration of the birth. Any physician or midwife who shall neglect or refuse to report the birth of any child to the Commissioner of Health as herein required, shall be subject to a penalty of ten (10) dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 3773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* July 25- 1891
4. *Place of Birth (Street and Number),* 1126 W Lexington St
5. *Full Name of Mother,* Mary Boyle Quinn
6. *Mother's Maiden Name,* Fortham
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* James Boyle
9. *Father's Occupation,* City Editor. Baltimore American
10. *Father's Birthplace,* Penn

Name of Medical Attendant, or other person who makes this Return. Edward H Cordell MD

Address, 1103 W Fayette St

Remarks,

1 8 9 1 0 0 0 3 1 4 2

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 32138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 July
4. *Place of Birth, (Street and Number)* 706 West St
5. *Full Name of Mother,* Katie Gale
6. *Mother's Maiden Name,* Bauch
7. *Mother's Birthplace,* Balto
8. *Full Name of Father* Louis Gale
9. *Father's Occupation.* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs R Kelly

Address, 202 Lemmon St

Remarks,

1891 0003143

CITY REGISTRAR 1891

Month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born alive), sex, color, date and place of birth, the full name and residence of the parents, the date and place of their marriage, the occupation of the father of each child, and the maiden name of the mother of each child. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance who shall be required by this section to report the birth of such child, the parent or parents of such child shall report the same within the time above specified. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 32239.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	July 26th
4.	*Place of Birth, (Street and Number)*	1430 South St
5.	*Full Name of Mother,*	Annie Crist
6.	*Mother's Maiden Name,*	" Dinty
7.	*Mother's Birthplace,*	City
8.	*Full Name of Father,*	Ad. W. Crist
9.	*Father's Occupation,*	Salesman
10.	*Father's Birthplace,*	City
	Name of Medical Attendant, or other person who makes this Return.	L. E. Leibenguth M.D.
	Address,	571 Hanover St.
	Remarks,	

8 9 1 0 0 0 3 1 4 4

WM. J. D. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-29-66 A. 3mm40

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Elizabeth Cecilia Miller

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or ~~female~~) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 July
4. Place of Birth, (Street and Number) 632 Eutaw St
5. Full Name of Mother, Mrs Katie Miller
6. Mother's Maiden Name, Katie Dougherty
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Connie Miller
9. Father's Occupation, Jack Trainer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katherine Hunnicutt

Address, 1021 Sandenhall St

Remarks,

1891000314 5

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 3774.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 6th 1
4. Place of Birth, (Street and Number) 69 N. Mc Henry st
5. Full Name of Mother, Katherine C. Fraller.
6. Mother's Maiden Name, " " " Mayerhen
7. Mother's Birthplace, Hamilton West Va.
8. Full Name of Father, S. V. Fraller
9. Father's Occupation, Carpenter
10. Father's Birthplace, Savannah Ga.

Name of Medical Attendant, or other person who makes this Return, M. J. Lamar

Address, 839 S. Hanover st

Remarks, Twin child not named.

891000 3146

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	July 26 — 1891
4.	*Place of Birth, (Street and Number)*	1017 E Lombert St.
5.	*Full Name of Mother,*	Rose Hudgins
6.	*Mother's Maiden Name,*	Cross
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Thomas Hudgins
9.	*Father's Occupation,*	
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant or other person who makes this Return,	Mary Stein
	Address,	1427 E Pratt St.
	Remarks,	

1891 0003147

WM. J. O. SULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Mail
   Race or Color, (if not of the white race) Colored
   Date of Birth, 26 July 1891
   Place of Birth, (Street and Number) 1504 Linwood Ave
5. Full Name of Mother, Mrs E Selbert
6. Mother's Maiden Name, Mary E Schofield
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Joseph S Selbert
9. Father's Occupation, Lumber Yard
10. Father's Birthplace, Maryland
    Name of Medical Attendant, or other person who makes this Return. Dr Rosanna Brooks
    Address, 27 S Ponca Ave Baltimore
    Remarks,

8 9 1 0 0 0 3 1 4 8

CITY OF BALTIMORE BOARD OF HEALTH

month, and shall set forth as far as the same can be ascertained the full name of each child, of any and every mother, who shall be delivered of a child, the sex of such child, the name and occupation of its parents, the date and place of birth, and the number of children born to such mother, and the number now living. And every person who shall neglect or refuse to make such report as is required by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered, with costs, in the manner in which penalties and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 37774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 26 August 1891
4. *Place of Birth, (Street and Number)* 1302 E. Lexington St
5. *Full Name of Mother,* Annie Chaney
6. *Mother's Maiden Name,* Reed
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* H. Chaney
9. *Father's Occupation.* Horse Trainer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mary R. Mig
Address, 1302 E. Lexington St

Remarks,

1 8 9 1 0 0 0 3 1 4 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name, residence and occupation of the parents; and the person who shall solemnize any marriage shall, at the time of the solemnization thereof, demand a certificate setting forth the facts required to be recorded by this section, and if any child shall occur without the attendance of a physician or midwife, the parents or person in charge of such child shall report its birth to the Commissioner of Health within the period above required, and any such person who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense. All penalties and forfeitures are recoverable.

CITY OF BALTIMORE

RECEIVED AUG 29 1891 REGISTERED

BRO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 3mts.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* July 6, 1891 Colored
3. *Date of Birth,* July 6, 1891
4. *Place of Birth, (Street and Number)* 50 Oxford St.
5. *Full Name of Mother,* Mrs Ellen Hawkins
6. *Mother's Maiden Name,* Miss Ellen Waters
7. *Mother's Birthplace,* Prince Georges County Maryland
8. *Full Name of Father,* Thomas Hawkins
9. *Father's Occupation.* Waiter
10. *Father's Birthplace,* Prince Georges County Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Hester Constance

Address, 519 Fulton St.

Remarks,

1 8 9 1 0 0 0 3 1 5 0

Penalty, $10 to $50 for neglect to report birth as far as the name of child is required. Penalty, $10 to $50 for neglect to report birth within the time prescribed. Penalty, $10 to $50 for false statement as to name, sex, color, date and place of birth; and the person conferring its sex, color, the full name of the parents, and the place of birth; and the said schedule shall be delivered to the officer of the district in which the child was born, on the third day of each month, and the attendance of a physician or midwife at the birth shall be certified thereon. All births occurring within the period above required, and not reported within ten days after the same shall have occurred, shall be reported to the Registrar of the district in which the child was born, and the person reporting shall receive from the Registrar a certificate setting forth the name, sex, color, date and place of birth; and the fact that the certificate has been issued. In case the birth of any child shall not be reported as above required, it shall be the duty of the Registrar to report the same to the Commissioner of the district, and it shall be the duty of the Commissioner to investigate the circumstances of the case, and if he shall find that the child was born alive, he shall issue a certificate of birth, as above provided. Any person who shall hereafter make, or cause to be made, any false statement concerning any birth, or who shall neglect to report any birth within the period above required, and any such person or midwife who shall neglect to report the birth of any child, or who shall refuse to give information concerning the same, shall be guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore, shall be subject to the provisions of this section shall be subject to the fine of ten (10) dollars for each offense; to be recovered. Other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred in each family during the month next preceding the date of the same can be ascertained. The information required by any such schedule shall be delivered, duly signed by the practitioner in the case of each birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of each birth; and the third day of each and every month to the office of the Commissioner of Health. In the absence of such practitioner, then by the person having charge of the case; and by any child attendance upon the mother at the time of birth. In the absence of such person, then by the mother of such child, and by any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as debts of like amount are now recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 26/96
4. *Place of Birth, (Street and Number)*	No 1126 Franklin St
5. *Full Name of Mother,*	Nora O'Connor
6. *Mother's Maiden Name,*	" Duggan
7. *Mother's Birthplace,*	Richmond Va
8. *Full Name of Father,*	Jas Duggan
9. *Father's Occupation,*	Carpenter & Builder
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	H L Reed M.D.
Address,	190 W Lombard St
Remarks,	8910 Balto Md

BOARD OF HEALTH BALTIMORE CITY

SEE J. S. DUNNEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

E 3724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. Child
1. *Sex, (state whether mate or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
Date of Birth,	Born July 26th 1891
Place of Birth, (Street and Number)	# 2121 Harriet Str
Full Name of Mother,	Mrs Emma Hauk
6. *Mother's Maiden Name,*	Miss " Heen
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr Joseph Hauk
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 W Pratt Str
Remarks,	

8 9 1 0 0 0 3 1 5 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and a set form as far as the same can be ascertained the full name of each child, and the names of the parents, the date and place of birth, the color and occupation of the parents, the date and number of certificate between the first and the fifteenth days of each and every month to the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, it shall be the duty of the person to whom the child is born, or in whose house or premises it shall occur, to report such birth to the Commissioner of Health within the period above required, and such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Pauline Ellen Abey	
	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth*	July 26 — 1891
4.	*Place of Birth, (Street and Number)*	122 Hanover st.
5.	*Full Name of Mother*	Emma Abbe Abey
6.	*Mother's Maiden Name*	Bootz Butz
7.	*Mother's Birthplace*	America
8.	*Full Name of Father*	Albert Abbe Alex Abey
9.	*Father's Occupation*	Conductor on the cars
10.	*Father's Birthplace*	America
	Name of Medical Attendant, or other person who makes this Return	J. Lohwasser midwife
	Address	1032 Hanover st.
	Remarks	4/28/54 [illegible]

CERTIFICATE NO. 1 0 0 0 3 0 1 5 3

Health. This schedule shall contain a list of the b... mother his or her care during the month, and shall set forth as far as the same can ... date of each child, if any shall have been conferred; his sex, whether male or female; the race or color of each child, if any shall have been conferred; the date and place of birth; and the name and residence of the mother; and shall state whether the birth of any child has been reported to the office of the Commissioner of Health; if not, he shall report the same to the office of the Commissioner of Health, and shall state the cause of such failure. The certificate herein required shall be signed by the person or persons in attendance upon the birth, or by the father or mother; if there be no other person in attendance upon the birth, the Commissioner of Health may require the certificate to be signed by the father or mother. Any person who shall neglect or refuse to make the return required by this section shall be subject to the fine of ten (10) dollars for each offense.

WM. J. C. MULLAN'S SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 3736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 8th 1891
4. Place of Birth, (Street and Number) 1303 Harford Ave
5. Full Name of Mother, Francis Summell
6. Mother's Maiden Name, Greene
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas Co Summell
9. Father's Occupation, Sales Man
10. Father's Birthplace, B

Name of Medical Attendant, or other person who makes this return, Mrs C. Bell

Address,

Remarks,

8 9 1 0 8 0 3 1 5 4

50 dollars for each offense, to the use of the City of Baltimore.

RETURN OF A BIRTH

B 37766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8th 1891
4. Place of Birth, (Street and Number) Baltimore Md 1 Rockbe
5. Full Name of Mother, Alice M Raphael
6. Mother's Maiden Name, Alice M Rider
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Harry C Taylor
9. Father's Occupation, Assistant Examiner U S P O
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Jno Jay

Address, 602 Gould Street

Remarks,

1891 D 003155

...ties to the fine of ten (10) dollars for each ... the sub... ...recoverable.

RETURN OF A BIRTH. A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore C

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Fema

2. Race or Color, (if not of the white race) Wh

3. Date of Birth, July 9 189

4. Place of Birth, (Street and Number) 540 Eden

5. Full Name of Mother, M. Johns

6. Mother's Maiden Name, M. Richa

7. Mother's Birthplace, Virgin

8. Full Name of Father, J. Johns

9. Father's Occupation, Labore

10. Father's Birthplace, Virg

Name of Medical Attendant, or other person who makes this Return. M. A. B.

Address, 1245 E. Monument St

6911600315

Remarks, All Well

third day of each and every month to the office of ... shall occur without the attendance of a physician ... attendance upon the mother, immediately ... child to report its birth to the Commissioner ... any such person or persons who shall ... jected to the fine of ten (10) dollars for each offense; forfeitures are recoverable.

HEALTH DEPARTMENT, CITY OF BALTIMORE. AUG 21 1891

RETURN OF A BIRTH A 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race)

Date of Birth, July 11th

Place of Birth, (Street and Number) 1428 McElderry

3. Full Name of Mother, Emily Kelley

6. Mother's Maiden Name, " Nolan

7. Mother's Birthplace, Balto

8. Full Name of Father, Bernard Kelley

9. Father's Occupation, Clerck

10. Father's Birthplace, Balto co

Name of Medical Attendant, or other person who makes this Return. Mrs Gu. Y

Address,

Remarks, 391000 - 157

CITY OF BALTIMORE

...ber enacted and ordained that every person practicing midwifer... under whose charge or superintendence a birth shall hereafter take place shall keep a... such birth, and shall enter the same on a blank schedule, to be furnished by the C... in all set forth as the same are required to be entered by the fir... ded) its sex, color, the full name and occupation of the parents, date and place of b... e shall be delivered, duly signed by the practitioner, a certificate between... without the certificate of a similar character from the person or persons... upon the mother. Immediately thereafter the said midwife shall make a return of the... rt its birth to the Commissioner of Health, and within the period above re... ...person who shall neglect or refuse to comply with the provisions of this section sh... ...ble fine of ten (10) dollars for each offense, to be recovered before any justice of the peace, and forfeitures are r...

RETURN OF A BIRTH

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore C

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, July 12th 1891
4. Place of Birth, (Street and Number) 624 E. Eastern Ave
5. Full Name of Mother, Sarah E. Banks
6. Mother's Maiden Name, Berger
7. Mother's Birthplace, Boston
8. Full Name of Father, Charles L. Banks
9. Father's Occupation, Miner
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. Edmund L. Gibson M.D

Address, 1899 Broadway

Remarks,

Vital statistics in the City of Baltimore.

SECTION 7 ... Baltimore ... And be it further enacted and ordained that every person practicing midwifery in the City of ... Health ... month; and ... shall set forth as far as the same can be ... third day of ... shall occur ... each and every month to the office ... attendance without the attendance of a physician ... any such ... person or persons who shall hereafter ... the fine of ten (10) dollars for each offence ... and forfeitures are recoverable.

RETURN OF A BIRTH A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore C

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Monday 12
4. *Place of Birth, (Street and Number)* Deiroyn st 1708
5. *Full Name of Mother,* Mrs Lizzie Kiel
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Joseph Kiel
9. *Father's Occupation,* Mech Mechanic
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, who or other person makes this Return Mrs Joanne [illegible]

Address, 169 [illegible] Md

Remarks, Non [illegible]

9 X 0 0 3 1 5 9

Baltimore.

SECTION 7.—And be it further enacted and ordained, that every midwife in the City of Baltimore under whose charge or especial care any child shall be born, shall keep a true and correct register of such birth, and shall enter the same in a book to be kept for that purpose, and shall, within the first week of the month, and at such other time as may be required by the Commissioner of Health, make out and deliver to the Commissioner of Health a schedule which shall contain a list of the births which occurred under her charge during the preceding month, and the date of each birth, the name, sex, color, the full name and place of birth, and the name and residence of the parents of each child, if any shall have been conferred; its sex, color, the full name and place of birth, and the name and residence of the parents of each child. In case the birth of any child shall occur without the care or attendance of a midwife or physician, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time above specified; and any midwife, or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 32749

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics of the district in which such birth occurred, within six days thereafter, stating distinctly the date of birth, sex, and color of such child, and whether born alive or dead, and if born alive, its or their physical condition, whether still born or not, the full name, nativity, residence, and occupation of the parents, and the maiden name of the mother of such child or children.

CITY REGISTRAR'S OFFICE 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child.

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 26 July.
4. *Place of Birth, (Street and Number)* 1413 Johnson St.
5. *Full Name of Mother* Treasa Schumacher.
6. *Mother's Maiden Name* Friesmann.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* William Schumacher.
9. *Father's Occupation* Machinist.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Conway

Address

Remarks

8 9 1 0 0 0 3 1 6 0

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Sept 26th 1900
5. *Place of Birth, (Street and Number)* 229 Hamburg Street
6. *Full Name of Mother,* Emma Dot
7. *Mother's Maiden Name,* Emma Delcastro
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* Louis Dot
10. *Father's Occupation,* Barber
    Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Smith

Address, 229 Hamburg St

Remarks,

8 9 1 0 0 0 3 1 6 1

CITY OF BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name, sex, color, date and place of birth, name and residence of parents, and occupation of the father of each child born, and the number of children born to the mother, whether the first and only child, or the second, third, or other child born to the mother. In case no birth of any child has been conferred during the month, a report to that effect shall be made. Every physician, midwife or other person who shall attend the birth of any child shall, within ten days after the birth, report the same to the Commissioner of Health, on a blank to be furnished by the Commissioner for that purpose, and shall make a like report on the first day of each and every month to the office of the Commissioner of Health, on a blank to be furnished by the Commissioner for that purpose, and shall make a like report on the first day of each month thereafter, so long as he or she shall continue to attend upon cases of confinement; and every such report shall be signed by the practitioner making the same, and delivered, duly signed by the practitioner making the same, at the office of the Commissioner of Health, or mailed to the same, postage paid, within the time above required. In case no birth shall occur within the month, a report to that effect shall be made. The duty of making the report required, and attendance upon the Commissioner of Health, in the manner above prescribed, shall be imperative upon every physician, midwife or other person who shall undertake to attend upon cases of confinement; and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 23rd 1900

4. Place of Birth, (Street and Number) 2228 Jefferson St

5. Full Name of Mother, Barbara Fritz

6. Mother's Maiden Name, Barbara Fritz

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Fritz

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. Wm. Price

Address, 1900 E. Baltimore St

Remarks,

8 9 1 0 0 0 3 1 6 2

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37732.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Feb 28 1899
4. *Place of Birth*, (*Street and Number*) 1113 E. Pratt
5. *Full Name of Mother*, Ella [illegible]
6. *Mother's Maiden Name*, [illegible]
7. *Mother's Birthplace*, [illegible]
8. *Full Name of Father*, [illegible]
9. *Father's Occupation*, [illegible]
10. *Father's Birthplace*, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible]

8910003163

Health. This schedule shall contain [illegible] child. If any shall have been [illegible] the full name can be [illegible] place of birth; and the month and shall set forth [illegible] of the [illegible] certificate between [illegible] of any child been conferred, duly signed by the [illegible] shall be delivered, duly signed by the [illegible] the person or parents of such child [illegible] day of each and every month [illegible] shall occur without the [illegible] attendance upon [illegible] child, such person or persons who shall [illegible] liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37733.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 26 1891
4. Place of Birth, (Street and Number) 1940 Edmonson Ave
5. Full Name of Mother, Harriet J Williams
6. Mother's Maiden Name, Harriet J Strong
7. Mother's Birthplace, Kent Co Md
8. Full Name of Father, Joseph M Williams
9. Father's Occupation, Cook
10. Father's Birthplace, Balto City Md

Name of Medical Attendant, or other person who makes this Return Rhoda Cooke Md

Address, 914 N Charles St

Remarks,

8 9 1 0 0 0 3 1 6 4

Health. This schedule shall contain a list of ... month, and shall set forth as far as the same ... been conferred, duly signed ... said sheets of each and every month to the ... shall occur without the attendance of ... attendance upon the birth in the Commissioners' ... subject to the fine of ten (10) dollars for each ... ject to the fine of ten (10) dollars for each ...

BALTIMORE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 32204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. CITY OF BALTIMORE AUG 1891

Health. ... and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been ... and the full name and occupation of the parents, the date and place of birth, and the sex of each child; and in case of a stillborn child, the fact shall be stated in the form of a certificate between the first and second columns of said schedule, and the certificate shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or persons in charge of the mother during the period above required, and in case the birth occurs with the attendance of a physician or practitioner of midwifery, it shall be the duty of such physician or practitioner to report such birth to the Commissioner of Health within the time above required, and any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	July 26, 1891
4. Place of Birth, (Street and Number)	812 Cove St
5. Full Name of Mother,	Agnes White
6. Mother's Maiden Name,	Agnes Burnett
7. Mother's Birthplace,	Prince George Co
8. Full Name of Father,	Comie White
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Prince George Co
Name of Medical Attendant, or other person who makes this Return.	Mary A Travers
Address,	726 Eutaw St
Remarks,	

8 9 1 0 0 0 3 1 6 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

32255.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. *No. of Child of Mother.* (*state whether 1st, 2d, 3d, &c.*)	4
2. *Sex.* (*state whether male or female*)	Male
3. *Race or Color.* (*if not of the white race*)	White
4. *Date of Birth.*	26th of July
Place of Birth. (*Street and Number*)	213 S. Fulton Av
5. *Full Name of Mother*	Maria Gimbel
6. *Mother's Maiden Name.*	Maria Thime
7. *Mother's Birthplace.*	Germany
8. *Full Name of Father.*	Henry Gimbel
9. *Father's Occupation.*	Carpenter
10. *Father's Birthplace.*	Germany
Name of Medical Attendant, or other Person who makes this Return	Friederike Heuler Midwife
Address.	216 West Fort Av
Remarks.	

8 9 1 0 0 0 3 1 6 6

CITY OF BALTIMORE HEALTH DEPT. 1891

within six days thereafter, stating distinctly the day and hour of birth, sex and color of the child or children born, (in case of twins, triplets, &c., all must be named in the order of birth,) and whether still-born or alive at the time of making the return, and if alive, the full maiden name of the mother of such child or children, and the place of residence of the parents, and the maiden name of the mother of such child or children.

... & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

3775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	W
3.	*Date of Birth,*	July 20
4.	*Place of Birth, (Street and Number)*	204 Columbia Ave
5.	*Full Name of Mother,*	Laura Nugent
6.	*Mother's Maiden Name,*	" Steir
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Daniel Nugent
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Mrs M Lampson
	Address,	412 Scott St
	Remarks,	39100031167

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Augusta C Pohlman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 26th
4. Place of Birth, (Street and Number) 704 Columbia Ave
5. Full Name of Mother, Pauline Poleman Pohlman
6. Mother's Maiden Name, Pauline Hoff Hof
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William (Wilhelm) Poleman Pohlman
9. Father's Occupation, Grocery man
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Hellen Donda Doyle

Address, 644 Park Ave

Remarks, 8910003168

WM. J. O BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	Only 26 11
4. *Place of Birth, (Street and Number)*	2244 McElderry st
5. *Full Name of Mother.*	Louisa Leitheiser
6. *Mother's Maiden Name.*	Horter
7. *Mother's Birthplace.*	Balto
8. *Full Name of Father.*	George Leitheiser
9. *Father's Occupation.*	Baker
10. *Father's Birthplace.*	Germany.
Name of Medical Attendant, or other Person who makes this Return	C. L. Broadbelt M
Address.	
Remarks.	

6910003169

...ET & ING, CITY PRINTERS AND STATIONERS.

A. 3737

URN OF A BIRTH

...rar of Vital Statistics, Board of Health, Baltimore City.

...her, (state whether 1st, 2d, 3d, &c.) 4
...r male or female) Male
...if not of the white race) White
July 12 1871
..., (Street and Number) 1038 Chapel
Mother, M. East.
...en Name, M. Gaudin
...hplace, Balto.
Father, W. East
...upation, Merchant
...lace, Balto.
...al Attendant, or other person who makes this Return. M. A. Butler
...56 Hanover St.

...0 ... 170

D. 32737

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 26th July 1891
4. Place of Birth, (Street and Number) Back St. 1739
5. Full Name of Mother, Augusta Laabi
6. Mother's Maiden Name, Schaarschs
7. Mother's Birthplace, Germania
8. Full Name of Father, August Laabi
9. Father's Occupation, Clerk
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mrs Bueller

Address, 235 E Washington St.

Remarks,

8 9 1 0 0 0 3 1 7 1

BY J. C. BULLEY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 37760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 26th. July. 1911

4. Place of Birth, (Street and Number) 2007 Bohemia Court

5. Full Name of Mother, Lucy Moore

6. Mother's Maiden Name, Lucy Lee

7. Mother's Birthplace, St. Mary's County Md.

8. Full Name of Father, Thomas Moore

9. Father's Occupation, Stevedor

10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other Person who makes this Return. Mary Donerty

Address, 2002 Bohemia Court.

Remarks, Not at Time Carrant 6 Months

8910003172

RETURN OF A BIRTH. A 3776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 27: 1908
4. Place of Birth, (Street and Number) 91 Park Ave
5. Full Name of Mother, Annie Forman
6. Mother's Maiden Name, Walton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Arthur J. Forman
9. Father's Occupation, Lawyer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. D. L. Williams

Address, 900 Madison Ave

Remarks,

1891000317 3

BOARD OF HEALTH BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 11-60

RETURN OF A BIRTH 37767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Patrick Casey Phelan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 27th 1891
4. Place of Birth, (Street and Number) 565 Lamen st Balto.
5. Full Name of Mother, Mary C Phelan
6. Mother's Maiden Name, " " Casey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John M. Phelan
9. Father's Occupation, Stenographer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Silas Bacdin M D

Address, 1927 Myrtle ave.

Remarks,

8 9 1 0 0 0 3 1 7 4

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. Each schedule shall contain a separate certificate, and be numbered in the order in which it is received by the Registrar, and the same shall be recorded in a book or books to be provided for that purpose by the Commissioner of Health. The form of the certificate to be filled out by the attending physician, midwife or other person in attendance upon the mother at the birth of any child shall be as follows: I hereby certify that I attended the mother of this child during her confinement; that I was present at the birth of the child, or was otherwise in attendance upon the mother at the birth of the child; that I have personal knowledge of the facts herein stated; that the child was born alive; that the sex, color, date and place of birth, and the name and birthplace of the mother are correctly stated; and that the child was born within the limits of Baltimore City. Every person who shall make, sign or issue any certificate of birth, knowing the same to be false in any particular, or who shall refuse or neglect to make a return of any birth at which he was present or in attendance, as required by this section, shall be liable to the Commissioner of Health, upon conviction thereof, for each offence, to a penalty not exceeding Fifty Dollars, and any midwife or other person who shall hereafter fail to enter in a record book, as herein required, the certificate of birth of any child at which she was present or in attendance, shall be subject to a penalty not exceeding Ten Dollars for each offence to be recovered as other fines and penalties are recovered.

RECEIVED AUG 1891 REGISTRAR OF BALTIMORE

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 37763.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 27 July 1891
4. Place of Birth, (Street and Number) 563 Cyfard st
5. Full Name of Mother, Lucinda Brown
6. Mother's Maiden Name, Lucinda Cooper
7. Mother's Birthplace, Eastern Shore
8. Full Name of Father, Reuben Brown
9. Father's Occupation, Party store
10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other person who makes this Return. Hester Countanes

Address, 519 Huston st

Remarks, 1891000317 5

CITY OF BALTIMORE

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37764.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &*c*.) 5th.

1. *Sex*, (*state whether male or female*) female
2. *Race or Color*, (*if not of the white race*) white.
3. *Date of Birth*, 26 July
4. *Place of Birth*. (*Street and Number*) 1915 E. Madison St
5. *Full Name of Mother*. Mary Elizabeth Pickel
6. *Mother's Maiden Name*, Mary E. Brown.
7. *Mother's Birthplace*, Baltimore Md.
8. *Full Name of Father*, Casper H. Pickel
9. *Father's Occupation*, Tailor
10. *Father's Birthplace*, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Dr. J. Leith Whitacre

Address, 1507 E. Lexington St.

Remarks,

8910003176

register of such birth, and shall enter the same on a form to be supplied by the Registrar of Vital Statistics, Board of Health. This schedule shall contain a list of the names of the children born alive of each mother during the month, and shall set forth as far as the same can be ascertained the following particulars concerning each child, viz: the sex, color, the full name (surname and Christian name), residence and place of birth, and the full name, residence, birthplace, occupation and age of each parent. Every such physician, midwife or other person shall, on or before the third day of each and every month, transmit to the office of the Commissioner of Health, to each the births of any child shall occur without the attendance of a physician, practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report such birth to the Commissioner of Health within the time above specified, and in addition to any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 37765.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* — Helen Gertrude Jones
2. *Sex (state whether male or female),* — Female
3. *Race or Color (if not of the white race),* — white
4. *Date of Birth,* — July 27/91
5. *Place of Birth (Street and Number),* — 9 Irving Place
6. *Full Name of Mother,* — Lida Jones
7. *Mother's Maiden Name,* — n Hill
8. *Mother's Birthplace,* — Balto
9. *Full Name of Father,* — Rev. Chas. E. Jones
10. *Father's Occupation,* — Minista
11. *Father's Birthplace,* — Penn.

Name of Medical Attendant, or other person who makes this Return. — R. W. Mansfield M.D

Address, — 129 S Broadway

Remarks, — GIVEN NAME ADDED 12-11-5

9 1 0 0 3 1 7 7

This schedule shall contain a list of the births which have occurred in the family to which it is delivered, since the last enumeration, or since the first day of April, 1880, if there has been no enumeration. The full name and occupation of the parents, the age of the mother at the birth of each child, and whether the child was born alive or dead, shall be ascertained by the person charged with the duty of filling the schedule. And every birth, before the fifth day of the next month, shall be reported to the Commissioner of Health, by the physician, midwife, or other person who shall have attended the mother at the birth, or in default thereof, by the householder or owner of the house in which the birth shall have occurred. And every householder or owner neglecting to report the birth to the Commissioner of Health, as aforesaid, shall forfeit and pay the sum of Ten Dollars for each offence. In the manner and within the time limited for the return of births by this section shall the physician, midwife, or other person who shall thereafter fail to comply with the provisions of this section, be required to pay a penalty of Ten Dollars for each offence. The penalties and forfeitures are recovered as other fines and forfeitures are recovered.

CITY OF BALTIMORE 1891

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 3 mo 66.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6 child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 of July 1871.
4. Place of Birth, (Street and Number) Baltimore, Bdyard 123
5. Full Name of Mother, Kate Guthaily
6. Mother's Maiden Name, Kate Kreager
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Richard Guthaily
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs Waters.

Address, 1448 Caroll St

Remarks,

8 9 1 0 0 0 3 1 7 8

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 3777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 27 1891
4. Place of Birth, (Street and Number)	1 South Patterson Park ave
5. Full Name of Mother,	Matilda Rasselmann
6. Mother's Maiden Name,	Matilda Rase
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Fred Rasselmann
9. Father's Occupation,	Labor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Amelia G Sommer
Address,	611 South Patterson Park ave
Remarks,	8910003179

Health. This schedule shall contain a list of the [illegible] ascertained the full name of each child [illegible] shall set forth as far as the same can be ascertained the full name of each child born [illegible] born conferred), its sex, color, the full name and residence of its parents, the date and place of birth, the [illegible] said schedule shall be delivered monthly to the office of the Commissioner of Health by the physician or [illegible] third day of each month to the office of the Commissioner of Health by the person in charge of [illegible] attendance upon the mother, immediately after the birth of such child, it shall be the duty of [illegible] child to report its birth to the Commissioner of Health. In the manner and with the particulars [illegible] any such person who shall hereafter fail to comply with the provisions of this section shall be [illegible] jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recovered.

CITY OF BALTIMORE BOARD OF HEALTH

FROM J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A. 3776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 31st. 1891
4. Place of Birth, (Street and Number) Hanover Street 1511
5. Full Name of Mother, Louisa Schmidt
6. Mother's Maiden Name, Fritschner
7. Mother's Birthplace, Germany
8. Full Name of Father, William E. Schmidt
9. Father's Occupation, Piano Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherina Flynn M.

Address, 900 Leadenhall St

Remarks,

1 8 9 1 0 0 0 3 1 8 0

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED - 8-11-66 A 37764

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MAYBELLE EVE WALSON

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27th July 191
4. Place of Birth, (Street and Number) 2032 Gough St.
5. Full Name of Mother, Annie C. Walson De Joy.
6. Mother's Maiden Name,
7. Mother's Birthplace, State Delaware
8. Full Name of Father, James Walson
9. Father's Occupation, Engineer
10. Father's Birthplace, State Delaware

Name of Medical Attendant, or other person who makes this Return, E. P. Irons M.D.

Address, 1835 E. Balto. St.

Remarks, 1891 0003181

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 37770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 12th.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 27, 1891.
4. *Place of Birth, (Street and Number)* 15 Plymouth av.
5. *Full Name of Mother,* Annie L. Belt.
6. *Mother's Maiden Name,* Naylor.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Alfred Belt.
9. *Father's Occupation,* Shoemaker.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Chestnut-ave.

Remarks, 8910003182

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 32771.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2nd

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, July 27 1891
4. *Place of Birth*, (*Street and Number*) 1313 Gilmor St
5. *Full Name of Mother*, Ella Green Abbott
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*, London Co Va
8. *Full Name of Father*, Willard Green
9. *Father's Occupation*, Iron Worker
10. *Father's Birthplace*, Balto

Name of Medical Attendant, or other person who makes this Return. Chas E Godlee

Address,

Remarks,

18910003183

Health. ... a schedule shall contain ... of the ... Every ... the full name of each child, if any, shall have been conferred) its sex, color, the full name and ... parents, its ... between the first and ... schedule shall be delivered, duly ... of the Commissioner of ... Health. In case the birth of any child ... day, or without the attendance of a physician, ... attendance upon the mother, immediately thereafter, ... child to report its birth to the Commissioner of ... any such person who shall refuse or neglect to ... jected to the fine of ten (10) dollars for each offense, to ... other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

No. 32772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.)	1st. Child
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	Caucasian race
3. Date of Birth,	27th July
4. Place of Birth (Street and Number),	119 N. Pine St.
5. Full Name of Mother,	Rosa Theresia Milkey
6. Mother's Maiden Name,	Rosa Theresia Eichel
7. Mother's Birthplace,	Magdeburg, Germany
8. Full Name of Father,	Otto Rudolf Milkey
9. Father's Occupation,	Instrument-maker
10. Father's Birthplace,	Danzig, Germany
Name of Medical Attendant, or other person who makes this Return.	Wilhelmina Benisch
Address,	516 N. Lee St.
Remarks,	

8 9 1 0 0 0 3 1 8 4

CITY BALTIMORE

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, its sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the prescribed forms. And every such person who shall neglect to make such return for each and every month following the expiration of the time above limited, or who shall make a false return, shall forfeit and pay for each offence a sum not exceeding ten dollars. In case the birth of any child shall occur in the absence of the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parent having charge of the mother, immediately thereafter to report the particulars of such birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person who shall hereafter fail to make such report, shall be subjected to the like penalty as herein provided for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 32773.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) wht
3. Date of Birth, July 27 1891
4. Place of Birth, (Street and Number) 1103 Madison ave
5. Full Name of Mother, Caroline A Tanyhill
6. Mother's Maiden Name, " McAlister
7. Mother's Birthplace, Connecticut
8. Full Name of Father, G Lane Tanyhill
9. Father's Occupation. Physician
10. Father's Birthplace, Penna.

Name of Medical Attendant, or other person who makes this Return. Henry McAllister

Address, 1008 Madison ave

Remarks, 6 9 1 0 0 0 3 1 8 5

Health. This section shall contain a true copy of the certificate of each birth which shall have been registered in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or other person who shall be in attendance upon the mother, it shall be the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether mate or femate),* male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* July 27, 1891
4. *Place of Birth (Street and Number),* 660 Pendleton Road
5. *Full Name of Mother,* Sophia Lesser
6. *Mother's Maiden Name,* Lesser
7. *Mother's Birthplace,* Bath
8. *Full Name of Father,* John Lesser
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Edward H. Anderson M.D.

Address, 1140 N. Payson St.

Remarks,

8 9 1 0 0 0 3 1 8 6

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

A 3777.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, July 27 1915

4. Place of Birth, (Street and Number) 1512 E. Pine St.

5. Full Name of Mother, Mrs. Addie Waller.

6. Mother's Maiden Name, Addie Credit.

7. Mother's Birthplace, Balto.

8. Full Name of Father, Rev. Garnett R. Waller.

9. Father's Occupation, Clergyman.

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return W. F. Carr. Jr. M. D.

Address, 1062 Argyle Ave.

Remarks, 69 10003187

Health: This schedule shall contain a list of the births which occur during the month, and shall set forth the name, residence, sex, color, the full names of the parents, the date and place of birth, and the number of children born to the mother, of each birth reported. In the case of a premature birth, or where from any cause a certificate of birth shall not be delivered, duly signed by the physician in attendance, or other person in charge, to the office of the Commissioner of Health, within twenty-four hours after the birth, the Commissioner of Health shall cause the same to be investigated and ascertained by a physician or other person he may appoint for the purpose, and a certificate of such birth, duly signed by the physician or other person so appointed above recited, shall be delivered to the office of the Commissioner of Health, in the manner and within the time above specified. It shall be the duty of the physician in attendance upon the mother immediately after the birth of a child, or in case there was no physician in attendance, then the midwife or other person having charge of the case during the month, and shall set forth the name, residence, sex, color, the full names of the parents, the date and place of birth, and the number of children born to the mother, of each birth reported. In the case of a premature birth, or where from any cause a certificate of birth shall not be delivered, duly signed by the physician in attendance, or other person in charge, to the office of the Commissioner of Health, within twenty-four hours after the birth, the Commissioner of Health shall cause the same to be investigated and ascertained by a physician or other person he may appoint for the purpose, and a certificate of such birth, duly signed by the physician or other person so appointed above recited, shall be delivered to the office of the Commissioner of Health, in the manner and within the time above specified. It shall be the duty of the physician in attendance upon the mother immediately after the birth of a child, or in case there was no physician in attendance, then the midwife or other person having charge of the case, to report its birth to the Commissioner of Health within twenty-four hours after the birth, and any such person or person who shall neglect or refuse to comply with this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 37776.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	27th July 1891
4. *Place of Birth, (Street and Number)*	1692 Barnes st [redacted]
5. *Full Name of Mother,*	Marei Turek
6. *Mother's Maiden Name,*	Marie Hruza
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Frank Turek
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return.	Slate Pazourek
Address,	1641 Abbott Str
Remarks,	

1891 0003188

Health. This schedule shall contain a list of the ... (full name) ... street, ... month, and shall be filled up as far as the same can be ... such child (if any shall have been conferred) its sex, color, the full name and occupation ... and place of birth, and the said schedule shall be delivered, duly signed by the ... within ... days after the birth of any child ... third day of each month the said ... shall deliver to the ... a like list of births ... which have occurred ... since the ... attendance of a physician or ... should no other person be in attendance upon the mother, immediately thereafter it shall ... of the person or parents of such child to report its birth to the Commissioner of Health, in the manner ... required; and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ... dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 37777.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 24th of July 1891
4. Place of Birth, (Street and Number) 361 n. Fremont st
5. Full Name of Mother, Anna Louise Wagner Harpel
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto City
8. Full Name of Father, Charles F. Wagner
9. Father's Occupation, Foreman
10. Father's Birthplace, Germany

Name of Medical Attendent, or other person who makes this Return, Mrs M Maund

Address, 829 Penna ave

Remarks,

8 9 1 0 0 0 3 1 8 9

Health, and shall set forth as far as the same can be ascertained by diligent inquiry, the name, if any, and the sex, color, and place of birth; and the parentage, residence, and occupation of the parents of each child born alive within the limits of the city, and the date of the birth of each such child; and the said return shall be made within ten days after the birth of any child as aforesaid, and if the same be not made within that time, or if any false return be made, the person or persons offending shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 37978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st~~. 2d, ~~3d, &c.~~) —

1. Sex (~~state whether~~ male ~~or female~~), —
2. Race or Color (~~if not of the white race~~), Colored.
3. Date of Birth, 27 July 1891.
4. Place of Birth (Street and Number), 11 18 McDonough av.
5. Full Name of Mother, Mary Eliz. Banks
6. Mother's Maiden Name, —
7. Mother's Birthplace, Balt.
8. Full Name of Father, Unknown.
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return. Josephine Booker Midwife

Address, 913 Hunter st.

Remarks, Balt.

8 9 1 0 0 0 3 1 9 0 Md

and shall set forth as far as the same can be ascertained, the full name, sex, color, date and place of birth, and the said schedule each and every month to the office of the Commissioner of Health, under the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 33774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred ... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation ... and place of birth; and the said schedule shall be delivered, duly signed by the practitioner ... between the first and third day of each and every month to the office of the Commissioner of Health ... shall occur without the attendance of a physician or ... the mother, immediately thereafter ... attendance upon the mother ... child to report its birth to the Commissioner of Health ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered ... forfeitures are recoverable

HEALTH DEPARTMENT JUL 29 1891 CITY OF BALTIMORE

	No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	First
1.	Sex, (state whether male or female)	male
	Race or Color, (if not of the white race)	Black
	Date of Birth,	July 27 '91
	Place of Birth, (Street and Number)	1108 Clark Alley
5.	Full Name of Mother,	Chrissie Watts
6.	Mother's Maiden Name,	Chrissie Watts
7.	Mother's Birthplace,	[illegible] Md
8.	Full Name of Father,	—
9.	Father's Occupation,	—
10.	Father's Birthplace,	—
	Name of Medical Attendant, or other person who makes this Return,	J. W. [illegible] Haynes, MD
	Address,	631 Hanover St
	Remarks,	This child was [illegible] on the above day of [illegible]

8910003191

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37780.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 27th
4. Place of Birth, (Street and Number) # 1308 Lafayette Ave West
5. Full Name of Mother, Ball Holloway
6. Mother's Maiden Name, Harvey
7. Mother's Birthplace, Balto City
8. Full Name of Father, Harry O. Holloway
9. Father's Occupation, Plumber
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Louis G. Huck

Address, #649 Lafayette Ave West

Remarks,

6910003192

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37781.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth*	July 27 — 1891
4. *Place of Birth, (Street and Number)*	1149 Johnson st.
5. *Full Name of Mother,*	Catherine Funk Blum
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	George Funk
9. *Father's Occupation,*	Gardner
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return,	J. Lohwasser midwife
Address,	1032 Hanover st.
Remarks.	8 9 1 0 0 0 3 1 9 3

Death.—It is hereby made the duty of the father, mother, householder, or other person having charge of any child, of any sickness which may result in death, to call or send for some regular practitioner of medicine, and have such child properly treated during such sickness; and in case of the death of any child without having called in a physician, the parent or other person having charge of such child shall immediately notify the Commissioner of Health, or one of the Health Officers, of such death, and no other person shall be allowed to certify the cause of death, or to issue a burial permit therefor, except in the absence of the Commissioner of Health and the Health Officers, or in case of the inability of the parent or other person having charge of such child to procure the attendance of a physician or practitioner, in which case the Commissioner of Health shall cause the attendance of a physician or practitioner to be procured, and such child shall not be buried until the cause of death has been certified by a physician or practitioner. Any parent or other person having charge of any child who shall fail to comply with the provisions of this section shall be subject to a fine of not less than five (5) dollars nor more than fifty (50) dollars for each offense, to be recovered as other forfeitures are recoverable by law.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 317857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	Black
3.	*Date of Birth,*	July 27 — 91
4.	*Place of Birth, (Street and Number)*	217 Parish alley
5.	*Full Name of Mother,*	Mallie Davis
6.	*Mother's Maiden Name,*	Mallie Wright
7.	*Mother's Birthplace,*	Essex Co Va
8.	*Full Name of Father,*	Thos. Davis
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Md
	Name of Medical Attendant, or other person who makes this Return,	Susan Nahler
	Address,	26 N. Alley
	Remarks,	

8 9 1 0 0 0 3 1 9 4

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 37750.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
Date of Birth,	July 17 1891
Place of Birth, (Street and Number)	No 1131 Hanover st
5. *Full Name of Mother,*	Mary A Taylor
6. *Mother's Maiden Name,*	Mary A Myers
7. *Mother's Birthplace,*	Baltimore city, md
8. *Full Name of Father,*	Henry R Myers
9. *Father's Occupation,*	Letter carrier
10. *Father's Birthplace,*	Baltimore city md
Name of Medical Attendant, or other person who makes this Return.	E. Hinton
Address,	No 1422 Hanover st
Remarks,	1891 0003195

CITY OF BALTIMORE

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 3278

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 th
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	
3. Date of Birth,	27th July 1871
4. Place of Birth (Street aad Number),	117 E. West st.
5. Full Name of Mother,	Cristine Germershausen
6. Mother's Maidea Name,	Cristine Schene.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph Germershausen
9. Father's Occupatioa,	Carpenter
10. Father's Birthplace,	Baltimore
Name of Medicat Attendaat, or other person who makes this Return.	Hillelmuth Benisch
Address,	516 N. Lee st.
Remarks,	

6 9 1 0 0 0 3 1 9 6

and shall set forth as far as the same can be ascertained the full names of each child, whether born alive or dead, the sex, color, the full name and occupation of the parents, the date and place of birth of each child, and the full name and residence of the midwife or physician in attendance upon the mother. Immediately thereafter it shall be and within the period above required (or any other period which may be prescribed by the Commissioner) it shall be the duty of the midwife or physician in attendance upon any such person or persons to fill in all the blanks in the certificate and to comply with the provisions of this section shall be subject to the fines for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 32285.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First 1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 28
4. *Place of Birth, (Street and Number)*	768 Fawcett Alley
5. *Full Name of Mother,*	Elizabeth Baker
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Cincinnati Ohio
8. *Full Name of Father,*	Wm H Grant
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Annandel
Name of Medical Attendant, or other person who makes this Return.	Dr A J Keegan
Address,	764 Fawcett Alley
Remarks,	This Child is Born out of Wedlock

8910003197

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 3778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 28 1891
4. *Place of Birth, (Street and Number)*	
5. *Full Name of Mother,*	Jennie Speaks
6. *Mother's Maiden Name,*	Jennie Walker
7. *Mother's Birthplace,*	Baltimore city md
8. *Full Name of Father,*	George Speakes
9. *Father's Occupation,*	Boiler Maker
10. *Father's Birthplace,*	Baltimore city md
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hinton
Address,	No 1422 Hanover st
Remarks,	6 9 1 0 0 0 3 1 9 8

CITY OF BALTIMORE

RETURN OF A BIRTH. 37757.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, July Ninth eighteen
4. Place of Birth, (Street and Number) 1304 West Lee St.
5. Full Name of Mother, Rintcha Schultz
6. Mother's Maiden Name, Strohmeyer
7. Mother's Birthplace, Germany
8. Full Name of Father, William Schultz
9. Father's Occupation, Carter
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. Bender

Address, 1304 West St

Remarks,

8 9 1 0 0 0 3 1 9 9

Health, this schedule shall contain a list of the births which occurred within the district during the preceding month, and shall set forth as far as can be ascertained the name and occupation of the parents, the date and place of birth, and the name (if any conferred) of every child born alive, and also the name and residence of the physician, midwife or other person who shall have been present at the birth, or in attendance upon the mother; and every such physician, midwife or other person who shall neglect to report the birth of any child as required by this section, shall forfeit and pay for every such neglect a sum not exceeding ten dollars; and every such physician, midwife or other person who shall wilfully report the birth of any child which shall not have been born alive, shall forfeit and pay a sum not exceeding one hundred dollars; and no other fees or charges shall be collected by any such physician, midwife or other person for making the report required by this section. Any such physician, midwife or other person who shall refuse or neglect to report the birth of any child as required by this section, shall be subject to a penalty of ten dollars for each and every month that such refusal or neglect shall occur without the attendance of such physician, midwife or other person, and shall forfeit the sum of ten dollars for each and every month that such refusal or neglect shall occur after the expiration of one month from the date of such birth; and it shall be the duty of the Commissioner of Health, in the manner provided by law, to enforce the provisions of this section and to recover the penalties herein imposed; and it shall be the duty of the Commissioner of Health, in the manner provided by law, to enforce the provisions of this section and to recover the penalties herein imposed; and it shall be the duty of the Commissioner of Health, in the manner provided by law, to enforce the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

SISTER NAME ADDED 2-7-53

RETURN OF A BIRTH. 37788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John William Stachnick

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 28th 1891
4. Place of Birth, (Street and Number) 602 N. Eden St
5. Full Name of Mother, Katie Anner Stachnick
6. Mother's Maiden Name, Seitz
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Stachnick
9. Father's Occupation, Upholster
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Francis A. Bauer M.D

Address, 1439 N. Central Ave

Remarks,

1891000 3200

John Murphy & Co., City Printers and Stationers.

A 3784

RETURN OF A BIRTH.

GIVEN NAME ADDED 8/8/76

To the Office of Registrar of ~~Vital Statistics, Board~~ Health, Baltimore City.

Name: Mary Ellen Miller (*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*) 4th Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth.* July 28 — 1871
4. *Place of Birth. (Street and Number)* 1111 Race st.
5. *Full Name of Mother.* Lina Miller
6. *Mother's Maiden Name.* Wagner
7. *Mother's Birthplace.* America
8. *Full Name of Father.* George Miller
9. *Father's Occupation.* Cooper
10. *Father's Birthplace.* America

Name of Medical Attendant, or other person who makes this Return. J. Schwasser midwife

Address. 1032 Hanover st.

Remarks.

8 9 1 0 0 0 3 2 0 1

month and shall set forth as far as the same can be ascertained the name, sex, color, date and place of birth, name and residence of parents, and such other information as may be required by the said Commissioner of Health, and shall sign his name to said certificate; and the said Commissioner of Health shall cause to be kept in his office a book or books in which shall be recorded the information contained in said certificate; and the said Commissioner of Health shall cause to be issued to the person reporting the birth of any child a certificate containing the information required to be recorded in said book or books, or should no such person report the birth of such child, then to the parent or parents of such child, if living and residing in the city of Baltimore, upon application therefor within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. O SULLIVAN CO CITY PRINTERS AND STATIONERS

A 3,790.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Mary Emma ~~Gipe~~ Gipe	
	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1.	Sex, (state whether male or female)	Female
2.	Race or Color, (if not of the white race)	
3.	Date of Birth	July ~~28~~ 26 - 91
4.	Place of Birth, (Street and Number)	407 N. Amer
5.	Full Name of Mother	Mary M. Gipe
6.	Mother's Maiden Name	" " Mosse
7.	Mother's Birthplace	Md
8.	Full Name of Father	John H. Gipe
9.	Father's Occupation	Commission Merchant
10.	Father's Birthplace	Balto
	Name of Medical Attendant, or other person who makes this Return	Mrs Mary A. Allwise
	Address	912 McDonogh
	Remarks	7-3-54

GIVEN NAME ADDED
CERTIFICATE CORRECTED 8-6-54

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

No. 33791.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 25th 1891
4. *Place of Birth, (Street and Number)*	114 W. Fath St.
5. *Full Name of Mother,*	Ellen Caroline Meredith
6. *Mother's Maiden Name,*	Pardoe
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Henry Francis Meredith
9. *Father's Occupation,*	Saloonkeeper
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return,	H. W. Webner, M.D.
Address,	723 W. Lombard St.
Remarks,	Natural Labor.

891000320 3

and shall set forth as far as the same can be ascertained by reasonable inquiry, the name, sex, color, the full names and residence of parents of such child, the date and place of birth, and the number of children to which the mother has been delivered, and the number of the certificate issued by the physician or parents of such child, and shall report its birth to the Commissioner of Health, in case no physician or midwife shall be in attendance at the birth; and every person required to report the birth of any child as aforesaid, who shall neglect or refuse to make such report within the time aforesaid, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Maud Marie Miller

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th
2. *Sex, (state whether male or female)* Mädchen
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 28 Jan July 1891
5. *Place of Birth, (Street and Number)* Fort Eby No 418
6. *Full Name of Mother,* Louise Miller
7. *Mother's Maiden Name,* Strinz
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* Andreas Miller
10. *Father's Occupation,* Wool Mann
11. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other person who makes this Return.

Address, Caroline Stowaway Fort Eby No 434

Remarks, GIVEN NAME ADDED 6-12-53

T 8910003201 A1

CITY OF BALTIMORE

WM. J. O. SULLANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3rd 1893.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-

1. Sex, (state whether male or female) F.
2. Race or Color, (if not of the white race) W
3. Date of Birth, July 26-91
4. Place of Birth, (Street and Number) 502 S. Ann
5. Full Name of Mother, Elizabeth Rendall
6. Mother's Maiden Name, Brodie
7. Mother's Birthplace, Scotland
8. Full Name of Father. Wm Rendall
9. Father's Occupation. Carpenter
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return. Thompkins M.D.

Address, 1207 E Monument St

Remarks, 8 9 1 0 0 0 3 2 0 5

Health. This schedule shall contain a list of the births which shall occur in each family, the month, and shall set forth as far as practicable the full name and occupation of the parents, the number of children born to each mother, the number now living, the number born dead, the number of months that have elapsed between the first and second births, and the date of the birth of each child. In case the birth of any child shall occur in a family where no physician or midwife is in attendance, the head of such family shall, within the first ten days of each and every month, report to the office of the Registrar of Vital Statistics, or should no other person reside in such family, then it shall be the duty of the person occupying the house in which such birth shall occur without the attendance of a physician or midwife, to report the birth as herein required, and shall be subject to the same penalty for failure to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mollie Griffith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 28, 1891
4. Place of Birth, (Street and Number) 505 Bedford St
5. Full Name of Mother, Annie (Hattie) Griffith
6. Mother's Maiden Name, Annie Pfarr
7. Mother's Birthplace, Balto
8. Full Name of Father, Harry (Hattie) Griffith
9. Father's Occupation, Fireman
10. Father's Birthplace, Texas

Name of Medical Attendant, or other person who makes this Return. Harry L. Swanson

Address, 726 Luzerne St.

Remarks, CERTIFICATE ISSUED 2-11-54

1891000320 6M

month, and shall set forth in so far as the same can be ascertained the [illegible] shall have been conferred) its sex, color, the full name and occupation of its parents, and the [illegible] said schedule shall be delivered, duly signed by the practitioner in charge, to the parent or [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without a physician or midwife in attendance, the parent or person having charge of such child shall report such birth to the Commissioner of Health, in the manner and within the time required, and attendance upon the mother. Each physician or midwife who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other debts of like amount are recoverable.

SAML. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. # 37795.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	4
1. *Sex,* (*state whether male or female*)	Male
2. *Race or Color,* (*if not of the white race*)	
3. *Date of Birth,*	July 26 1891
4. *Place of Birth,* (*Street and Number*)	215 S. Eutaw St.
5. *Full Name of Mother,*	Laura Hartman
6. *Mother's Maiden Name,*	Wallace
7. *Mother's Birthplace,*	Somerset Co. Md
8. *Full Name of Father,*	Jules Hartman
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant or other person who makes this Return,	Mary Stein
Address,	1427 E Pratt St.
Remarks,	8910003207

month, and shall set forth as far as the same can be ascertained, the sex, color, the full name, residence and occupation of its parents, the date and place of birth; and the said schedule shall and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or midwife, the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately after the birth of such child, shall, within ten days after the birth, report the same to the Commissioner of Health, in the manner and within the period above required, and unless the birth of such child shall have been reported by the practitioner in attendance upon the mother, it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and if no other person be in attendance upon the mother at the birth of such child, or if the birth shall occur without the attendance of a physician or midwife, the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and every month to the office of the Commissioner of Health, in the manner and within the period above required, and the said schedule shall set forth as far as the same can be ascertained, the sex, color, the full name, residence and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the sex, color, the full name, residence and occupation of its parents, the date and place of birth; and the

WM. J. D. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3rrg6.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth. 25 prev
4. Place of Birth, (Street and Number) 135 N. Hamburg st.
5. Full Name of Mother, Louisa Emilie Gubernatis.
6. Mother's Maiden Name. L. E. Kleinhenn,
7. Mother's Birthplace. Germany.
8. Full Name of Father. John Gubernatis.
9. Father's Occupation. Piano maker.
10. Father's Birthplace. Germany.

Name of Medical Attendant, or other person who makes this Return, Catherine Thomas

Address, 800 Leadenhall st

Remarks,

18910003208

WM J. C. DULANY CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, [illegible] shall have been conferred, its sex, color, the full name and occupation of its parents, and the date and place of birth, [illegible] said schedule shall be delivered, duly signed by the practitioner in the [illegible] third day of each and every month to the office of the Commissioner of Health. [illegible] shall occur without the attendance of a physician or practitioner of midwifery, [illegible] attendance upon the mother, immediately thereafter, it shall become the duty of [illegible] child to report its birth to the Commissioner of Health, in the manner and within the time [illegible] required, and any such person or persons who shall hereafter fail to comply with the provisions of [illegible] shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

RETURN OF A BIRTH A 37797.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex, (State whether male or female)* [illegible]
2. *Race or color, (if not of the white race)* [illegible]
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, 1 8 9 1 0 0 0 3 2 0 9

RETURN OF A BIRTH. A 3798.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 July
4. Place of Birth, (Street and Number) 740 Pennsylvania ave
5. Full Name of Mother, Melia Rogers
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Poland
8. Full Name of Father, Isaac Rogers
9. Father's Occupation, Poland
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mrs A Ellig

Address, 302 Holland St Lexington St

Remarks,

8 9 1 0 0 0 3 2 1 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 3rd 99

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 2nd 1899

4. Place of Birth, (Street and Number) 623 Gilmor st

5. Full Name of Mother, Sarah Fuller

6. Mother's Maiden Name, Sarah Pollard

7. Mother's Birthplace, Louisa County Virginia

8. Full Name of Father, Unknown

9. Father's Occupation, Waiter

10. Father's Birthplace, Louisa County Virginia

Name of Medical Attendant, or other person who makes this Return. Louisa Fare Midwife

Address, 642 Justice st

Remarks, Baltimore Md

691 0003211

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1-11-60 37300

Albert L. Gerard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	July 26, 1891.
4. Place of Birth, (Street and Number)	437 West Fifth St.
5. Full Name of Mother,	Sarah Elizabeth Gerard.
6. Mother's Maiden Name,	Schauck.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Frank A. Gerard.
9. Father's Occupation.	Railroader.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Chestnut-ave.
Remarks,	8910003212

month, and shall set forth as far as the same can be ascertained by diligent inquiry, the full name and occupation of each parent, the date and place of birth; and the legal settlement in this City, if any, of the person or parents of such child; and the name conferred) its sex, color, the full name and occupation of each parent, the date and place of birth; and the legal settlement in this City, if any, of the person or parents of such child; and the said schedule shall be delivered, duly signed, to the Registrar or Assistant Registrar of the district in which the birth occurred, within ten days after the birth, and a certificate of the delivery of such schedule shall be given by the Registrar or Assistant Registrar to the person delivering the same. And every such child not reported as aforesaid within the first ten days after birth, shall be reported to the Registrar of the district in which the birth occurred, within the first ten days of each month thereafter, by the person having the charge of such child, under the penalty of ten dollars for each offense, to be recovered as other debts are recoverable. And it shall be the duty of every physician in attendance upon any case of confinement, to report the birth of the child to the Commissioner of Health, within ten days after the birth, under the penalty of ten dollars for each offense, to be recovered as other debts are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 5-23-49

RETURN OF A BIRTH.

37301.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Winfield T. Bull

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 28, 1891.
4. Place of Birth, (Street and Number) 135 Loyola Hill.
5. Full Name of Mother, Charlotte Bull.
6. Mother's Maiden Name, Chalk.
7. Mother's Birthplace, Md.
8. Full Name of Father, Albert T. Bull.
9. Father's Occupation, Railroader.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 791 Chestnut-ave.

Remarks,

8 9 1 0 0 0 3 2 1 3

month, and shall set forth, as far as the same can be ascertained, the name of each child of any... been conferred) its sex, color, full name and occupation of parents, and place of birth of each... said midwife shall be delivered, duly signed by the midwife, to the person in charge of the... shall cease within the city limits, and every month to the office of the Registrar of Vital Statistics... attendance upon the mother, shall, within ten days after the birth, make a return of such... child to report its birth to the Commissioner of Health. The return herein required shall become the duty of the person in... charge of the house in which the birth occurs, if there be such person, and if not, of the nearest relative present at the birth, and in case the birth occurs in any other house than a hospital, the duty of making the return shall devolve upon the physician or midwife in attendance, and in case there is no physician or midwife in attendance, then upon the person in charge of the house, or the nearest relative present at the birth. Any person or persons who shall hereafter fail, neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William R. Millburn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 28th 1891
4. Place of Birth, (Street and Number) 1101 N. Fulton Ave
5. Full Name of Mother, Nannie R. (Millburn) Millburn
6. Mother's Maiden Name, Woodward
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Page (Millburn) Millburn
9. Father's Occupation, Minister of the Gospel
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return. John N. Steele M.D.

Address, 701 N. Fulton Ave

Remarks, 1891 0003214

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color. (if not of the white race)*	White
3. *Date of Birth,*	28th October 1891 (Jr)
4. *Place of Birth, (Street and Number)*	1105 Flaubert Street
5. *Full Name of Mother,*	Ann Holley
6. *Mother's Maiden Name,*	Ann Clarke
7. *Mother's Birthplace,*	Mayo Ireland
8. *Full Name of Father,*	James Holley
9. *Father's Occupation,*	Coal trimmer
10. *Father's Birthplace,*	Waterford. Ireland
Name of Medical Attendant, or other person who makes this Return.	James Cooper
Address,	1353 Hull Street
Remarks,	Age of woman 38.

29 Nov 1891

1 8 9 1 0 0 0 3 2 1 5

month, and shall set forth as far as the same can be ascertained the date of birth, sex, color, parentage, and residence of each child born alive since the last return, and the date of death of each child born alive since the last return which shall have died before the making of such return, and the cause of such death, as nearly as the same can be ascertained; and the first return shall cover all births and deaths which have occurred since the first day of ... 1875, and every such return shall be made under the penalty of ... dollars for each neglect or refusal to make the same. In the absence of attendance upon the confinement of a physician or practitioner of medicine, or midwife, the father or other person having charge of such child shall report its birth to the Commissioner of Health, in the manner and within the time prescribed for midwives, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. - 33304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 28/91
4. Place of Birth, (Street and Number) 706 Jefferson Place
5. Full Name of Mother, Agnes McCleary
6. Mother's Maiden Name, Agnes Henry
7. Mother's Birthplace, Penna
8. Full Name of Father, Roth G McCleary
9. Father's Occupation, Reading
10. Father's Birthplace, Penna

Name of Medical Attendant, or other person who makes this Return, A. E. Polk

Address, Madison ave & Biddle

Remarks, 8 9 1 0 0 0 3 2 1 6

WM J. C. BULLEY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

3730 5.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
2. Sex (state whether male or female), Male
3. Race or Color (if not of the white race), White
4. Date of Birth, July 28/91
5. Place of Birth (Street and Number), 117 N. Bond St.
6. Full Name of Mother, Mary Boyd
7. Mother's Maiden Name, " Hebb
8. Mother's Birthplace, Balto.
9. Full Name of Father, Henry Boyd
10. Father's Occupation, Mariner
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. R. W. Mansfield M.D

Address, 129 E Baltimore

Remarks, B 9 1 U 0 0 3 2 1 7

CITY OF BALTIMORE 1891

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 37,306.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation.*
10. *Father's Birthplace,*

Name of Medical Attendent, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 3 2 1 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 7-13-55

RETURN OF A BIRTH. A. 32307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.	Name of Child and of Mother, (state whether 1st, 2d, 3d, &c.)	James Alfred Pierce, Jr.
	Sex, (state whether male or female)	Male
2.	Race or Color, (if not of the white race)	White
3.	Date of Birth,	July 29 1891
4.	Place of Birth, (Street and Number)	Gallows Grove
5.	Full Name of Mother,	Elena L. Pierce
6.	Mother's Maiden Name,	Elena L. Sullivan
7.	Mother's Birthplace,	Balto Co.
8.	Full Name of Father,	Jas A Pierce
9.	Father's Occupation,	Milk-Vendor
10.	Father's Birthplace,	Balto Co.
	Name of Medical Attendant, or other person who makes this Return,	A C Pole
	Address,	Madison and Bloom Sts
	Remarks,	8911000321 9

CITY OF BALTIMORE REGISTRAR

month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any, that have been numbered in a previous birth, and the full name and occupation of the parents, the residence between the first and fourteenth days of the month, and the full name and residence of the physician or midwife, if any, present at the birth, and the time when the certificate will be delivered, duly signed by the physician or midwife, or, if there be none, by the father or mother of such child, or, if there be neither father nor mother, by the householder or owner of the premises where the birth occurred, or by the nurse, if there be a nurse other than the mother present at the birth, or by the agent of any of the above persons; and shall, on or before the fifteenth day of each and every month, deliver to the Commissioner of Health, or such person as he may designate to receive the same, a like certificate of all births which shall occur without the attendance of a physician or practitioner of midwifery, and of which he shall have been informed, or shall otherwise have knowledge; and any person who shall refuse or neglect to comply with the provisions of this section shall be subject to a fine of not less than ten dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 37308.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CITY OF BALTIMORE 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1891000 3220

month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the street and place of birth; and the number of children to which the mother has been delivered, duly signed by the practitioner in charge of the case, and certificate between the first and second children, and the sex of each child. In case the birth of any child shall occur without the attendance of any physician or practitioner of midwifery, or midwife, then the father of such child, or the mother, if able, shall make such return to the office of the Commissioner of Health within ten days after the birth of such child, and every month to the office or practitioner of midwifery, or midwife, in attendance upon any case of birth to the Commissioner of Health, in the manner and within the time prescribed by this section, and the shall occur without the attendance of a physician or midwife, then the father or mother, if able, shall make such return to the Commissioner of Health within ten days after the birth of such child, and every month thereafter if it shall become the duty of any midwife to make such return, and attendance upon any case of birth to the Commissioner of Health, in the manner and within the time prescribed by this section, and the provisions of this section shall apply to the mother as well as to the father. Any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 37351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6, 7th & 8th

Sex, (state whether male or female) Twins Males

Race or Color, (if not of the white race) White July 24th 1911

Date of Birth,

Place of Birth, (Street and Number) 912 W Lexington St Balto Md

5. Full Name of Mother, Cornelia E Harvey

6. Mother's Maiden Name, Cornelia E Hunday

7. Mother's Birthplace, Essex Co Va

8. Full Name of Father, Chas A Harvey

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr Wm Hunter

Address, 23 E Preston St

Remarks, 8911000322 1

CITY OF BALTIMORE 1911

month, and shall set forth as far as the same can be ascertained the full name of each child born alive since the last return, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the physician or midwife in attendance, to the person in charge of each house or tenement in which such birth occurs, or to the parent or parents of such child, within ten days after the birth, and a duplicate thereof shall be delivered to the Commissioner of Health on or before the third day of each and every month to the physician or practitioner in attendance upon the mother, for which service he shall receive from the Commissioner of Health the sum of twenty-five cents for each birth reported. Any physician or midwife who shall neglect or refuse to comply with the provisions of this section shall forfeit and pay for each offense, upon conviction thereof before any justice of the peace of this State, a penalty of not less than five dollars nor more than fifty dollars, to be recovered as other fines and penalties are recoverable by law.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

3/310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 29th 1891
4. *Place of Birth, (Street and Number)*	721 Hilton Place
5. *Full Name of Mother,*	Mrs Mary I. Herlock
6. *Mother's Maiden Name,*	Miss Mary I. Allen.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Eluzer E. Herlock
9. *Father's Occupation.*	Clerk
10. *Father's Birthplace,*	Dorchester Co — Md
Name of Medical Attendant, or other person who makes this Return.	B. F. Phillips
Address,	833 W Fayette St
Remarks,	1891 0003222

CITY OF BALTIMORE

...month, and shall set forth as far as the same can be ascertained the full name of ... and shall have been conferred) its sex, color, the full name and occupation of its parents, the date and ... of its birth, and the name and address of the physician or midwife in attendance, if any; and in the case of a child born out of wedlock the name, residence and occupation of the father shall be entered in said schedule if the same be acknowledged by him, or proved during the pendency of the proceedings for the bastardy of such child. Every such report shall be delivered to the office of the Commissioner of Health within the first ten days of each month, and the attendance of a physician or practitioner on the delivery of such child shall be certified to the Commissioner of Health by the physician or practitioner in attendance upon the mother, immediately thereafter, in the manner and within the period above required. Any person who shall refuse or neglect to make the report required by this section, or who shall knowingly make a false report, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

S 32311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 29
4. Place of Birth, (Street and Number) 66 S. Patterson Park, ave
5. Full Name of Mother, Lizzie Bromberger
6. Mother's Maiden Name, Lizzie Yoding
7. Mother's Birthplace, Germany
8. Full Name of Father. John Bromberger
9. Father's Occupation. Copper Smith
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Sommer

Address, 611 S. Patterson Park, ave

Remarks,

6 9 1 0 0 0 3 2 2 3

and shall set forth as far as the same can be ascertained, the name, the age and place of birth, and the month and shall set forth as far as the same can be ascertained, the name, the age and place of birth, and the full name and occupation of the father of such child, and the maiden name of the mother of any child born out of wedlock, and the residence of the parents of such child at the time of the birth thereof, and the date of the marriage of the parents, if married, and the number of children born to the mother, and the number now living, and the number born dead, and the name and residence of the physician, midwife or other person in attendance at the birth, and shall state whether the child was born alive or dead, and if dead, whether the birth was reported alive or dead, and shall state the cause of death and every month to the collector or registrar of the district in which he resides, a return of all births which shall occur within such district during the month next preceding the date of such return, and shall state the particulars required to be reported concerning each birth, and if no birth shall occur within the district during any month, he shall report the fact to the Commissioner of Health, and shall make oath to the truth of his returns, and for every neglect of duty in the premises, or refusal or neglect to make such return, or to make oath to the same, or to report the fact that no birth has occurred, as aforesaid, every such collector or registrar shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3731 V.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 20, 1891
4. Place of Birth, (Street and Number) 904 Jordon Alley
5. Full Name of Mother, Ella Wright
6. Mother's Maiden Name, Ella Brown
7. Mother's Birthplace, Maryland
8. Full Name of Father, Samuel A. Wright
9. Father's Occupation, Waiter
10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other person who makes this Return. Hester Constance

Address, 509 Preston St.

Remarks,

8910003224

month, and shall set forth as far as [illegible] date and place of birth; and the been conferred) its sex, color, the full name and occ[illegible] certificate between the first and said schedule shall be delivered, duly signed by th[illegible]th. In case the birth of any child third day of each and every month to the office [illegible] or should no other person be in shall occur without the attendance of a physician [illegible] midwife [illegible] of the person or parents of such attendance upon the mother, immediately thereafter shall become the duty of the period above required, and child to report its birth to the Commissioner of Health in the manner and within the provisions of this section shall be any such person or persons who shall hereafter fail to comply with the [illegible] and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offense, to be recovered as [illegible]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 37313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 29th 1891
4. *Place of Birth, (Street and Number)*	1206 Mother C
5. *Full Name of Mother,*	Dora Ader
6. *Mother's Maiden Name,*	Dora Silbright
7. *Mother's Birthplace,*	B. City
8. *Full Name of Father,*	Howard C. Ader
9. *Father's Occupation,*	Employee B & O. RR
10. *Father's Birthplace,*	B. City
Name of Medical Attendant, or other person who makes this Return.	J. Harvey Hillman
Address,	807 N. Arlington Ave
Remarks,	18910003225

month, and shall set forth as far as the same can be ascertained, the full name, sex, color, place of birth, and the name, residence and occupation of the parents of each child born alive within the first and said schedule shall be delivered, duly signed, at the office of the Commissioner of Health, or such other person as the Commissioner may designate, within the first ten days of each month, and shall contain a like statement of the births of any child born alive during the preceding month; no other person shall be required to report the birth of any child whose birth is recorded in said schedule; and every physician or person in charge of any lying-in institution, or midwife, who shall neglect or refuse to report the birth of any child born alive, as required by this section, shall be guilty of a misdemeanor, and shall, on conviction thereof, be fined not less than five dollars nor more than fifty dollars for each offence. In case the mother, immediately after the birth of a child, is unable to report its birth to the Commissioner, it shall be the duty of the physician or person in charge of such lying-in institution, or midwife, to report the birth of such child to the Commissioner as herein required, and any such person or persons who shall fail to do so shall be guilty of a misdemeanor, and shall be subjected to the fine of ten dollars for each offence, to be recovered as other forfeitures are recoverable.

J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child [illegible] and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the first and
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter [illegible] the duty of the person or parents of such
child to report its birth to the Commissioner of [illegible] and within the period above required, and
any such person or persons who shall hereafter [illegible] the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each [illegible] further fines and forfeitures are recoverable.

HEALTH DEPARTMENT CITY OF BALTIMORE JUL 29 1891

RETURN OF A BIRTH. A. 37314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29th July, 91.
4. *Place of Birth, (Street and Number)* 238 E Montgomery
5. *Full Name of Mother,* Carrie Harrison
6. *Mother's Maiden Name,* North
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Jos. H. Harrison
9. *Father's Occupation,* Sea Captain
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. H. V. Webster

Address, 403 Hanover St

Remarks, 8910003226

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. 322316.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	White
Date of Birth,	29th of July
Place of Birth, (Street and Number)	417 Pulaski
5. Full Name of Mother,	Sara Schwartzmann
6. Mother's Maiden Name,	Sara Katzoff
7. Mother's Birthplace,	Pole
8. Full Name of Father,	Joseph Schwartzmann
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Pole
Name of Medical Attendant, or other Person who makes this Return	Friederiche Keuler Midwife
Address,	2116 west Pratt St
Remarks,	

8 9 1 0 0 0 3 2 2 7

CITY OF BALTIMORE REGISTRY

With the SIX days' grace allowed by law for making returns, if not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child born, its or their physical condition, whether still-born or not, the full name of the child, if

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 32316.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE CITY OF BALTIMORE AUG 1891

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	2
2. Sex, (*state whether male or female*)	female
3. Race or Color, (*if not of the white race*)	White
3. Date of Birth,	29th of July
4. Place of Birth, (*Street and Number*)	2018 Christian St
5. Full Name of Mother,	Lizette Amausgo
6. Mother's Maiden Name,	Bertha Britzert
7. Mother's Birthplace,	Cuba
8. Full Name of Father,	Samuel Amausgo
9. Father's Occupation,	Cigarmaker
10. Father's Birthplace,	Cuba
Name of Medical Attendant, or other Person who makes this Return	Friederike Heuter Midwife
Address,	2116 West Pratt St.
Remarks,	

1 8 9 1 0 0 0 3 2 2 8

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. (3731)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	Ninth
1.	*Sex*, (*state whether male or female*)	Female
2.	*Race or Color*, (*if not of the white race*)	
3.	*Date of Birth*,	July 29 91
4.	*Place of Birth*, (*Street and Number*)	914 N Washington
5.	*Full Name of Mother*,	Sarah E. Harris
6.	*Mother's Maiden Name*,	" " Pentz
7.	*Mother's Birthplace*,	Balto.
8.	*Full Name of Father*,	John M. Harris
9.	*Father's Occupation*,	Carpenter
10.	*Father's Birthplace*,	Balto.
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwine
	Address,	912 McDonogh
	Remarks,	8910003229

BALTIMORE CITY

WM J C DULANY CO CITY PRINTERS AND STATIONERS

32,313

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth. July 29th /91
4. Place of Birth, (Street and Number) 1036 N. [illegible] St
5. Full Name of Mother, Elizabeth M. Herzog
6. Mother's Maiden Name, Elizabeth M. Pausch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alphonse J. Herzog
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Felix Jenkins

Address, 400 Cathedral St.

Remarks. 169100003230

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 37319.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11 1891
4. Place of Birth, (Street and Number) 214 Fort Avenue
5. Full Name of Mother, Katie Estelle
6. Mother's Maiden Name, Katie Brown
7. Mother's Birthplace, Baltimore
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. Mrs F E Kennedy

Address, 214 Fort Avenue Balto

Remarks, City

1891 0003231

month, and shall set forth as far as the same can be ascertained the date and place of birth, and the name and surname of the child, if it has been named, and the full name and [illegible] of the parents, and the [illegible] of the person or parents of such child, where the latter are married; and a certificate for the birth of any child born after the passage of this ordinance shall not be [illegible] by the Commissioner of Health, or shall no other person be in said city or state until the particulars of such birth required by this ordinance shall have been delivered, duly signed by the person or one of the persons required by this ordinance to make such return, to the Commissioner of Health, or to the [illegible] appointed by him to receive the same; and every such certificate shall be made within the period above specified, and shall occur without the attendance of a physician or midwife, the father, mother or householder shall immediately thereafter report the birth to the Commissioner of Health, and in default of such attendance upon birth to the Commissioner of Health, and in default of such report the child or person or persons who shall neglect or refuse to make such report shall be subject to the fine of ten (10) dollars for each offense. Penalties and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 37370.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 29th.
4. *Place of Birth, (Street and Number)*	1613 Madison Ave.
5. *Full Name of Mother,*	Mamie Hecht
6. *Mother's Maiden Name,*	Mamie Hecht
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Emanuel Hecht
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Philip Rosenau
Address,	100 Cathedral St.
Remarks,	1891000 3232

... Section 1. ... name and ... parents, ... date and place of birth; and the ... been registered, its sex, color, the full name and ... petitioner in the form of ... certificate between the first ... child said schedule shall be delivered. Only ... issued ... Commissioner of ... In case ... other person ... third day of each ... certificate ... with ... of the person or parents of such ... attendance upon the mother, immediately ... within the period above required, ... child to report its birth to the Commissioner ... provisions of this section, ... any such person or persons ... shall ... forfeiture ... are recoverable ... jected to the fine of ten ... dollars for each offence, to be ...

... J. C. BULLEY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 37321

GIVEN NAME ADDED 10-4-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Gladys M. James

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, ~~(state whether male or female)~~
2. Race or color, ~~(if not of the white race)~~
3. Date of Birth, 7. 30. 91.
4. Place of Birth, (Street and Number) 201 N. Gay
5. Full Name of Mother, Elizabeth Dames
6. Mother's Maiden Name. James
7. Mother's Birthplace, England
8. Full Name of Father. Loader Dames
9. Father's Occupation, Restaurateur
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Louis W Eastman

Address, 772 W Lexington St

Remarks. Natural Labor

8 9 1 0 0 0 3 2 3 3

been conferred its sex, color, the full name and occupation of its parents, and the number of children born to the mother, including the present child, duly signed by the physician or midwife in attendance, or by the father or mother of any child born without the attendance of either, shall be delivered to the Commissioner of Health within ten days after the birth, and a like certificate shall be made every month to the office of registrar as aforesaid of every birth which may occur within the month next preceding, and if any physician or midwife shall neglect or refuse to make and deliver such certificate to the Commissioner of Health within ten days after the birth, or any such physician or midwife shall neglect or refuse to make and deliver such certificate to the registrar as aforesaid of every birth which may occur within the month next preceding, he or she shall be subject to a fine of ten dollars for each offence, to be recovered as debts of like amount are recoverable.

J. C. BILLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 27377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	First
1.	*Sex.* (*state whether male or female*)	Female
2.	*Race or Color.* (*if not of the white race*)	
3.	*Date of Birth*	July 30 91
4.	*Place of Birth.* (*Street and Number*)	105 N Castle
5.	*Full Name of Mother*	Rosa Young
6.	*Mother's Maiden Name*	" L Engelmann
7.	*Mother's Birthplace*	Balto
8.	*Full Name of Father*	Wm Young
9.	*Father's Occupation*	Painter
10.	*Father's Birthplace*	Balto
	Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
	Address	912 Mt Donogh
	Remarks	8910003234

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 30, 91.
4. Place of Birth, (Street and Number) 206 Chestnut ST.
5. Full Name of Mother, Ellen Bennett
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father, George Bennett
9. Father's Occupation, Laborer
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. Wm. S. Gordon

Address, 712 N. Howard ST

Remarks, 1 8 9 1 0 0 0 3 2 3 5

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 37374.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 30 1891
4. Place of Birth, (Street and Number) 117 Norman Ln
5. Full Name of Mother, Maria Lombardello
6. Mother's Maiden Name, Marra
7. Mother's Birthplace, Italy
8. Full Name of Father, Victor Lombardello
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mrs Jeanne Trust

Address, 11 E Eden St

Remarks,

1 8 9 1 0 0 0 3 2 3 6

...date and place of birth; and the ...certificate between the first and ...in case no other person be in ...the person or parents of such ...the period above recited, such ...forfeited and forfeitures are recoverable.

...OF BAL...

...by law required to report the birth of any child to the Commissioner of Health, or other officer charged with the duty of registering births, shall be subjected to the fine of ten (10) dollars for each offense.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 23375.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT ACT OF 1898 CITY OF BALTIMORE

Name.	John G. Erdman
No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1
Sex. (state whether male or female)	Male
Race or Color. (if not of the white race)	White
Date of Birth.	30 of July
Place of Birth. (Street and Number)	2021 Frederick Road.
Full Name of Mother.	Catharina Erdmann
Mother's Maiden Name.	Catharina Beren
Mother's Birthplace.	Baltimore
Full Name of Father.	John Georg Erdmann
Father's Occupation.	Kalsomin macher
Father's Birthplace.	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Friederike Hunter Midwife
Address.	911 West Pratt St
Remarks.	

8 9 1 0 0 0 3 2 3 7

When the child is living, the date of birth, sex, color or race of child, if illegitimate or multiple born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

A. CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 37328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30th of July 1891
4. Place of Birth, (Street and Number) 2009 East Jefferson st
5. Full Name of Mother, Lizzie Brandner
6. Mother's Maiden Name, Lizzie Kiesel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred Brandner
9. Father's Occupation, Laborman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Cuscintia Kunkel

Address, 213 North Chapel st per Justina Kunkel

Remarks, Healthy

7891000323 8

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-31-56

RETURN OF A BIRTH. 3737.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Adelaide Otman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30th of July 1891
4. Place of Birth, (Street and Number) 1931 East Fayette st
5. Full Name of Mother, Annie Otman
6. Mother's Maiden Name, Annie Heist
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Otman
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Cesorina Kunkel

Address, 213 Forth Chapel st per Justina Kunkel

Remarks, Healthy

1891000 3239

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

E. 37378.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 30th July 1891
4. Place of Birth, (Street and Number) N. Bond Str. 252.
5. Full Name of Mother, Mina Poole
6. Mother's Maiden Name, " Meyer
7. Mother's Birthplace, Balto.
8. Full Name of Father, James Poole
9. Father's Occupation, Captain
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bachler

Address, 1891 Washington Ave.

Remarks, 1891 0 0 8335

mouth, and shall set forth as far as the same can be ascertained the full name of the child, the sex, color, the day, month and year of birth, the full name of the parents, the place of birth of each parent, the occupation of the father, and the number of children born to the mother, and the number now living, which return shall be signed by the practitioner in the form of a certificate, if there be one in attendance, and if not, by the person who shall have been employed to render such assistance, and if there be no such person, then by the father or mother of such child. And it shall be the duty of every practitioner of medicine, midwife or other person who shall render assistance during child-birth, to make a return of every birth at which he or she shall assist, within ten days after the occurrence thereof, to the Commissioner of Health, and every such return shall be made in the form of a certificate, and shall contain the information required to be given by the father or mother, as aforesaid, and shall be signed by the person making the same. And it shall be the duty of the Commissioner of Health, in the manner and within the time prescribed by the Board of Health, to make a return to the Register of Vital Statistics of every birth that shall occur without the attendance of a Physician or practitioner of medicine, midwife or other person qualified to make such return, as aforesaid, and it shall be the duty of the Register of Vital Statistics to enter in a book to be kept for that purpose a full list of each and every birth in the office of the Commissioner of Health, and to make a return to the Board of Health, in the manner and within the time prescribed by the Board of Health, of all births which shall occur without the attendance of a Physician or practitioner of medicine, midwife or other person qualified to make such return, as aforesaid, and it shall be the duty of the Register of Vital Statistics to comply with the provisions of this section, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines herein are recovered.

BAL. MD. JUL 30 1891 CITY REGISTER

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3934.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 30th.
4. Place of Birth, (Street and Number) 120 S. Eastonst Baltimore Md
5. Full Name of Mother, Estella E Hoffland.
6. Mother's Maiden Name, Estella E Ford
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Isaac R. Holland
9. Father's Occupation, Waiter.
10. Father's Birthplace, Eighth city

Name of Medical Attendant, or other person who makes this Return. Sarah Brown

Address, 827 China st

Remarks,

1 8 9 1 0 0 0 3 2 4 1

month, and shall set forth as far as the same can be ascertained, the name, if any, and the sex, color, the full names and residence of parents, and the date and place of birth, and the number of children born to the mother, and the number now living (which facts shall have been conferred) its sex, color, the full names and residence of parents, and the date and place of birth, and the said schedule shall be delivered with to the office of the City Register, within ten days after the birth of any child third day of each month thereafter; and no other person be in attendance upon the mother, immediately after the birth of any child without the attendance of a physician or person or parents of such child to report its birth to the Board of Health, within ten days after the birth, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A. 37,330.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 30 " 1891
4. *Place of Birth, (Street and Number)*	1116 Carrollton Av
5. *Full Name of Mother,*	Kate Lilley
6. *Mother's Maiden Name,*	" Wagner
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Lucian Lilley
9. *Father's Occupation,*	Storekeeper
10. *Father's Birthplace,*	Ohio
Name of Medical Attendant, or other person who makes this Return.	Geo R Latham
Address,	
Remarks,	+ 8 9 1 U 0 0 3 2 4 2

month, and still born, if so, the same; occupation of its parents, the date of [illegible] place of birth; the sex, color, the full name and residence of the parent or parents, and the [illegible] before the first and [illegible] the birth of any child born alive, [illegible] been registered, duly verified, at the office of the Commissioner of Health. (d) no other permit or [illegible] shall be delivered, duly verified, at the office of the Commissioner of Health. (d) no other permit or [illegible] third day of such and every month thereafter, [illegible] (e) Every person who shall become the duty of [illegible] shall occur within the limits of the City of Baltimore, and who shall neglect or refuse to report its birth to the Commissioner of Health, in the manner and within the time [illegible] child to report its birth to the Commissioner of Health hereafter fail to comply with the provisions of this [illegible] any such person or persons shall be severed as other fines and penalties [illegible] jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties [illegible]

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A.

31331

RETURN OF A BIRTH.

ENTER NAME ABOVE 10-2-59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elma M. Weikart

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 30th, 1891
4.	*Place of Birth, (Street and Number)*	18 S Exeter
5.	*Full Name of Mother,*	Annie C Weikart
6.	*Mother's Maiden Name,*	Annie C Schubert
7.	*Mother's Birthplace,*	Galto
8.	*Full Name of Father,*	John Weikart
9.	*Father's Occupation,*	Collector
10.	*Father's Birthplace,*	Galto
	Name of Medical Attendant, or other person who makes this Return,	Mrs Holzer
	Address,	929 E Preston
	Remarks,	1891 0003243

...tion of the sex, race and ... of birth, and the ... shall be delivered, duly signed by the practitioner in charge, or ... between the first and third day of each and every month to the office of the Commissioner of Health. If the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race)
4. Date of Birth, Jul 30th
5. Place of Birth, (Street and Number) 1615 Fairmount
6. Full Name of Mother, Mary Roath
7. Mother's Maiden Name, Lambert
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Fred Taber
10. Father's Occupation, Machinist
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Kathryn Heinrich

Address, 900 Eastern Ave

Remarks,

1 8 9 1 0 0 0 3 2 4 4

CITY OF BALTIMORE AUG 1891 REGISTRAR'S DEPARTMENT

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive since the last return,) sex, color, and occupation of its parents, the date and place of birth, and the facts concerning which he shall be required, duly signed by the practitioner in the form of certificate between the first and third days of each and every month to the office of the Commissioner of Health, in the city of Baltimore; and shall not any other person be required to make such return in respect to any birth at which a practitioner shall be in attendance. And every such practitioner shall, at the time of making such return, demand of the person or parents of such child the sum of fifty cents for each birth by him returned and certified as aforesaid, and in default of payment shall make a memorandum thereof in his return, and thereupon shall be released from any further claim for such fee; and any such person or persons who shall hereafter fail to give information as required by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37333.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c)*
   Sex, (state whether male or female)
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1891 0003245

CITY OF BALTIMORE 1891

month and sixth set forth as far as he knows, the name, sex, color, date and place of birth; and the name, residence and usual occupation of its parents, the first said item conferred; the sex, color, the date of birth, duly signed by the practitioner in charge of the case, or in case of his absence by the midwife or nurse in attendance, shall be delivered monthly to the office of the Registrar of Vital Statistics, on or before the third day of each month, on blanks furnished by the Commissioner of Health, and shall be in said schedule shall be delivered monthly to the office of the Registrar of Vital Statistics, on or before the third day of each month, on blanks furnished by the Commissioner of Health, and shall be in the form prescribed by him. Whenever it shall become the duty of any person to report a birth, and the attendance upon the mother, Commissioner of Health, as the number of the section hereinafter. child to report as herein required, or in case of his absence from the city or inability to act, any such person who shall hereafter fail to report as herein required, shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not less than five nor more than ten dollars, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 37334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July. 30 1891
4. Place of Birth, (Street and Number) 1008 S. Charles St
5. Full Name of Mother, Kate Knöpfle
6. Mother's Maiden Name, Ruthkelka
7. Mother's Birthplace, Balto
8. Full Name of Father, Louis Knöpfle
9. Father's Occupation, Engineer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Catherine A Mundy

Address, 220 Leadenhall St.

Remarks,

1891 0003246

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37335.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 July
4. Place of Birth, (Street and Number) 124 E Lexington st
5. Full Name of Mother, Emma Baker
6. Mother's Maiden Name, [illegible] Lancette
7. Mother's Birthplace, Italy
8. Full Name of Father, [illegible] Lee
9. Father's Occupation, Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Dr J Fitzgerald

Address, 10 E Lexington st

Remarks, + 8 9 1 0 0 0 3 2 4 7

Every person who shall be present at the birth of any child, or who shall be called in after the birth of any child, shall report to the Commissioner of Health the sex, color, the full name and occupation of the parents, and the date and place of birth; and the said report shall be delivered, duly signed by the person making the same, at the office of the Commissioner of Health, [illegible] the first and third days of each and every month for the preceding days of such month; and every physician or practitioner of midwifery, or attendant, other than a physician or midwife, who shall be present at the birth of any child shall report the same to the Commissioner of Health, in the manner and within the time above required, and shall state whether the mother immediately thereafter it shall become [illegible] above required, and shall state whether the mother immediately thereafter it shall become [illegible] above required, and shall also state whether the mother is married or single; and it shall be the duty of the Commissioner of Health to report the facts as to the compliance or non-compliance with the provisions of this section, and to notify such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 37336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendent, or other person who makes this Return,

Address,

Remarks,

8910003248

...mon law, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...been conferred), its sex, color, the full name and occupation of its parents, the exact place of birth, and the said schedule shall be delivered, duly signed by the physician or midwife in attendance, to the person ...

...shall occur without the city, a like return shall be made by the person in charge of the premises where ...

...attendance upon the mother, immediately thereafter it shall be the duty of such physician or midwife to report ...

...child to report its birth to the Commissioner of Health, in the manner hereinbefore provided, and ...

...such neglect or refusal, and who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 31337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) Colored
3. *Date of Birth,* July 30 1911
4. *Place of Birth,* (Street and Number) Lambert Street 330
5. *Full Name of Mother,* Mrs Mary Williams
6. *Mother's Maiden Name,* Miss Mary Howard
7. *Mother's Birthplace,* Baltimore MD
8. *Full Name of Father,* Thomas Henry Williams
9. *Father's Occupation,* Hauler
10. *Father's Birthplace,* Montgomery County

Name of Medical Attendant, or other person who makes this Return. Hester Courtance

Address, 509 Baxter St

Remarks, 1 8 9 1 0 0 0 3 2 4 9

been conferred) Race, color the full name of the child, if any, and the date and place of birth, and the name, residence and occupation of each parent. The certificate herein required to be given by the physician, midwife or other person in attendance upon the mother, shall be delivered by him or her, or caused to be delivered by the parent or parents of said child, or some one of them, to the Registrar of Vital Statistics of the district in which the birth occurred, within the period above specified, and said Registrar shall not be required to register the birth of any child without the delivery to him of the certificate above required. Any person in attendance upon the mother, who shall neglect or refuse to comply with the provisions of this section, and any such person who shall hereafter be appointed by the Commissioner of Health to attend upon the mother, who shall neglect or refuse to report the birth of such child to the Registrar of Vital Statistics, as herein required, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEC. 4. And be it enacted, That it shall be the duty of the Registrar of Vital Statistics, to report to the Board of Health, at the end of each month, the names of all persons who shall have failed to report births as required by this ordinance, and the Board of Health shall cause the fine imposed by this ordinance to be collected from such persons.

SEC. 5. And be it enacted, That it shall be the duty of the Board of Health to cause the provisions of this ordinance to be printed on the blank forms of certificates of births, and to furnish the same to the Registrar of Vital Statistics, and to all persons who may apply for the same.

SEC. 6. And be it enacted, That it shall be the duty of the Board of Health to cause the provisions of this ordinance to be published in the daily newspapers of the City of Baltimore, for the space of one week, and to cause the same to be printed in pamphlet form, and distributed among the physicians, midwives and undertakers of the City of Baltimore.

SEC. 7. And be it enacted, That this ordinance shall take effect from the date of its passage.

APPROVED JUNE 30, 1898.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 37338.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 30, 1891.
4. Place of Birth, (Street and Number) 10 Sycamore ave.
5. Full Name of Mother, Elizabeth Francis Bond.
6. Mother's Maiden Name, Yewman.
7. Mother's Birthplace, ~~Md.~~ Don't Know.
8. Full Name of Father, William Henry Bond.
9. Father's Occupation, Mill operative.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 691 Chestnut ave.

Remarks,

1891 0003250

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 3rd

1. *Sex*, (*state whether male or female*) Male.
2. *Race or Color*, (*if not of the white race*) White.
3. *Date of Birth*, July 30, 1891.
4. *Place of Birth*, (*Street and Number*) 912 Second ave.
5. *Full Name of Mother*, Eliza Jane Scott.
6. *Mother's Maiden Name*, Shipley.
7. *Mother's Birthplace*, Md.
8. *Full Name of Father*, William J. Scott.
9. *Father's Occupation*, Mill operative.
10. *Father's Birthplace*, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 691 Chestnut-ave.

Remarks, 1891000325

[illegible] mother, [illegible] of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and [illegible] in the form of a certificate between the first and said schedule shall be delivered, duly signed by the [illegible]. In case the birth of any child third day of each and every month to the office of the Commissioner of [illegible] or should no other person be in shall occur without the attendance of a physician or [illegible] of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty [illegible] within the period above required, and child to report its birth to the Commissioner of Health in the manner [illegible] provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the [illegible] other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 32320.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* May 30, 1891
4. *Place of Birth (Street and Number),* No. 2 S. Eastern Ave, Baltimore Maryland
5. *Full Name of Mother,* Caudewater
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* U.S.
8. *Full Name of Father,* John H. MacFarland,
9. *Father's Occupation,* Asst Captain Ordnance Army
10. *Father's Birthplace,* Scotland

Name of Medical Attendant, or other person who makes this Return. Edward H. Gordon M.D.

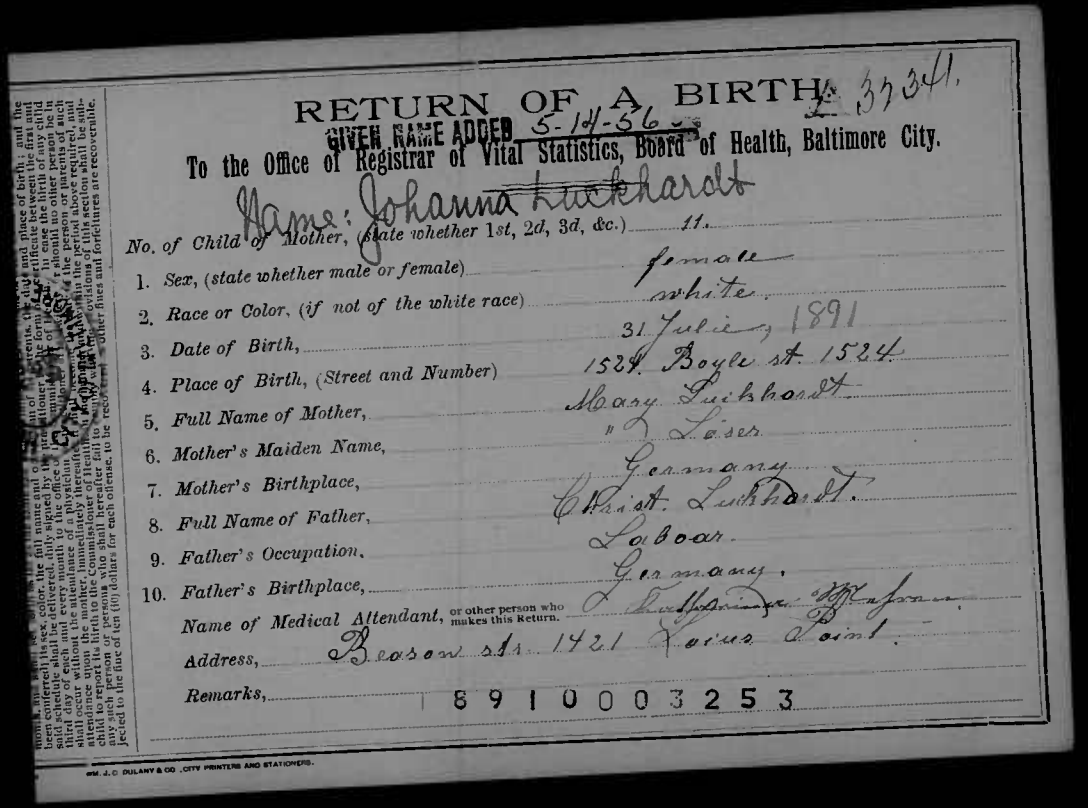
Address, 1130 Eastern Ave

Remarks,

8 9 1 0 0 0 3 2 5 2

CITY OF BALTIMORE

Baltimore Publishing Co., City Printers and Stationers.



RETURN OF A BIRTH

GIVEN NAME ADDED 5-14-36

2 33341.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Johanna Luckhardt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 31 July, 1891
4. Place of Birth, (Street and Number) 1524 Boyle st. 1524
5. Full Name of Mother, Mary Luckhardt
6. Mother's Maiden Name, " Loser
7. Mother's Birthplace, Germany
8. Full Name of Father, Christ. Luckhardt
9. Father's Occupation, Laboar
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, Beason st. 1421 Fairs Point.

Remarks,

8 9 1 0 0 0 3 2 5 3

...from...by parents or guardian of such child to report the full name and ... of birth; and the ... been conferred) its sex, color, the ... duly signed by the ... attendant, if ... case the birth of any ... said schedule shall be every month to the office of ... third day of each ... shall occur without the attendance of any ... attendance upon the mother, Commissioner of Health ... child to report the ... any such person or persons who shall hereafter fail to ... jected to the fine of ten (10) dollars for each offense, to be recovered ... other fines and forfeitures are recoverable.

...BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 37347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	~~Male~~ Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 21st 1891
4. *Place of Birth, (Street and Number)*	610 Jefferson Ave Waverly
5. *Full Name of Mother,*	Annie V. Jones
6. *Mother's Maiden Name,*	" Vogle
7. *Mother's Birthplace,*	Baltimore Co md
8. *Full Name of Father,*	Thomas C. Jones
9. *Father's Occupation,*	House Painter
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	R. G. Rankin M.D.
Address,	Waverly - Station Balto. md
Remarks,	1891 0003254

CITY OF BALTIMORE

month and a half not to exceed one dollar. The full name and occupation of the father, and the date and place of birth; and the name, maiden name, and birthplace of the mother, shall be given in every case where the same can be ascertained. No certificate between the first and been conferred) is to be delivered, duly signed by the attending physician or midwife, or other person having charge of the birth. In case the birth occurs in a public institution, or in case there is no physician or midwife in attendance, the certificate shall be signed by the householder or owner of the house in which the birth occurs, or by some other responsible person. In case the birth occurs in a tenement house, the certificate shall be signed by the person or parents of such child, or by the owner or agent of such tenement house. Every certificate required by this section shall be made and delivered within ten days after the birth, and in the period above required, and before the burial of the child. Any person who shall refuse or neglect to make and deliver such certificate within the time and in the manner above required, and any person who shall refuse or neglect to report to the Commissioner of Health any information in his possession relative to any birth, or who shall report any false information relative thereto, shall be subject to the fine of ten (10) dollars for each offense. All fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of [illegible] the first and third day of each and every month to the office of the Commissioner of Health [illegible] any child shall occur without the attendance of a physician or practitioner of midw[illegible] be in attendance upon the mother, immediately thereafter it shall become the [illegible] of such child to report its birth to the Commissioner of Health, in the manner and [illegible] and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE [illegible] 1891

37343.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

---

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. July 31 1891
4. Place of Birth, (Street and Number) 1137 Watson st [illegible]
5. Full Name of Mother, Agnes J Taylor
6. Mother's Maiden Name, [illegible]dell
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, ~~Wesley~~ Walter Taylor
9. Father's Occupation, Can Maker
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return. M A Davenport

Address, 225 S Ann St

Remarks, No fee doing well

1891000003255

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH

A 32364.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 31, 1890.
4. Place of Birth, (Street and Number) 1115 Calvert st
5. Full Name of Mother, Sara Baumann
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Joseph Baumann
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter st

Remarks, 1890100032566

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 37365.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 21. 1890
4. Place of Birth, (Street and Number) 1173 Little McElderry st
5. Full Name of Mother, Annie Benjamin
6. Mother's Maiden Name, Sokolsky
7. Mother's Birthplace, Europe
8. Full Name of Father, David Benjamin
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Dr. Bergstein

Address, 122 S. Exeter st

Remarks, 8910003257

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37346.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 31st 1891
4. *Place of Birth, (Street and Number)*	1433 Park Ave
5. *Full Name of Mother,*	Mrs Margaret A Skinner
6. *Mother's Maiden Name,*	Miss Margaret A Linton
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Thomas L Skinner
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	London England
Name of Medical Attendant, or other person who makes this Return.	D F Phillikes
Address,	833 W Lafayette St
Remarks,	

1891000 3258

...month, and in case of its death before the same is registered, the cause, date and place of death; and the said certificate shall set forth the full name and occupation of its parents, if known. A certificate between the first and second schedule shall be delivered, duly signed by the physician or midwife in attendance, or in case of the birth of any child when there was no physician or midwife in attendance, by the father or mother of such child, within ten days after the birth, to the Commissioner of Health, and a like certificate shall be delivered within the first ten days of each and every month of all births occurring during the previous month. In case of the birth of any child when there was no physician or midwife in attendance, and in case of the death of any child whether there was a physician or midwife in attendance or not, the parent or parents, or other person having charge of such child, shall report its birth to the Commissioner of Health, and shall comply with the provisions of this section in all respects as if he were a physician or midwife in attendance. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

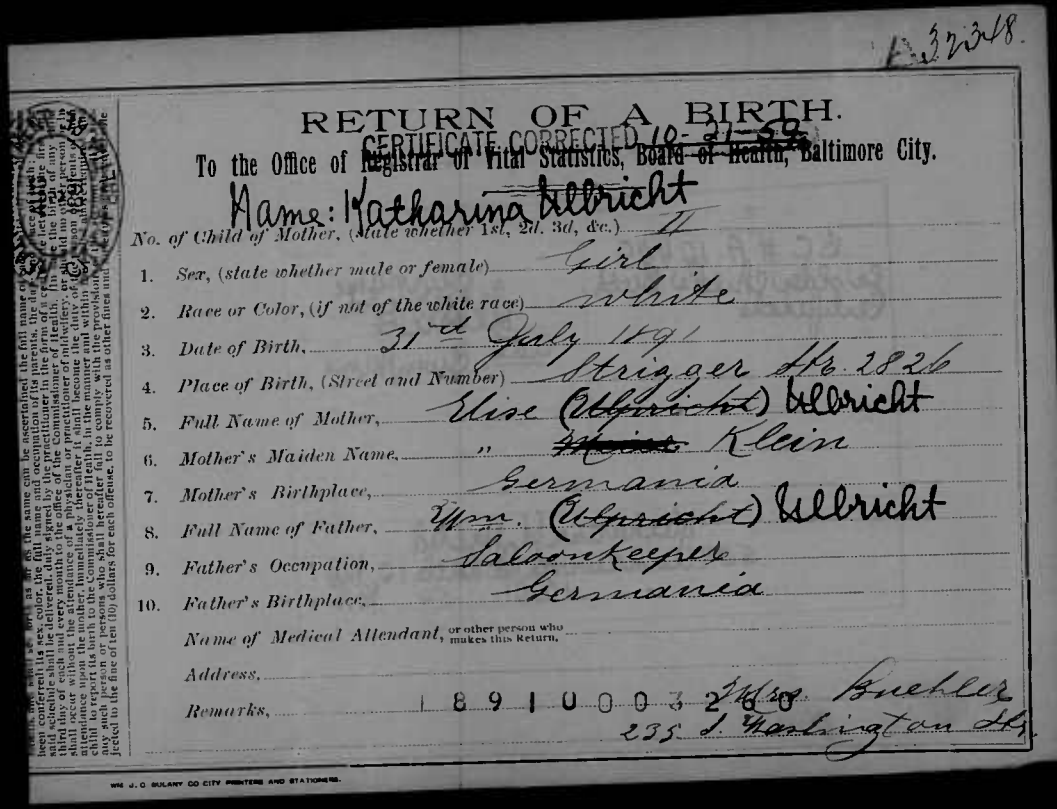
GEO. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37347.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	July 31st 1891
4. *Place of Birth, (Street and Number)*	S. Chapel Str. 322
5. *Full Name of Mother,*	Louise Klein
6. *Mother's Maiden Name,*	" Schneider
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Charles Klein
9. *Father's Occupation,*	Labr:
10. *Father's Birthplace,*	Germania
Name of Medical Attendant, or other person who makes this Return.	Mr. Buehler
Address.	S. Washington St.
Remarks.	1891 00 37347

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS



32348.

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 12-27-50

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Katharina Uelbricht

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 31st July 1891
4. Place of Birth, (Street and Number) Stringer St. 2826
5. Full Name of Mother, Elise (Albricht) Uelbricht
6. Mother's Maiden Name, " ~~Klein~~ Klein
7. Mother's Birthplace, Germania
8. Full Name of Father, Wm. (Albricht) Uelbricht
9. Father's Occupation, Saloonkeeper
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1891 U 00032 2/1/50 Buehler
235 S Washington St.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. # 37344.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, [illegible] June 1st 1891
4. Place of Birth, (Street and Number) 93 E Fayette Street
5. Full Name of Mother, Emma Pickett
6. Mother's Maiden Name, Emma Dingate
7. Mother's Birthplace, Dorchester County
8. Full Name of Father, Geo Pickett
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, Dorchester County

Name of Medical Attendant, or other person who makes this Return. Mrs Hannah E Knowles

Address, 20 North Patterson Park Avenue

Remarks, [illegible]

8 9 1 0 0 0 3 2 6 1

COPY OF BALTIMORE

month, and shall set forth as far as the same can be ascertained, the name, sex, race or color, date and place of birth, and the name, residence and occupation of its parents; and shall also state the number of children born to the mother, and the number now living; and the number of children born alive and still living; and the number of children born alive and since deceased; and the number born dead. Such return shall be signed by the practitioner in attendance upon the case, or by the person who shall certify the birth of any child otherwise than from personal knowledge, and shall be delivered, duly signed by the practitioner in the case, or by the person who shall certify the birth of any child otherwise than from personal knowledge, to the office of the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health; and every person in charge of any house or tenement in which a birth shall occur without the attendance of a physician, and every midwife or nurse in attendance upon such case, shall hereafter, if it shall become the duty of the person in charge of such house or tenement, or of such midwife or nurse, to make the return of such birth, within the time and in the manner prescribed by the rules and regulations of the Board of Health, to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health; and every person in charge of any house or tenement in which a birth shall occur without the attendance of a physician, and every midwife or nurse in attendance upon such case, shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in the name of the City of Baltimore.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 34330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 31 - 91
4. Place of Birth, (Street and Number) 1223 N. Gay.
5. Full Name of Mother, Sadie C. Clarke
6. Mother's Maiden Name, " " Parmer
7. Mother's Birthplace, Balto
8. Full Name of Father, John H Clarke
9. Father's Occupation, Farmer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A Allwood

Address, 912 Mc Donogh

Remarks,

8910003262

been conferred his sex, color, the full name and occupation of the parents, the usual place of birth, and the said certificate shall be signed by the attending physician or midwife, if there be one present at the birth, and if not, then by the father or mother of such child, or the householder in whose house the birth occurred, or the nearest relative present, within ten days after the birth, and every midwife or other person who shall wilfully neglect or refuse to make such return, or to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered, with costs and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 32351.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child
2. *Sex, (state whether male or female)* Boy
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 31st of July 1891
5. *Place of Birth, (Street and Number)* 411 Int Wolf st.
6. *Full Name of Mother,* Laura Brockesmith
7. *Mother's Maiden Name,* Laura Reb
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* William Brockesmith
10. *Father's Occupation,* Coach Painter
    Father's Birthplace, Baltimore
    Name of Medical Attendant, or other person who makes this Return. Cusovintia Kunkel per Justina Kunkel
    Address, 213 North Chapel st.
    Remarks, Healthy

B 9 1 0 0 0 3 2 6 3

been conferred) his sex, color, the name and occupation of the parents, the date and place of birth, and such other information as may be required by the practice of the Department of Health. In the case of any child born out of wedlock, the name of the father, if he acknowledges himself as such, shall be entered upon the certificate only at the request of the mother, and in the presence of a person or parents of such child. Such certificate shall be delivered to the office of the Commissioner of Health, or person or parents of such child, within ten days after the birth, and in accordance of a physician or midwife in attendance, within the period above required, and shall be signed by the mother, immediately after the birth of such child. In the case of the absence or inability of the mother, the certificate shall be signed by the father, or in his absence or inability, by the person having charge of the mother. Any person who shall neglect or refuse to make the return required by this section, or who shall neglect or refuse to report its birth to the Commissioner of Health, in the manner and within the time required by this section, shall be guilty of a misdemeanor, and upon conviction thereof, shall be punished by a fine not exceeding fifty dollars, or by imprisonment not exceeding thirty days, or both, at the discretion of the Court. And any physician or midwife who shall neglect or refuse to report any birth at which he was in attendance, as aforesaid, shall be guilty of a misdemeanor, and upon conviction thereof, shall be punished by a fine not exceeding fifty dollars, or by imprisonment not exceeding thirty days, or both, at the discretion of the Court. And any person who shall neglect or refuse to report any birth at which he was present, or of which he has knowledge, shall be guilty of a misdemeanor, and upon conviction thereof, shall be punished by a fine not exceeding fifty dollars, or by imprisonment not exceeding thirty days, or both, at the discretion of the Court. And any person who shall neglect or refuse to report any birth at which he was present, or of which he has knowledge, shall be guilty of a misdemeanor, and upon conviction thereof, shall be punished by a fine not exceeding fifty dollars, or by imprisonment not exceeding thirty days, or both, at the discretion of the Court.

CITY OF BALTIMORE

898.—J. D. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

Race or Color, (if not of the white race) white

3. Date of Birth, July 12 1891

4. Place of Birth, (Street and Number) 415 Calvin St

5. Full Name of Mother, Ida Pawley

6. Mother's Maiden Name, Keller

7. Mother's Birthplace, Delaware

8. Full Name of Father, James Pawley

9. Father's Occupation, Pork Butcher

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Dr. O. Billingslea

Address, 1286 E. Preston

Remarks, 1891 0003264

HEALTH DEPARTMENT CITY OF BALTIMORE AUG 1891

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter; and any person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail, neglect or refuse to make such return as aforesaid, shall be liable to the fine of ten (10) dollars for each offence, recoverable with costs and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child; Wilhelmina Beatrice Dorsey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female 12

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug. 3 1891 (11/91) 22 Lexington St.
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Sodonia (Dorsey) Dorsey (Waddy)
6. Mother's Maiden Name, (Waddy)
7. Mother's Birthplace, ~~Maryland~~ (Virginia)
8. Full Name of Father, Andrew Dorsey
9. Father's Occupation, Waiter (Coachman)
10. Father's Birthplace, Maryland (Baltimore County)

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Anna Mace

Address, 587 Pendleton St

Remarks,

1891 0003265

...each child (if any shall have ... and place of birth; and the ... certificate between the first and ... In case the latter person lie in ... the person or parents of such ... visions of this section are recoverable. ... fines and forfeitures are recoverable. ... each offense, to be ... Mayor ... Health ... Baltimore City.

ORDINANCE 1890. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	8
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 2 1891
4. *Place of Birth, (Street and Number)*	145 Fawn Ave
5. *Full Name of Mother,*	Mary Evans
6. *Mother's Maiden Name,*	Mary Rogers
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Wm Jno Evans
9. *Father's Occupation,*	Steeder
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return,	H B Noble MD
Address,	201 Warren ave
Remarks,	

8 9 1 0 0 0 3 2 6 6

month, and shall set forth as far as the same can be ascertained, the name, sex, color, and date and place of birth of each child; and the legal residence and the full name and occupation of the parent or parents of such child; and the place of birth; and the date of the marriage of such parent or parents, and the number of children born to such parent or parents, and the number now living; and in the case of a child born dead, the fact shall be stated in the return; and in the case of a child born alive and dying before the return is made, the fact shall be stated in the return, with the date of death; and the return shall be signed by the person making the same, and shall be delivered, duly signed by the person making the same, at the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth, and on the first day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a return of every birth which shall occur without the attendance of a physician or midwife, within the month next preceding, and shall set forth as far as the same can be ascertained, the particulars required to be returned in the case of births attended by physicians or midwives; and the person whose duty it is to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall forthwith report the same in writing to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall, for each offense, be subjected to the fine of ten (10) dollars, to be recovered, with costs, as debts of like amount are now by law recoverable. Penalty for neglect.

4M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same ca[illegible] his or her care during the
been conferred) its sex, color, the full name and [illegible] of each child. (If any shall have
said schedule shall be delivered, duly signed by [illegible]ate and place of birth; and the
third day of each and every month to the office [illegible] certificate between the first and
shall occur without the attendance of a physic[illegible] In case the birth of any child
attendance upon the mother, immediately there[illegible] or should no other person be in
child to report its birth to the Commissioner of [illegible] the person or parents of such
any such person or persons who shall hereafter [illegible] the period above required, and
jected to the fine of ten (10) dollars for each offense. [illegible] provisions of this section shall be sub- [illegible] fines and forfeitures are recoverable

A 37355

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 2nd 1819
4. *Place of Birth, (Street and Number)* Baltimore No. 2111 Moyer St
5. *Full Name of Mother,* Mrs. Minnie Diefenbach
6. *Mother's Maiden Name,* Mrs. Minnie Kreusler
7. *Mother's Birthplace,* Europ
8. *Full Name of Father,* Mr Adam Diefenbach
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Europ

Name of Medical Attendant, or other person who makes this Return, Mrs Jora Krueger

Address, No 2026 E. Fayette St B. Md.

Remarks, 8910003267

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 37366.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 3d 1891.
4. *Place of Birth, (Street and Number)*	616 Saratoga St.
5. *Full Name of Mother,*	Catherine A Hoots.
6. *Mother's Maiden Name,*	Catherine A Walsh
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Oscar Hoots
9. *Father's Occupation,*	Mechanic
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	John A Pennington, M.D.
Address,	804 N Carrollton Av
Remarks,	

1 8 9 1 0 0 0 3 2 6 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

E 37357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 5th 1891
4. *Place of Birth, (Street and Number)*	1747 S. Charles st.
5. *Full Name of Mother,*	Henrietta L. Hamilton
6. *Mother's Maiden Name,*	Cushman
7. *Mother's Birthplace,*	Talbot Co Md.
8. *Full Name of Father,*	Harry A. C. Hamilton
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Kent Co Del
Name of Medical Attendant, or other person who makes this Return.	R. C. Lee
Address,	Harbour cor Barre st
Remarks,	

8910 03269

RETURN OF A BIRTH. A 37358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
3. Date of Birth,	July 6 1891
4. Place of Birth, (Street and Number)	1422½ Gay St.
5. Full Name of Mother,	Bertha Kline
6. Mother's Maiden Name,	Bertha Schied
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Louis Kline
9. Father's Occupation,	Barber
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	M. A. Bloom M.D.
Address,	1215 E. Monument St. cor. Central Ave.
Remarks,	All Well

1891 CITY OF BALTIMORE

1891 0003270

Every Physician, Midwife or other person who shall hereafter attend upon any birth, shall, within ten days after such birth, make a return thereof to the Registrar of Vital Statistics, Board of Health, Baltimore City, at the office of the Commissioners of Health, in the City Hall, stating the name, if any, and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, or person making the return, on the third day of each and every month to the office of the Commissioners of Health, in the City Hall; and every person who shall neglect or refuse to make such return, or shall make a false return, or shall cause the birth of any child to be registered in any other name than that of the parent or parents of such child, shall forfeit and pay for each such offense a penalty not more than five dollars, to be recovered as other debts are recoverable. Any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can [illegible] its [illegible], the date and place of birth; and the been conferred) its sex, color, the full name and occup[illegible] ner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the p[illegible] case the birth of any child third day of each and every month to the office of the Commissioner of Health [illegible] would no other person be in shall occur without the attendance of a physician or [illegible] person or parents of such attendance upon the mother, immediately thereafter [illegible] the period above required, and child to report its birth to the Commissioner of Health, [illegible] of this section shall be sub- any such person or persons who shall hereafter fail to comply [illegible] fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offense, to be recovered as other

RETURN OF A BIRTH. A 33359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* July 6 '91.
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Fannie McDonald
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation.*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. J. W. Hargrove & Spalding

Address, Md. Univ. Hospital

Remarks, 622 W Lombard

8910003271

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6th. 1891
4. Place of Birth, (Street and Number) Baltimore No 2307 E. Fairmount Ave
5. Full Name of Mother, Mrs Emma Montgomery
6. Mother's Maiden Name, Mrs Emma Skidmore
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, Mr Emory Montgomery
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Josa Krueger

Address, No. 1026 E. Fayette St B. Md.

Remarks, 1 8 9 1 0 0 0 3 2 7 2

month, and shall set forth as far as the same can ... been conferred) the sex, color, the full name and ... and place of birth of the child, the full name and ... and every month to the office of the ... shall occur without the attendance of a physician or ... attendance upon the mother immediately thereafter, ... duty, such person or persons who shall hereafter fail to ... jected to the fine of ten (10) dollars for each offense, to be recovered ... visions of this section shall be sub- ... other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 3736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4te
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	6te of July 1891
Place of Birth (Street and Number),	830. Granby Str
4. Full Name of Mother,	Eleonore Tauber
5. Mother's Maiden Name,	Eleonore Hedel
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Rudolf Tauber
9. Father's Occupation,	Carpender
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Sca Hille M.D.
Address,	207 N. Castle St
Remarks,	

1891 0003273

CITY OF BALTIMORE 1891

The Act requires the Return of each child, if any shall have been born alive, to be made within ten days after birth, and the death, if any, of each child, before the Return of birth, and the death, if any, of each child, before the Return of birth is made, within ten days after death, and before burial or removal of the body. The Return shall be delivered, duly signed by the practitioner in attendance at the birth, or by the father or mother of the child, or by the person in charge of the house in which the birth occurred, or by the undertaker who shall have charge of the burial of any child who shall die without having been returned as born alive, to the office of the Commissioner of Health, in the manner and form which may be prescribed by the Commissioner of Health, and a certificate will be issued to the person so delivering the Return, authorizing the burial or removal of the body of the child. If the attendance at a birth or death be by a physician, he shall become the person responsible for the Return of such child, its parents, and place of residence, and the cause of death, if known, and shall receive therefor a fee of twenty-five cents from the person who shall have employed him. If any person required by this section to report the birth or death of any child, or to procure a certificate of burial or removal, shall neglect or refuse to do so within the time prescribed, he or she shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines are recovered.

RETURN OF A BIRTH

A 37365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 8 1891 CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 6th

4. Place of Birth, (Street and Number) 1601 N Bond st

5. Full Name of Mother, Margret Erdman

6. Mother's Maiden Name, " Carloe

7. Mother's Birthplace, Balto

8. Full Name of Father, John Erdman

9. Father's Occupation, Dairyman

10. Father's Birthplace, Balto co

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groome

Address, 940 N. Gay st

Remarks,

1 8 9 1 0 0 0 3 2 7 4

months, and shall set forth as far as the same can be ascertained, the full name of each child; if any shall have been born dead, that fact shall be stated; the full name and occupation of its parents, the date and place of birth, and the sex and color of each child delivered, duly signed by the practitioner in the form of a certificate hereinbefore provided; and the latter day of each month the return of births for the preceding month shall be made to the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or midwife, then the parent or parents of such child shall make return of the birth within the time aforesaid, and in the manner aforesaid, to the Commissioner of Health. Any person who shall neglect or refuse to make any such return of a birth as aforesaid, or who shall knowingly make any false return of a birth, shall be subject to the fine of ten (10) dollars for each offense. Fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 37363

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 7, 1891
4. *Place of Birth, (Street and Number)* 813 Edmondson Av
5. *Full Name of Mother,* Ruth Curlett
6. *Mother's Maiden Name,* Ruth May
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Wm. H. Curlett
9. *Father's Occupation.* Solicitor
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return. Henry Chandlee

Address, 1019 Linden Av

Remarks,

1891000 3275

... month, and shall set forth as far as the same can be ascertained the full name of each child, if any [illegible] shall have been conferred) its sex, color, the full name and occupation of its parents, the date of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a c[illegible] first and third day of each and every month to the office of the Commissioner of Health [illegible] child in shall occur without the attendance of a physician or practitioner of midwifery [illegible] other parent attendance upon the mother, immediately thereafter it shall become the duty [illegible] requ[illegible] child to report its birth to the Commissioner of Health, in the manner and with[illegible] shall be sub- any such person or persons who shall hereafter fail to comply with the provision of this section shall forfeit [illegible] jected to the fine of ten (10) dollars for each offense, to be recovered as other fines [illegible]

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth 2nd 3
1. *Sex (state whether male or female),* ~~a~~ Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 13th 1891
4. *Place of Birth (Street and Number),* 210 Carlington Ave
5. *Full Name of Mother,* Mary Rose
6. *Mother's Maiden Name,* Cumberland
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* John Rose
9. *Father's Occupation,* Bridge Builder
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr E Searle Md

Address, 819 E Baltimore St

Remarks,

8 9 1 0 0 0 3 2 7 6

RETURN OF A BIRTH. A 37375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) C.
3. Date of Birth, July 14, 91.
4. Place of Birth, (Street and Number) 622 W. Lombard
5. Full Name of Mother, Maggie Stokes
6. Mother's Maiden Name,
7. Mother's Birthplace, Ind
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return Dr Hargrove Hospital

Address, 622 W Lombard

Remarks, Mrs Ward Maternity

1891 0003277

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	July 14 91
Place of Birth, (Street and Number)	622 N Lombard
5. Full Name of Mother,	Jessie Lewis
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Md.
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	Dr Haywood Thelin
Address,	622 N Lombard
Remarks,	Md Univ Maternité

8910003278

CITY OF BALTIMORE 1891

month, and shall set forth as far as the information be obtained the full name and place of birth; and the name, age, color, and occupation of its parents. Every certificate between the first and tenth of each and every month of the births which shall have occurred during the preceding month; and the said schedule shall be delivered, duly signed by the person making the return, to the Commissioner of Health, on the 10th day of each and every month; and in case the birth of any child shall occur within the first ten days of any month, and no other person be in attendance, it shall be the duty of the physician or midwife in attendance, or other person having charge of such case, to report the birth as above required, and the mother, immediately thereafter it shall be her duty to report the birth of such child to the Commissioner of Health, in accordance with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. July 15th 1891
4. Place of Birth, (Street and Number) 1509 E. Madison
5. Full Name of Mother, Bertha Springer
6. Mother's Maiden Name, Mc Cannis
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Henry Springer
9. Father's Occupation, Salesman
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. M. B. Billingslea

Address, 1206 E. Preston

Remarks, 8 9 1 0 0 0 3 2 7 9

CITY OF BALTIMORE 1891

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 32376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 15. 1891
4. *Place of Birth, (Street and Number)*	St. Vincents Infant Asylum
5. *Full Name of Mother,*	Mary Clayton
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Not known
9. *Father's Occupation,*	" "
10. *Father's Birthplace,*	" "
Name of Medical Attendant, or other person who makes this Return.	L. Heuisler M.D.
Address,	1520 Druid Hill Ave.
Remarks,	

1 8 9 1 0 0 0 3 2 8 0

month, and shall set forth as far as the same can be ascertained by reasonable inquiry, the name, sex, color, and the full name and residence of the parents of such child, and the time and place of birth, and the number of children born to the mother, and whether the birth is the first, second, third, or other birth of such child, which certificate shall be signed by the attendant at the birth, or if there was no attendant, by the father or mother of such child, or the householder of the house where the birth occurred, or if it occurred elsewhere than in a house, by the person with whom the mother resided. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother at the birth of her child, the mother herself shall become the duty of the person or parent required, and shall report to the Commissioner of Health, in the manner and within the time above specified, the particulars required to be reported by the person in attendance upon the mother at the birth of her child, and in default thereof shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 32377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh child
1. *Sex* (~~state whether male or female~~), Male
2. *Race or Color* (*if not of the white race*), White
3. *Date of Birth*, July 15th 1891
4. *Place of Birth* (*Street and Number*), 723 S Broadway
5. *Full Name of Mother*, Margaretta Hubert
6. *Mother's Maiden Name*, Staub
7. *Mother's Birthplace*, Baltimore Md
8. *Full Name of Father*, Leopold Hubert
9. *Father's Occupation*, Grocer
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. Geo. Oake

Address, 1519 E Baltimore St

Remarks,

1 8 9 1 0 0 0 3 2 8 1

Penalty. If any physician, midwife or other person required by this section to report a birth, or any parent or other person having charge of a child, shall have been convicted of a violation of any of the provisions of this section, and shall refuse or neglect to report the first and third births of each and every month thereafter of any child or children born to such parent or person having charge of such child, as required by this section, he, she or they shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offence, to be recovered as other fines are recovered.

Every midwife, physician or other person who shall attend at the birth of any child, or any parent or person having charge of such child, shall have been convicted of a violation of any of the provisions of this section, and shall refuse or neglect to report the first and third births of each and every month thereafter of any child or children born to such parent or person having charge of such child, as required by this section, he, she or they shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offence, to be recovered as other fines are recovered.

CITY OF BALTIMORE

RETURN OF A BIRTH A. 37378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d. 3d. &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
Date of Birth,	July 16th
Place of Birth, (Street and Number)	409 Pinkney Place
5. *Full Name of Mother,*	Lillie A Shoop
6. *Mother's Maiden Name,*	Waller
7. *Mother's Birthplace,*	Pa
8. *Full Name of Father,*	John Shoop
9. *Father's Occupation,*	R.R. Conductor
10. *Father's Birthplace,*	Pa
Name of Medical Attendant, or other person who makes this Return.	M. B. Billingslea
Address,	1206 E. Preston
Remarks,	

1 6 9 1 0 0 0 3 2 8 2

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-9-85

RETURN OF A BIRTH

A 37379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Lewis Curtis

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 16 th 1891
4. *Place of Birth, (Street and Number)* Moore alley 533
5. *Full Name of Mother,* Martha Curtis
6. *Mother's Maiden Name,* Martha Johnson
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Lesly Curtis
9. *Father's Occupation,* Laboring man
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Charlotte Gouldsberry

Address, 115 Division St

Remarks,

8 9 1 U 0 0 3 2 8 3

ascertained the full name of such child (if any shall have been given) and the full name and occupation of its parents, the date and place of birth, and the said schedule shall be verified by the practitioner in the form of a certificate between the first and third day of each and every month, and delivered to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, it shall be the duty of the parent or parents, or in default thereof, the householder, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 37380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* July 16 91
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Helen Wilson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Dr Burgood V Goldig

Address, 622 W Lombard

Remarks,

8 9 1 0 0 0 3 2 8 4

month, and shall set forth as far as the same can be ascertained, the name, sex, color, the full name and residence of the parents, the date and place of birth; and the next succeeding the first, and every month to the end of the year, with a certificate that the first and third day of each and every month to the end of the year, with a certificate that the first and shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the mother immediately after the birth of the child, or in case the mother shall be prevented by sickness or other inability, then the person or parents of such child, or in case the mother shall be prevented by sickness or other inability, then the person in charge of the house in which the mother shall be delivered, shall become liable to the penalties of this section, and any such person or persons who shall hereafter offend against the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, which fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 3738.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

Sex, (state whether male or female) female

2. [illegible] or Color, (if not of the white race) Colored

3. [illegible] of Birth, July 16 1891

4. Place of Birth, (Street and Number) 424 Walbrook Street

5. Full Name of Mother, [illegible]

6. Mother's Maiden Name,

7. Mother's Birthplace, Monroe md

8. Full Name of Father, [illegible]

9. Father's Occupation,

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1891 0003285

HEALTH DEPARTMENT AUG 3 1891 CITY OF BALTIMORE

...nth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and residence of its parents, the date and place of birth; and the third Tuesday of each month to the office of the Commissioner of Health, in case the first and shall occur without the offender's or either of them, if both be dead, the name of the person or persons in attendance upon the mother, immediately thereafter full to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense; to be recovered as debts of like amount are recoverable.

PRINTED BY J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	
Date of Birth,	16th July
Place of Birth, (Street and Number)	2523 N Oliver st
5. Full Name of Mother,	Mary Arnold
6. Mother's Maiden Name,	" Pitts
7. Mother's Birthplace,	Frederick Co
8. Full Name of Father,	Joseph Arnold
9. Father's Occupation,	Brick maker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	1940 N. Gay st
Remarks,	6 9 1 0 0 0 3 2 8 6

CITY OF BALTIMORE

been conferred, I am to enter the full name and occupation of the father, and the maiden name of the mother, and the place of birth, and the full name and address of the person who shall first give information of the birth, and the date when such information was received. Only signed by the practitioner in attendance upon the mother, or in case there was no such attendance, by the person who shall first give information of the birth of any child born elsewhere than at a hospital, or in case of the death of any child before a return of birth could so other person be in charge of each and every month to the office of the Commissioner of Health. A like return shall be made in case of any stillbirth, except that no certificate of burial shall be required, and shall occur without the attendance of a physician, the midwife or person in charge shall make such return. No certificate of burial shall be granted in any case of stillbirth where there was no attendance upon the mother, unless the midwife or person in charge of the case shall first make the return of stillbirth required by this section. Any midwife or other person who shall hereafter fail to report any case of birth or stillbirth at which she was present, or in which she was employed, as required by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	July 17 1891
Place of Birth, (Street and Number)	1127 Eleward St.
5. Full Name of Mother,	B. Moore
6. Mother's Maiden Name,	B. Laure
7. Mother's Birthplace,	England
8. Full Name of Father,	H. H. Moore
9. Father's Occupation,	Brig Player
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	M. A. Butt
Address,	1245 E Monument St.
Remarks,	All Well

8 9 1 0 0 0 3 2 8 7

CITY OF BALTIMORE 1891

...ed) its sex, color, the full name and occupation of its parents, the date and place of birth, and the ...ecute shall be delivered, duly signed by the person required to make the same, to the first and ...third day of each and every month of a physician or person acting as such, who shall neglect or refuse ...attendance upon a case of still birth to the Commissioners, or their duly authorized agent, shall be ...any such person or persons, who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as aforesaid. Fines and forfeitures are recoverable.

...ed) its sex, color, the full name and occupation of its parents, the date and place of birth, and the ...ecute shall be delivered, duly signed by the person required to make the same, to the first and ...third day of each and every month following the birth of any child. And it shall be the duty of the ...shall occur without the presence of a physician or person acting as such, the midwife or nurse in ...attendance upon the mother, immediately thereafter, if such there be, or if not, then the father, ...any such person or persons, who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as aforesaid. Fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	1st
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	July 17, 1891
4. *Place of Birth,* (*Street and Number*)	St. Vincents Infant Asylum
5. *Full Name of Mother,*	Teresa Smith
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace.*	Virginia
8. *Full Name of Father,*	Not known
9. *Father's Occupation.*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return.	S. S. Hunn M. D.
Address,	1590 Druid Hill Ave.
Remarks,	

1 8 9 1 0 0 0 3 2 8 8

month, and shall set forth as far as practicable the date and place of birth and the sex, color, and name of each child born alive, and the full name, residence, occupation, and birthplace of each parent, and such other information as may be required by the Board of Health. If the first and last day of each month be Sunday, the certificate shall be presented on the following day. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth within the time prescribed, such child to report the same to the Commissioner of Health, and the mother, or in her absence, the person who shall hereafter fail to report as aforesaid, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 37385.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 and

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 24th 1891.
4. Place of Birth, (Street and Number) 1213 Madison East
5. Full Name of Mother, Theresa Steele
6. Mother's Maiden Name, Fahl
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Isaac E Steele
9. Father's Occupation, Restaurant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr Chas L Cullen

Address, 1213 E Madison St

Remarks, + 6 9 1 0 0 0 3 2 8 9

...shall not be the same that is necessary to be given by any law of this State to the Registrar of Births, and the person required by law to report the birth; and the said Registrar shall not demand any fee for the certificate of birth of any child born out of wedlock, unless a fee shall have been paid to the Commissioner, and no other person be entitled to receive any fee for the same. Every physician or practitioner of midwifery, or other person or parents of such child, who shall neglect or refuse to report the birth of any child to the Commissioner of Health, as herein required, within the period above specified, or who shall make a false report thereof, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 38386.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 18th 1891.
4. Place of Birth, (Street and Number) 1022 Hoffman Ave.
5. Full Name of Mother, Alice R Milligan
6. Mother's Maiden Name, Alice R Dones.
7. Mother's Birthplace, Calvert Co Md.
8. Full Name of Father, John H Milligan
9. Father's Occupation, Clerk
10. Father's Birthplace, Queen Anns Co Md

Name of Medical Attendant, or other person who makes this Return. Dr Chas D Pennington M.D.

Address, 802 N Carrollton Ave

Remarks,

1 8 9 1 0 0 0 3 2 9 0

Now, I am aware that by the same oath he ascertained the fact of the birth of said child. If any shall have been conferred) its sex, color, the full name and occupation of the parents, the place of birth; and the said schedule shall be delivered, duly signed by the practitioner, midwife or other person in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person so neglecting or refusing shall, for each offence, be liable to a penalty of not less than ten dollars nor more than fifty dollars, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
Date of Birth,	July 19th
Place of Birth, (Street and Number)	2324 E. Monument
Full Name of Mother,	Anna L. Shuck
Mother's Maiden Name,	Cole
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Thomas L. Shuck
9. *Father's Occupation,*	Brickmason
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Dr. B. Billingslea
Address,	1206 E. Preston St
Remarks,	8910003291

CITY OF BALTIMORE 1891

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. B 32388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 th July 1891
4. Place of Birth, (Street and Number) 42 E. Allemarle St
5. Full Name of Mother, Nelda Greenberg
6. Mother's Maiden Name, " Myerbeer
7. Mother's Birthplace, Russia
8. Full Name of Father, Alexander Greenberg
9. Father's Occupation, Lockysmith
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Scheuman

Address, 42 Allemarle St

Remarks, 8 9 1 0 0 0 3 2 9 2

been conferred by the Act of the General Assembly of Maryland, passed at January Session, 1898, chapter 123, the name of the child, (if any shall have been given), the sex, color, the full name and occupation of the parents, the day and place of birth, all the particulars of which are required by the said schedule shall be delivered, duly signed by the person in charge of the case, to the Registrar of Births, within the first and third day of each and every week, in default of which delivery or should no birth or any child thereof occur within the said period, then a certificate to that effect shall be delivered by the said person to the Registrar within the first and third day of each and every week thereafter until such birth or any child thereof shall occur and be reported, in default of which delivery or certificate as herein required, the said person shall be liable to a penalty of Ten (10) Dollars for each and every offense, and it shall be the duty of the Registrar of Births to report to the Commissioner of Health, in writing, the name and address of the person or parents of such child to report the birth immediately thereafter and failing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C BULLANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 16 1891
4. *Place of Birth, (Street and Number)* 615 E. Baltimore
5. *Full Name of Mother,* Barbara Goetz
6. *Mother's Maiden Name,* Bauer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Hans Goetz
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Dr. Louis Mc.

Address, 1 C Lanvale

Remarks, 1891 00032 93

month, and shall set forth as far as the same can be ascertained by diligent inquiry, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of the parents of such child, the date and place of birth, and the said schedule shall be delivered, duly signed by the person making the same, to the officer granting the certificate between the first and third days of each month, and every person who shall neglect or refuse to report the birth of any child as aforesaid, or who shall report a false statement concerning the same, or who shall, without the attendance of a physician or midwife, as the case may require, assist in the delivery of the person or parents of such child, or who shall, in the manner and within the period above required, neglect or refuse to report its birth to the commissioner of the district in which such birth occurs, or to the person appointed by him to receive such report, shall be subjected to the fine of ten (10) dollars for each offense; and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 19. 1891
4. Place of Birth, (Street and Number) 4 S. Pine St. Sup. Dist.
5. Full Name of Mother, Mary Clarke
6. Mother's Maiden Name, "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Not known
9. Father's Occupation. " "
10. Father's Birthplace. "

Name of Medical Attendant, or other person who makes this Return. J. A. Reed M. D.

Address, 1520 David Hill Ave

Remarks,

1891 U 0003294

month, and shall set forth as far as the same [illegible] of each child (if any shall have been) born alive, the sex, color, date and place of birth, and the full name of the father and mother; and the said schedule shall be delivered, duly signed [illegible] directed by the Commissioner of Health, and every third day of each and every month to the clerk of the [illegible] or, if there be no such clerk, to the Commissioner of Health; and no other person shall occur within the city of Baltimore, and the [illegible] of the person or parents of such child to report the birth to the Commissioner of Health, within the period and in the manner aforesaid, any such person or persons who shall hereafter violate the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. [illegible] other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 37391.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White

Date of Birth July 19th 1891

Place of Birth, (Street and Number) Baltimore E. Pratt St No 1751

Full Name of Mother, Mrs Dina Weber

6. Mother's Maiden Name, Mrs Dina Liemler
7. Mother's Birthplace, Europe
8. Full Name of Father, Mr William Weber
9. Father's Occupation, Baker
10. Father's Birthplace, ~~Europe~~ Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Josa Krueger

Address, No 2016 E Fayette St B. Md.

Remarks, 1891000 3295

CITY OF BALTIMORE 1891

Penalty.—Sec. 8. Be it further enacted, That if any person shall wilfully refuse or neglect to make the return of any birth required by this ordinance, or shall wilfully refuse or neglect to answer any question required by this ordinance, or shall wilfully make a false answer to any such question, or shall wilfully refuse or neglect to make the return of any birth required by this ordinance within the time prescribed, or shall wilfully make a false return of any birth, or shall wilfully refuse or neglect to comply with any of the requirements of this ordinance, such person shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offence, to be recovered before any justice of the peace of Baltimore city, and all fines and forfeitures so collected shall be paid into the treasury of Baltimore city.

WM. J. C. BULLARY DO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 37392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	July 22 '91
4. *Place of Birth, (Street and Number)*	622 W Lombard st
5. *Full Name of Mother,*	Julia Oliver
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Dr Haywood & Yellott
Address,	622 W Lombard st
Remarks,	Md Univ Maternite

1891U0003296

...month, and shall set forth as far as the same ... of each child, if any, shall have been conferred) its sex, color, the full name ... Attorney, the full name and place of birth and the said schedule shall be delivered, duly signed by ... petition in the form of certificate between the first and third day of each and every month to the office of ... In case the birth of any child shall occur within the limits of ... Commissioner of Health, it should no other person be in attendance upon the mother, immediately thereafter ... shall be required within the period above specified, and any such person or persons who shall hereafter ... provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to ... other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 32393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25th July 1891
4. Place of Birth, (Street and Number) 536 E. Pratt St
5. Full Name of Mother, Eva Arenson
6. Mother's Maiden Name, Levenstein
7. Mother's Birthplace, Russia
8. Full Name of Father, Wolf Arenson
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Schuman

Address, 42 S. Bellemore St

Remarks, 1891000 3297

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the passage of this ordinance, it shall be the duty of the parent or parents, guardian or other person having charge of any child, of any age, born in the City of Baltimore, to cause the birth of such child to be registered in the office of the Commissioner of Health of the City of Baltimore, within ten days after the birth of such child, and the Commissioner of Health shall be entitled to receive from the parent or parents, guardian or other person having charge of any child born in the City of Baltimore, the sum of twenty-five cents for registering the birth of such child, and the same shall be paid out of the City Treasury; provided, however, that no charge shall be made for registering the first and second child born at the same birth, or for registering the birth of any child whose parents reside in the City of Baltimore, but the birth of which occurs outside of the City limits; and provided further, that no charge shall be made for registering the birth of any child whose parents are unable to pay the same, and the Commissioner of Health shall issue a certificate of such birth, free of charge, upon the application of the parent or parents, guardian or other person having charge of such child, and upon the production of a certificate from the Commissioner of Charities and Correction that the parent or parents, guardian or other person having charge of such child is unable to pay the fee for registering the birth of such child.

Section 2. And be it ordained, That it shall be the duty of the parent or parents, guardian or other person having charge of any child born in the City of Baltimore, to report to the Commissioner of Health the full name and surname of such child, its sex, color, the full name and surname of the parents, the date and place of birth, and the maiden name of the mother, and the occupation and birthplace of the father, and the name and residence of the attending physician, midwife or other person who may be present at the birth, within ten days after the birth of such child, and every midwife or physician who shall attend upon any woman in labor shall, within ten days after the birth of such child, report the same to the Commissioner of Health, with the name and residence of the parent or parents, guardian or other person having charge of such child, and the Commissioner of Health shall issue a certificate of such birth, free of charge, upon the application of the parent or parents, guardian or other person having charge of such child, and upon the production of a certificate from the Commissioner of Charities and Correction that the parent or parents, guardian or other person having charge of such child is unable to pay the fee for registering the birth of such child.

Section 3. And be it ordained, That it shall be the duty of the parent or parents, guardian or other person having charge of any child born in the City of Baltimore, to report to the Commissioner of Health the full name and surname of such child, its sex, color, the full name and surname of the parents, the date and place of birth, and the maiden name of the mother, and the occupation and birthplace of the father, and the name and residence of the attending physician, midwife or other person who may be present at the birth, within ten days after the birth of such child, and every midwife or physician who shall attend upon any woman in labor shall, within ten days after the birth of such child, report the same to the Commissioner of Health, with the name and residence of the parent or parents, guardian or other person having charge of such child, and the Commissioner of Health shall issue a certificate of such birth, free of charge, upon the application of the parent or parents, guardian or other person having charge of such child, and upon the production of a certificate from the Commissioner of Charities and Correction that the parent or parents, guardian or other person having charge of such child is unable to pay the fee for registering the birth of such child.

Section 4. And be it ordained, That it shall be the duty of the parent or parents, guardian or other person having charge of any child born in the City of Baltimore, to report to the Commissioner of Health the full name and surname of such child, its sex, color, the full name and surname of the parents, the date and place of birth, and the maiden name of the mother, and the occupation and birthplace of the father, and the name and residence of the attending physician, midwife or other person who may be present at the birth, within ten days after the birth of such child, and every midwife or physician who shall attend upon any woman in labor shall, within ten days after the birth of such child, report the same to the Commissioner of Health, with the name and residence of the parent or parents, guardian or other person having charge of such child, and the Commissioner of Health shall issue a certificate of such birth, free of charge, upon the application of the parent or parents, guardian or other person having charge of such child, and upon the production of a certificate from the Commissioner of Charities and Correction that the parent or parents, guardian or other person having charge of such child is unable to pay the fee for registering the birth of such child.

Section 5. And be it ordained, That it shall be the duty of the parent or parents, guardian or other person having charge of any child born in the City of Baltimore, to report to the Commissioner of Health the full name and surname of such child, its sex, color, the full name and surname of the parents, the date and place of birth, and the maiden name of the mother, and the occupation and birthplace of the father, and the name and residence of the attending physician, midwife or other person who may be present at the birth, within ten days after the birth of such child, and every midwife or physician who shall attend upon any woman in labor shall, within ten days after the birth of such child, report the same to the Commissioner of Health, with the name and residence of the parent or parents, guardian or other person having charge of such child, and the Commissioner of Health shall issue a certificate of such birth, free of charge, upon the application of the parent or parents, guardian or other person having charge of such child, and upon the production of a certificate from the Commissioner of Charities and Correction that the parent or parents, guardian or other person having charge of such child is unable to pay the fee for registering the birth of such child.

Section 6. And be it ordained, That it shall be the duty of the parent or parents, guardian or other person having charge of any child born in the City of Baltimore, to report to the Commissioner of Health the full name and surname of such child, its sex, color, the full name and surname of the parents, the date and place of birth, and the maiden name of the mother, and the occupation and birthplace of the father, and the name and residence of the attending physician, midwife or other person who may be present at the birth, within ten days after the birth of such child, and every midwife or physician who shall attend upon any woman in labor shall, within ten days after the birth of such child, report the same to the Commissioner of Health, with the name and residence of the parent or parents, guardian or other person having charge of such child, and the Commissioner of Health shall issue a certificate of such birth, free of charge, upon the application of the parent or parents, guardian or other person having charge of such child, and upon the production of a certificate from the Commissioner of Charities and Correction that the parent or parents, guardian or other person having charge of such child is unable to pay the fee for registering the birth of such child.

Section 7. And be it ordained, That it shall be the duty of the parent or parents, guardian or other person having charge of any child born in the City of Baltimore, to report to the Commissioner of Health the full name and surname of such child, its sex, color, the full name and surname of the parents, the date and place of birth, and the maiden name of the mother, and the occupation and birthplace of the father, and the name and residence of the attending physician, midwife or other person who may be present at the birth, within ten days after the birth of such child, and every midwife or physician who shall attend upon any woman in labor shall, within ten days after the birth of such child, report the same to the Commissioner of Health, with the name and residence of the parent or parents, guardian or other person having charge of such child, and the Commissioner of Health shall issue a certificate of such birth, free of charge, upon the application of the parent or parents, guardian or other person having charge of such child, and upon the production of a certificate from the Commissioner of Charities and Correction that the parent or parents, guardian or other person having charge of such child is unable to pay the fee for registering the birth of such child.

Section 8. And be it ordained, That it shall be the duty of the parent or parents, guardian or other person having charge of any child born in the City of Baltimore, to report to the Commissioner of Health the full name and surname of such child, its sex, color, the full name and surname of the parents, the date and place of birth, and the maiden name of the mother, and the occupation and birthplace of the father, and the name and residence of the attending physician, midwife or other person who may be present at the birth, within ten days after the birth of such child, and every midwife or physician who shall attend upon any woman in labor shall, within ten days after the birth of such child, report the same to the Commissioner of Health, with the name and residence of the parent or parents, guardian or other person having charge of such child, and the Commissioner of Health shall issue a certificate of such birth, free of charge, upon the application of the parent or parents, guardian or other person having charge of such child, and upon the production of a certificate from the Commissioner of Charities and Correction that the parent or parents, guardian or other person having charge of such child is unable to pay the fee for registering the birth of such child.

Section 9. And be it ordained, That it shall be the duty of the parent or parents, guardian or other person having charge of any child born in the City of Baltimore, to report to the Commissioner of Health the full name and surname of such child, its sex, color, the full name and surname of the parents, the date and place of birth, and the maiden name of the mother, and the occupation and birthplace of the father, and the name and residence of the attending physician, midwife or other person who may be present at the birth, within ten days after the birth of such child, and every midwife or physician who shall attend upon any woman in labor shall, within ten days after the birth of such child, report the same to the Commissioner of Health, with the name and residence of the parent or parents, guardian or other person having charge of such child, and the Commissioner of Health shall issue a certificate of such birth, free of charge, upon the application of the parent or parents, guardian or other person having charge of such child, and upon the production of a certificate from the Commissioner of Charities and Correction that the parent or parents, guardian or other person having charge of such child is unable to pay the fee for registering the birth of such child.

Section 10. And be it ordained, That it shall be the duty of the parent or parents, guardian or other person having charge of any child born in the City of Baltimore, to report to the Commissioner of Health the full name and surname of such child, its sex, color, the full name and surname of the parents, the date and place of birth, and the maiden name of the mother, and the occupation and birthplace of the father, and the name and residence of the attending physician, midwife or other person who may be present at the birth, within ten days after the birth of such child, and every midwife or physician who shall attend upon any woman in labor shall, within ten days after the birth of such child, report the same to the Commissioner of Health, with the name and residence of the parent or parents, guardian or other person having charge of such child, and the Commissioner of Health shall issue a certificate of such birth, free of charge, upon the application of the parent or parents, guardian or other person having charge of such child, and upon the production of a certificate from the Commissioner of Charities and Correction that the parent or parents, guardian or other person having charge of such child is unable to pay the fee for registering the birth of such child.

GIVEN NAME ADDED 5-19-55

RETURN OF A BIRTH. A 37394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charlotte Maria Seymour

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23rd
4. Place of Birth, (Street and Number) 928 Burgundy St
5. Full Name of Mother, Mary E Seymour
6. Mother's Maiden Name, " " Benner
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Walter O. Seymour
9. Father's Occupation, Brewer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary E Seymour

Address, 928 Burgundy St

Remarks, Child Living

8 9 1 0 0 0 3 2 9 8

month, and shall set forth as far as the same can be ascertained by diligent inquiry, the date and place of birth, and the name (if conferred) its sex, color, the full name and residence of the parents, and such other particulars as may be required by the Commissioner of Health; a certificate being given by the person or persons in attendance at the birth of any child until such schedule shall be delivered, duly filled out, to the officer or person authorized to receive the same, or should no other person be in attendance at the birth, then the certificate shall be given by the person or parents of such child to report its birth to the office of the Registrar of Vital Statistics within ten days after the birth. One of the persons in attendance at the birth, or the parents of such child, or some one of them, shall be subject to the penalties hereinafter provided for a violation of this section, unless some other person shall have complied therewith. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3'7364.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	24th July
4. *Place of Birth, (Street and Number)*	911 N. Hillman st
5. *Full Name of Mother,*	Hannah McCarry
6. *Mother's Maiden Name,*	11 Clark
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William McCarry
9. *Father's Occupation.*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groomy
Address,	940 N Gay st
Remarks,	6 9 1 0 0 0 3 2 9 9

HEALTH DEPARTMENT BALTIMORE CITY AUG 8 1891

...from scattered the sex, color, the duly signed by the ... shall occur within the period ... shall be subject to the fine of ten (10) dollars for each offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37346.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation. [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, T 8 9 1 0 0 0 3 3 0 0

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 31397.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22th July 1891
4. *Place of Birth, (Street and Number)* 28 S. Broadway
5. *Full Name of Mother,* Mary Buckley
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Michael Buckley
9. *Father's Occupation,* Coal Dealer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. C. Schuman

Address, 42 Gilmanton St

Remarks, 1891000331

been conferred) its sex, color, the full name and occupation of its father, the maiden name of its mother, the name and place of birth, and the said schedule shall be delivered, duly signed by the person making the same, to the Registrar of Vital Statistics of the City of Baltimore, at the time of the issue of certificate of burial of such child. And in case the birth of any child shall occur without the attendance of a physician or professional midwife, the father, or in his absence, the mother, or in the absence of both father and mother, the householder of the house in which the birth occurs, or the undertaker employed to bury the child, shall report the birth to the Commissioner of Health, as herein required, and in default thereof shall be subject to the fine of ten dollars for each offense, to be recovered as penalties are recoverable by law.

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37398.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 ont.

1. Sex, (state whether male or female) Female
2. Race or Color. (if not of the white race) White
3. Date of Birth, July 25 1891
4. Place of Birth, (Street and Number) 1 for. E Eager St
5. Full Name of Mother, Mary E Schley
6. Mother's Maiden Name, Malin
7. Mother's Birthplace, Balto
8. Full Name of Father, Emil A Schley
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks,

1 8 9 1 0 0 0 3 3 0 2

CITY OF BALTIMORE

...ULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37399.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16th 25
4. Place of Birth, (Street and Number) 1 or 3 Linta and Mott Ave
5. Full Name of Mother, Carrie ~~Stamp~~ Metzger
6. Mother's Maiden Name, Carrie Stamp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Metzger
9. Father's Occupation, Laborer
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. Mrs Brown

Address, 1000 Eutaw St

Remarks,

8 9 1 0 0 0 3 3 0 3

GEO. J. O. OULANY & CO., CITY PRINTERS AND STATIONERS.

A 3,700

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th
1. Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	
2. Date of Birth,	25 July
3. Place of Birth, (Street and Number)	707 Edward Street
4. Full Name of Mother,	Eliza Hines
5. Mother's Maiden Name,	Eliza [illegible] Rigg
6. Mother's Birthplace,	Calvert, Conter
7. Full Name of Father,	James H. Hines
8. Father's Occupation,	Brick Layer
9. Father's Birthplace,	Kent Conter
10. Name of Medical Attendant, or other person who makes this Return.	Annie Johnson
Address,	1045 Cross Street
Remarks,	6 9 1 0 0 0 3 3 0 4 Caart

month, and shall set forth as far as the same can be ascertained, the sex, color, the full name and occupation, and place of birth, and the name of the mother, the full name and occupation, and place of birth, and the maiden name of the mother, of each child born alive, and the date of the birth of any child said schedule shall be delivered, duly signed by the person or parties making the same, to the Registrar of Vital Statistics, on the third day of each and every month; to the office of the said Registrar of Vital Statistics, and no other person be in any manner liable for the omission of any such report; and every person or parties making such report shall receive a certificate of the same from the said Registrar, and shall become entitled to the sum of fifty cents for each child so reported, to be paid by the Commissioner of Health, in the manner fixed by this section; and every person or parties who shall neglect or refuse to make such report, as required by this section, shall be subject to the fine of ten (10) dollars for each offense, to be collected as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, 22 July 1891
4. Place of Birth, (Street and Number) 48 Market Space
5. Full Name of Mother, Emma Shipper
6. Mother's Maiden Name, Eppner
7. Mother's Birthplace, Austria
8. Full Name of Father, Isidor Shipper
9. Father's Occupation, Shoe-maker
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return. E. Schumann

Address, 42 Albemarle St

Remarks, 8911000 3305

If any child born alive in the State dies before the birth returned is recorded, the fact must be reported to the Registrar, with the same particulars as required for the birth, and the death certificate shall be delivered, duly signed, to the person registering the birth, and the fact noted on the record. Every midwife or physician in attendance upon a birth shall report the same within ten days to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, and to furnish all the information required by this section, and every person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C BULLARY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 3760 V.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	25th July 1891
4. *Place of Birth, (Street and Number)*	2391 N Oliver st
5. *Full Name of Mother,*	Jessie Holt
6. *Mother's Maiden Name,*	" Lindsay
7. *Mother's Birthplace,*	Va. Va
8. *Full Name of Father,*	Roeby Holt
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 1/2 Gay st.
Remarks,	

8910003306

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 32403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	25 July
4. *Place of Birth, (Street and Number)*	717 E Eager st
5. *Full Name of Mother,*	Mary Bennott
6. *Mother's Maiden Name,*	" Gearen
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Lawrence Bennott
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Gromy
Address,	910 N Gay st
Remarks,	8910003307

OF BAL

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 3760

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	A female child
1. Sex (state whether Male or Female)	Colored
2. Race or Color (if not of the white race)	26 of July
3. Date of Birth	Baltimore Bartley St
4. Place of Birth (Street and Number)	Frances Griffen
5. Full Name of Mother	Saint mary County
6. Mother's Maiden Name	Barner Griffen
7. Mother's Birthplace	Hodcarry
8. Full Name of Father	born Ini very neck
9. Father's Occupation	Caroline Battle
10. Father's Birthplace	1140 wilmer alley
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	8910003306

advise at the birth of any child, within the City of Baltimore, a report to the registrar aforesaid, within six days thereafter, stating distinctly the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3105.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
Sex (state whether Male or Female)	Female
Race or Color (if not of the white race)	White
Date of Birth	July 26 1891
Place of Birth (Street and Number)	So. Bloom St
Full Name of Mother	Grace E. Kuark
Mother's Maiden Name	Grace E. Kutler
Mother's Birthplace	Balto
Full Name of Father	George J. Kuark
Father's Occupation	Conductor B.&O.City P.R.
Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	John G. Harris M.D.
Address	773W Lexington St.
Remarks	Baltimore

8 9 1 0 0 0 3 3 0 9

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the [illegible] and color of the child or children born, its or their physical condition, whether [illegible] full name, nativity, and residence of the parents, and the maiden name of the [illegible] children

HEALTH DEPARTMENT AUG 1891 CITY OF BALTIMORE

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (State whether male or female) male.
2. Race or color, (if not of the white race) White
3. Date of Birth, July 26. 1891
4. Place of Birth. (Street and Number) Stafford Street
5. Full Name of Mother. Alice Hulin
6. Mother's Maiden Name. Alice Doblit
7. Mother's Birthplace. Princess Anne Co. Virginia
8. Full Name of Father, William Hulin
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. J. B. Mullins M.D.

Address, 952 Federal Ave Ext.

Remarks,

1 8 9 1 0 0 0 3 3 1 0

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3207.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 [illegible]

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, 6910003311

month, and shall set forth as far as the same can be ascertained, the full name and occupation of the father, the full name, the sex, color, the full name and occupation of the mother, the number of children born to her, the number living, and the number dead, the date and place of birth, and the number of such child, (if any shall have been born dead,) and the place of burial, and the certificate between the living and dead children shall be delivered, duly signed by the Commissioner or other person authorized by him, to the undertaker or other person in charge of the burial, and no other person he in any case shall be entitled to receive or shall receive any fee or reward for the burial of any child. Every physician or practitioner or midwife in attendance upon any case of birth shall, within the third day of each and every month, report to the Commissioner of Health the name of the person or parents of such child, the number of such child, the sex, color, and the full name and residence of the person to whom such child was delivered, and the date of such delivery, which report shall be made in writing, and shall be signed by the physician or midwife making the same, and shall be delivered to the Commissioner of Health immediately thereafter. It shall be the duty of the undertaker or other person in charge of the burial of any dead body, to report to the Commissioner of Health the name of the person whose body is buried, the date of the burial, and the name and residence of the undertaker or person in charge of the burial, within the period above required for the report of births, and no undertaker or other person shall be entitled to receive any fee or reward for the burial of any dead body, unless such report shall have been made. Any person who shall violate any of the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 37608.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* [redacted] July the 27 1891
4. *Place of Birth, (Street and Number)* [redacted] East Biddle
5. *Full Name of Mother,* Josephine Pfeifer
6. *Mother's Maiden Name,* Josephine [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks,

1891000033 12

[illegible] the full name and place of birth; and the [illegible] certificate [illegible] the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within [illegible] third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician [illegible] any city, or should no other person be in [illegible] the mother immediately hereafter [illegible] shall be guilty of the person or parents of such [illegible] upon conviction thereof [illegible] and will be liable to a penalty of [illegible] and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 3/1/04.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, 27 July 1903

Place of Birth, (Street and Number) 510 High St

5. Full Name of Mother, Fannie Kirshner

6. Mother's Maiden Name, " Mickleshamsky

7. Mother's Birthplace, Russia

8. Full Name of Father, Hyman Kirshner

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 42 S. Albemarle St

Remarks, 8910003313

CITY OF BALTIMORE 1891

...been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, to the Commissioner of Health, to be filed in the office of the Commissioner of Health, within ten days after the birth of such child; and the attendance of a physician or person in charge of the case at the birth shall be sufficient evidence that such birth has occurred, and it shall be the duty of such physician or person in charge of the case to report its birth to the Commissioner of Health within ten days after the birth of such child, in the manner provided by this section. And any such person or persons who shall hereafter fail to report such birth as herein provided shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

3010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, *etc.)*	Second
1. *Sex. (state whether male or female)*	Female
2. *Race or Color. (if not of the white race)*	Colored
3. *Date of Birth.*	July 27 1891.
4. *Place of Birth. (Street and Number)*	575 East St
5. *Full Name of Mother.*	Estella Carrington
6. *Mother's Maiden Name.*	Estella Johnson
7. *Mother's Birthplace.*	Baltimore
8. *Full Name of Father.*	George Carrington
9. *Father's Occupation.*	Porter
10. *Father's Birthplace.*	Georgetown Demerara
Name of Medical Attendant. or other Person who makes this Return	Edward E. Mackenzie M.D.
Address.	324 N Biddle St.
Remarks.	Not any

1 8 9 1 0 0 0 3 3 1 4

...T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 3741.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 27th 1891.
4. *Place of Birth, (Street and Number)*	541 N Fremont st.
5. *Full Name of Mother,*	Anna L Redifer
6. *Mother's Maiden Name,*	Anna L Spencer
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	Charles H R. Redifer
9. *Father's Occupation,*	Painter.
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Jno L Pennington M.D.
Address,	817 N Carrollton Ave
Remarks,	

8 9 1 0 0 0 3 3 1 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 37417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ad
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 28 th
4. *Place of Birth, (Street and Number)*	1382 Pio Smith
Full Name of Mother,	Charlotte Semeon
5. *Mother's Maiden Name,*	Coleman
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Nicholas Semeon
9. *Father's Occupation,*	Sea Captain
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	Dr. O. Billingslea
Address,	1206 E. Preston
Remarks,	8 9 1 0 0 0 3 3 1 6

HEALTH DEPARTMENT BALTIMORE CITY AUG 5 1891

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third whether such child be delivered, duly signed by the practitioner in the form of a certificate hereof. And the shall occur without the attendance of a physician or midwife, or should no other person, he in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner above required, and within the period of ten days from the occurrence of such birth, and in case of neglect so to report, such parents shall hereafter and for each offense, be subjected to the fine of ten (10) dollars for each offense, to be recovered and forfeitures are recoverable

BM J. C. DULANY CO CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 12-14-55

A 3713.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Irena Saperstein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. 28 July 1931
4. Place of Birth. (Street and Number) 1316 E. Preston St
5. Full Name of Mother. Golda (E. Saperstein)
6. Mother's Maiden Name, Zuskin
7. Mother's Birthplace, Russia
8. Full Name of Father. Morris (E. Saperstein)
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Fisherman

Address, 42 Allendale St

Remarks, 8910003317

Every person in charge of any institution, public or private, and every physician, midwife, or other person in attendance upon any case of birth, shall, within ten days after the birth, make a return thereof to the Registrar of Vital Statistics, Board of Health, Baltimore City, at the office of the Registrar, No. 1 Courthouse, Baltimore City, Md., and shall deliver a certificate of the birth of any child born under his care, to the parents of such child, or, should no other person be in attendance, then the mother herself shall make such return and deliver such certificate. Every such return shall state the full name and sex, color, the full name and residence of the parents, the date and place of birth, and the number of the child if born alive. Every certificate shall be delivered to the person or parents of such child, or, should no other person be in attendance, then the mother herself shall make such return and deliver such certificate. Every such return shall be made within the time specified in this section, and shall be made in the manner and form prescribed by the Commissioner of Health. In case any person required by this section to report a birth to the Commissioner of Health shall fail to comply with the provisions of this section, such person shall be subject to the penalties provided in section 1 of this article, and in addition thereto shall forfeit and pay a sum not exceeding five dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 37414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	28 July
4. Place of Birth, (Street and Number)	895 N Amer st
5. Full Name of Mother,	Catherine Senft
6. Mother's Maiden Name,	" Houck
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Conrad Senft
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	910 N C
Remarks,	

8910003318

been conferred) its sex, color, the full name and occupa... and place of birth; and the said schedule shall be delivered, duly signed by the ... certificate between the first and ... In case the birth of any child ... and every month to the physician or ... who would no other person, ... shall occur within the said city, ... or owner of such ... the mother, immediately thereafter, ... all become the duty of the ... period above required, and ... child to report its birth to the Commissioner of Health ... of this section shall be sub- ... any such person or persons who shall thereafter ... jected to the fine of ten (10) dollars for each offense. ... forfeitures are recoverable.

CITY OF BALTIMORE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 July 1891
4. Place of Birth, (Street and Number) 843 E. Pratt St
5. Full Name of Mother, Rachel Kanyesky
6. Mother's Maiden Name, " Merkins
7. Mother's Birthplace, Russia
8. Full Name of Father, Gabriel Kanyesky
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 42 E. Albemarle St

Remarks, + 8 9 1 0 0 0 3 3 1 9

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be filled up by the Attending Physician, Midwife or Householder, and the third day of each and every month it shall be the duty of the Attending Physician, Midwife or Householder to report its birth to the Registrar of Births. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall become the duty of the father or mother of such child to report its birth to the Registrar of Births. In the manner and within the period above required of such persons who shall hereafter fail, or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. O. SULLIVAN CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* July 27 1891
5. *Place of Birth, (Street and Number)* 410 Front St.
6. *Full Name of Mother,* L. Gayet
7. *Mother's Maiden Name,* L. H. Gates
8. *Mother's Birthplace,* Balto
9. *Full Name of Father,* A. Gayet
10. *Father's Occupation,* Baker
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. H. A. Butt.

Address, 1205 E. Monument St - cor Central Ave

Remarks, All Well

1 8 9 1 0 0 0 3 3 2 0

CITY OF BALTIMORE

998.-J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 3741.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
Race or Color. (if not of the white race)	
Date of Birth,	July 29th
Place of Birth, (Street and Number)	1409 N. Chester st
Full Name of Mother,	Margret Robinson
6. *Mother's Maiden Name,*	" Schmidt
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Jocherway Robinson jr
9. *Father's Occupation,*	Produce dealer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N. Bay st
Remarks,	1 8 9 1 0 0 0 3 3 2 1

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

E 37218.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	30th July
4. *Place of Birth, (Street and Number)*	1930 N Gay st
5. *Full Name of Mother,*	Johanna Kaeppel
6. *Mother's Maiden Name,*	" Schal
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Kaeppel
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	1940 N. Gay st
Remarks,	8910003322

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 37114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	6th
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*	May 31
4. *Place of Birth.* (*Street and Number*)	1023 St. Carrollton ave.
5. *Full Name of Mother.*	Annie Manning
6. *Mother's Maiden Name*	" Scully
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	James Manning
9. *Father's Occupation*	Police Officer
10. *Father's Birthplace*	New York
Name of Medical Attendant, or other Person who makes this Return	C. L. Braddock
Address	414 S. Paca St.
Remarks	8910003323

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) .....

1. Sex, (state whether male or ~~female~~) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, July 31 00
4. Place of Birth, (Street and Number) 1508 N. Bond st
5. Full Name of Mother, Minnie Preisler.
6. Mother's Maiden Name, " Bergen.
7. Mother's Birthplace, B C
8. Full Name of Father, Otto Preisler.
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Thomas F Kilbane

Address, 1601 W Fayette st

Remarks, ...

8910003324

month, and shall set forth as far as the same can be ascertained the several particulars required by this section touching the birth of each child born within such month, and in case there shall be no birth within any month to report, then a report to that effect shall be made. In case the birth of any child shall not be reported within the time above specified, it shall be the duty of the person or persons required to report the birth of each child to report the same to the Commissioner of Health, in the manner and within the time above specified, and every month to the office of the Registrar of Vital Statistics, and in case the birth of any child shall occur without the attendance of a physician, it shall be the duty of the person or persons required to report the birth of such child to report the same to the Commissioner of Health, in the manner and within the time above specified, and every month to the office of the Registrar of Vital Statistics, and in case the birth of any child shall occur without the attendance of a physician, it shall be the duty of the person or persons required to report the birth of such child to report the same to the Commissioner of Health, in the manner and within the time above specified, and every month to the office of the Registrar of Vital Statistics, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July, 14th 1891
4. *Place of Birth, (Street and Number)*	1209 Baker St.
5. *Full Name of Mother,*	Mrs. M. Hrastek
6. *Mother's Maiden Name,*	Mrs. M. Vovsek
7. *Mother's Birthplace,*	Balto Co.
8. *Full Name of Father,*	Frank J. Hrastek.
9. *Father's Occupation,*	Tobacconist
10. *Father's Birthplace,*	Austria
Name of Medical Attendant, or other person who makes this Return.	M. E. Lazear M.D.
Address,	1218 E. Baltimore St
Remarks,	8910003325

32/31.

If any child now born, or hereafter to be born, shall have died before the return of birth is made, the fact shall be stated in the return, and the cause of death, if ascertained, between the first and second columns. In case of the birth of any child after the return of birth of any child of the same mother, the number of such child shall be stated in the return. In case of the birth of any child after the return of birth of any child of the same mother, the number of such child shall be stated in the return. In case of the birth of any child after the return of birth of any child of the same mother, the number of such child shall be stated in the return.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. B 3247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, [illegible] 21 [illegible]

4. Place of Birth, (Street and Number) 307 E. [illegible] St.

5. Full Name of Mother, Anna C. [illegible]

6. Mother's Maiden Name, " " [illegible]

7. Mother's Birthplace, Balto.

8. Full Name of Father, Wm. H. [illegible]

9. Father's Occupation, [illegible]

10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other person who makes this Return. [illegible] M.D.

Address, [illegible] St.

Remarks,

1 8 9 1 0 0 0 3 3 2 6

... been conferred) its sex, color, the full name and occupation of the ... place of birth; and the said schedule shall be delivered, duly signed by the practitioner ... between the first and third day of each and every month to the office of the Commissioner ... the birth of any child shall occur without the attendance of a physician or practitioner ... other person be in attendance upon the mother, immediately thereafter it shall ... or parents of such child to report its birth to the Commissioner of Health, in the manner ... above required, and any such person or persons who shall hereafter fail to comply ... section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered ... are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. B 32473.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 15th
4. *Place of Birth, (Street and Number)* 1609 N. Fayette.
5. *Full Name of Mother,* Mary Celanka
6. *Mother's Maiden Name,* Mary Celanka
7. *Mother's Birthplace,* U. S.
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Norman F Hill M.D

Address, 1601 N. Fayette ave

Remarks,

8 9 1 0 0 0 3 3 2 7

month, and shall set forth as far as the same can be ascertained, the full name, residence and place of birth of the child, if born alive, the full name, residence and occupation of the parents, the full name and residence of the physician, midwife or other person who shall have been concerned; its sex, color, the full name and residence of the person in charge of the premises, if any, and the exact cause, date and place of birth; and the said schedule shall be delivered, duly signed, to the Commissioner of Health. In case a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur within a city institution, or in a private family, or in a house where no medical attendance upon the mother immediately previous to and at the birth of the child is required, and within the period above required, and any such person who shall neglect or refuse to make such return as aforesaid, shall be subject to the fine of ten (10) dollars for each and every offence. Provisions of this section shall be subject to the fine of ten (10) dollars for each and every offence. Provisions of this section shall be subject to the fine of ten (10) dollars for each and every offence. Penalties and forfeitures are recoverable.

CITY OF BALTIMORE SHOWN

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 20th
4. Place of Birth, (Street and Number) 849 Barbe Street
5. Full Name of Mother, Emma J. Green
6. Mother's Maiden Name, Emma Owens
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Daniel B. Green
9. Father's Occupation. Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Selecta Cook

Address, 1000 - 11th 10 Steeles Ct

Remarks, 8 9 1 0 0 0 3 3 2 8

month, and not set forth as far as the same can be ascertained by inquiry of the parents or other persons having knowledge of the facts, and every midwife or other person who shall neglect or refuse to make such return as aforesaid, or who shall knowingly make a false return of the birth of any child said midwife shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately thereafter it shall become the duty of such practitioner or midwife to report the birth of any child third day of each and every month to the Commissioner of Health. In the absence of a midwife or practitioner of attendance upon the mother, the parent or parents of such child, or other person having charge of such child, shall report the birth of such child to the Commissioner of Health, in the manner and within the time prescribed in this section. Any midwife or practitioner who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37478.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 20, 1891
4. *Place of Birth, (Street and Number)* 113 Randall St
5. *Full Name of Mother,* Clara Anderson
6. *Mother's Maiden Name,* Clara Roark
7. *Mother's Birthplace,* Dorchester County
8. *Full Name of Father,* Jacob Anderson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. M. K. Caskey

Address, 213 E. Hart St

Remarks, Doing Well

8910003329

month, and shall set forth as far as the same can be ascertained [illegible] full name [illegible] each child, if any shall have been conferred) its sex, color, the full name and occ[illegible] of [illegible] parents, [illegible] date and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] in the [illegible] certificate between the first and third day of each and every month to the office of [illegible]. In case the birth of any child shall occur without the attendance of a physician or [illegible], or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	July 23rd 91
4. *Place of Birth, (Street and Number)*	# 222 N. Gilmor
5. *Full Name of Mother.*	Mrs. Annie Kohlenschmidt
6. *Mother's Maiden Name.*	Annie Feingold
7. *Mother's Birthplace.*	Balto Md.
8. *Full Name of Father.*	John F. Kohlenschmidt
9. *Father's Occupation.*	Machinist
10. *Father's Birthplace.*	Balto Md
Name of Medical Attendant. or other Person who makes this Return	John C. Townsell
Address.	631 W. Lombard St. City
Remarks.	1891000 3330

CITY OF BALTIMORE

...VIS, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Kind
1.	*Sex, (state whether male or female)*	Knabe
2.	*Race or Color, (if not of the white race)*	Vajs
3.	*Date of Birth,*	29 Juli
4.	*Place of Birth, (Street and Number)*	S. Bond str. 502
5.	*Full Name of Mother,*	Justina Knapik
6.	*Mother's Maiden Name,*	Justina Polinak
7.	*Mother's Birthplace,*	~~Prus~~ Osterajch
8.	*Full Name of Father,*	Josef Knapik
9.	*Father's Occupation,*	Birls pekserie
10.	*Father's Birthplace,*	Osterajch
	Name of Medical Attendant, or other person who makes this Return,	Marie Prell
	Address,	S. Bond str. 808.
	Remarks,	

1891 U 0 0 3 3 3 1

SEP 1 1891

898 J. C. BULLARY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex.* (state whether male or female)	Female
2. *Race or Color,* (if not of the white race)	White
3. *Date of Birth.*	July 30th 1891
4. *Place of Birth.* (Street and Number)	2382 Barkley St.
5. *Full Name of Mother.*	Mary Gerwig
6. *Mother's Maiden Name.*	Mary Mannion
7. *Mother's Birthplace.*	Baltimore
8. *Full Name of Father.*	Jacob Gerwig
9. *Father's Occupation.*	Architect & Builder
10. *Father's Birthplace.*	Howard Co.
Name of Medical Attendant. or other Person who makes this Return	Margaret Bacon M.D.
Address.	322 N. Charles St.
Remarks.	

1891000 3332

CITY OF BALTIMORE

...ET & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

37359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* January 31
4. *Place of Birth (Street and Number),* 1141 Stockton St.
5. *Full Name of Mother,* Kate Louisa Reese
6. *Mother's Maiden Name,* Kate Bartholomew
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Wm. E. Reese
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Wm. Thomas Todd, M.D.

Address, 1141 Carrollton Ave.

Remarks,

6 7 1 0 0 0 3 3 3 3

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

A 32430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Males (Twins)
2. Race or Color, (if not of the white race) Blk
3. Date of Birth, July 29. 91
4. Place of Birth, (Street and Number) 507
5. Full Name of Mother, Eunice Branch
6. Mother's Maiden Name, Eunice Carter
7. Mother's Birthplace, Va
8. Full Name of Father, James Branch
9. Father's Occupation, Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, J. M. Hundley

Address, 1002 E Monument Ave

Remarks,

8 9 1 0 0 0 3 3 3 4

1918 J. C. SULLANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 32631.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~1 male~~ 1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 24 1891
4. *Place of Birth, (Street and Number)*	No 128 Stafford St Extd
5. *Full Name of Mother,*	Julia Stanson
6. *Mother's Maiden Name,*	Julia Dorsey
7. *Mother's Birthplace,*	Fredickeburg Va
8. *Full Name of Father,*	William Dorsey
9. *Father's Occupation,*	General Laborer
10. *Father's Birthplace,*	Howard Co MD
Name of Medical Attendant, or other person who makes this Return.	Mrs Elizabeth Wicks
Address,	Carroll Post Office
Remarks,	Fat Healthy Child

891000 3335

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 33437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c*) 4th

1. *Sex*, (*state whether male or female*) Male

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth*, [illegible] th 91

4. *Place of Birth*, (*Street and Number*) #735 N. [illegible] St.

5. *Full Name of Mother*, Annie Zimmerman

6. *Mother's Maiden Name*, Hubbard

7. *Mother's Birthplace*, Balto Md.

8. *Full Name of Father*, Samuel Zimmerman

9. *Father's Occupation*, Machinist

10. *Father's Birthplace*, Balto Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. [illegible] Hillegeist

Address, #[illegible] E. Monument St. [illegible]

Remarks,

6 9 1 0 0 0 3 3 3 6

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 32133.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 28th 91
4. Place of Birth, (Street and Number) 407 W. Fourth St.
5. Full Name of Mother, Nellie Lappe
6. Mother's Maiden Name, White
7. Mother's Birthplace, Balto Co. Md.
8. Full Name of Father, Edward Lappe
9. Father's Occupation, Engineer Ph. & R. R.
10. Father's Birthplace, Balto Co. Md.

Name of Medical Attendant, or other person who makes this Return, Cook & Stewart Drs

Address, 120 W. Fourth St.

Remarks,

6 9 1 0 0 0 3 3 3 7

...month, and shall set forth as far as the same can be ascertained, all the particulars required by the above table. If any child born alive shall die without having been named, a certificate of birth and death shall be given for each such child. If any child born alive shall die before the expiration of twenty-four hours after birth, a certificate of birth and death shall be given for each such child; and if any child born alive shall die between the first and third days after birth, a certificate of birth and death shall be given for each such child, unless a certificate of birth shall have been previously given. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents of such child shall report the birth to the Registrar of Vital Statistics, and should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the parent or parents of such child to report the birth to the Registrar of Vital Statistics, and to comply with the provisions of this section in the period above required, and any other person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3/2/32

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 14 1891
4. Place of Birth, (Street and Number) 827 Woodyear St
5. Full Name of Mother, Rosa Slack
6. Mother's Maiden Name, Rosa Mack
7. Mother's Birthplace, Co Albert Co Md
8. Full Name of Father. John Slack
9. Father's Occupation. Furnisher Wagon
10. Father's Birthplace, Calbert Co Md

Name of Medical Attendant, or other person who makes this Return. Mary E Jones

Address, 1121 Saratoga St

Remarks, 1891000333 8

...every birth occurring in this city, the full name and occupation of the parents, the sex, color, the date and place of birth, and the full name of the child, if it has been named, and the number of children born to the mother, and whether it is the first, second, third, or other child born to the mother, and whether it is a twin or triplet, and the number of the house and street where the birth occurred. The certificate shall be signed by the physician in attendance upon the case, or by the midwife, or by the parent, or by the householder in whose house the birth occurred, or by the undertaker who first takes charge of the body, and shall be delivered, duly signed by the proper person, to the undertaker who shall have charge of the burial of the child, or to the sexton of the burial ground in which the child is buried, or to the person in charge of the crematory in which the body is cremated, and shall be by him delivered to the Registrar of Vital Statistics, or his deputy, within ten days after the birth. If no undertaker or person in charge of a burial ground or crematory shall be employed, then the certificate shall be delivered to the Registrar of Vital Statistics, or his deputy, by the person in charge of the premises where the birth occurred, within ten days after the birth. If no person in charge of the premises where the birth occurred shall be known, then the certificate shall be delivered to the Registrar of Vital Statistics, or his deputy, by the householder in whose house the birth occurred, within ten days after the birth. If the birth occurred in a hospital, asylum, or other institution, the certificate shall be delivered to the Registrar of Vital Statistics, or his deputy, by the superintendent or other person in charge of the institution, within ten days after the birth. If the birth occurred elsewhere than in a house, hospital, asylum, or other institution, the certificate shall be delivered to the Registrar of Vital Statistics, or his deputy, by the person in charge of the premises where the birth occurred, within ten days after the birth. Every person who shall neglect or refuse to report the birth of any child as required by this section shall be subject to a fine of not less than ten dollars nor more than fifty dollars for each offence. It shall be the duty of the Registrar of Vital Statistics to report to the Commissioner of Health, in the first week in each month, the name of every physician, midwife, undertaker, householder, or other person who shall have failed to report the birth of any child as required by this section, and the Commissioner of Health shall cause the penalty for such neglect or refusal to be enforced against any such person or persons who shall hereafter fail to report births as required by this section. All fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37435.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 2.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation.
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Mary E Jones

Address, 1121 Saratoga St. E.

Remarks, 8 9 1 0 0 0 3 3 3 9

month, and shall set forth in the same order the name, [illegible] of the child, and the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the [illegible] of Health. And no certificate of birth shall be considered valid unless the same shall be delivered, duly signed by the [illegible] or other person in charge of the house in which the birth occurred, to the Registrar of Vital Statistics within the first [illegible] third day of each and every month to the office of the Registrar of Vital Statistics. Should no other person be in attendance upon the mother at the time of the birth, the person or parties in charge of the house in which the birth occurred shall immediately thereafter report the same to the Registrar of Vital Statistics, and shall [illegible] the certificate of birth to the Commissioner of Health. In the event of any violation of the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. E 3n456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) mother of 2 child &c

1. Sex, (state whether male or female) Male 1 in a male
2. Race or Color, (if not of the white race) Black in a male
3. Date of Birth, Born Aug 12 18
4. Place of Birth, (Street and Number) [illegible] Pleasant &
5. Full Name of Mother, Eliza Jones
6. Mother's Maiden Name, Eliza Jones
7. Mother's Birthplace, [illegible] city
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 1121 [illegible]

Remarks, 8 9 1 0 0 0 3 3 4 0

...month, and shall set forth as far as the name can be ascertained, the sex, color, the full name and occupation of the parents, and place of birth; and the best conferred) its sex, color, the full name and occupation of the parents, and place of birth; and the certificate between the first and said schedule shall be delivered, duly filled out, to the Registrar of Vital Statistics, in case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, who shall, upon the request, and attendance upon the mother, immediately thereafter, furnish such person or parents with a blank for the purpose of making such report, and the provisions of this section shall be enforced. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ORE. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 3 m 39

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 b child united state

1. *Sex, (state whether male or female)* a mail Baby
2. *Race or Color, (if not of the white race)* Colard Child
3. *Date of Birth,* July the 26 1891
4. *Place of Birth, (Street and Number)* Baltimore md 1234 Ramsay st
5. *Full Name of Mother,* Ellen Chase
6. *Mother's Maiden Name,* Ellen Chase
7. *Mother's Birthplace,* Calvert County md
8. *Full Name of Father,* Reasin Chase
9. *Father's Occupation,* Seaman
10. *Father's Birthplace,* Calvert County md

Name of Medical Attendant, or other person who makes this Return. Mary L. Jones

Address, 1121 Saratoga St Baltimore md

Remarks, 1891000334 1

CITY OF BALTIMORE

Month, and shall set forth as far as the same can be ascertained, the full name and residence of each child of any shall live born or delivered, its sex, color, the full name and occupation, and place and date of birth of each parent, the number of children born to the mother, and the number of the first and said schedule shall be delivered, duly signed by the person making the return, to the Registrar of Births. In case the birth of any child third day of each and every month, or a physician or midwife or other person in attendance upon the mother, immediately thereafter, shall record the date of the birth of such child, and shall report its birth to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

ORE. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

E 3243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 20th
4. Place of Birth, (Street and Number) Hughes st 29 E. and L.
5. Full Name of Mother, Annie Stanberry
6. Mother's Maiden Name, Annie Watts
7. Mother's Birthplace, West River
8. Full Name of Father, James Stansberry
9. Father's Occupation, Seaman
10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other Person who makes this Return. Annie M. Davis

Address, 211 Henrietta st

Remarks,

1891 0003342

...Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 3424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 24 July 1891
4. Place of Birth, (Street and Number) 1429 E. Lombard
5. Full Name of Mother, Dora Hayman
6. Mother's Maiden Name, Dora Shneiderman
7. Mother's Birthplace, Russia
8. Full Name of Father, Salomon Hayman
9. Father's Occupation, Clerk
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Dan Swartzman

Address, 19 Albemarle St.

Remarks, 1 8 9 1 0 0 0 3 3 4 3

month, and shall set forth as far as the same can be ascertained, the name, sex, color, the [illegible] of any child born [illegible] been conferred) its sex, color, the day, month and year of its birth, and the name, surname and residence of its parents. [illegible] shall be signed by the practicing physician, midwife or other person who shall have given the attendance at the birth of any child [illegible] and shall be delivered to the office of the Commissioner of Health, in the manner and within the period of time [illegible] said schedule shall be every month to the office of the Commissioner of Health, as aforesaid, and in case no birth shall occur without the attendance of a physician, midwife or other person who shall have given the attendance upon the mother, [illegible] child to report the same to the Commissioner of Health, in the manner and within the period of time [illegible] and in case any physician, midwife or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 37440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
2. Sex, (state whether male or female) boy
3. Race or Color, (if not of the white race)
4. Date of Birth, 5 July
5. Place of Birth, (Street and Number) 97 Eden St.
6. Full Name of Mother, Magie Eschenbofer
7. Mother's Maiden Name, Smith
8. Mother's Birthplace, Germanie
9. Full Name of Father, Joseph Eschenbofer
10. Father's Occupation, Taylor
11. Father's Birthplace, Germanie

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Castle Ave.

Remarks,

891000 3344

HEALTH DEPT. CITY OF BALTIMORE 1891

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 e

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 7 July
4. Place of Birth, (Street and Number) 1235 Chase Street
5. Full Name of Mother, Lizzie ~~Gosky~~ Chissler
6. Mother's Maiden Name, = Gosky
7. Mother's Birthplace, Balt city
8. Full Name of Father, John Schaefer
9. Father's Occupation, =
10. Father's Birthplace, Balt, city

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 N. Carl Av.

Remarks, 1891000345

...shall be of [illegible] the same to be signed by the [illegible] of the [illegible] and the [illegible] been conferred) the sex, color, the full name and residence of the parents, the name and place of birth, and the said schedule shall be delivered, duly signed by the [illegible] In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of the person so required, and [illegible] every month to the office of the [illegible] midwifery, or should no other person be so required, the mother, if able, shall herself make the return required by this section. [illegible] attendance upon the mother, the Commissioner of Health, in the manner and within the time [illegible] child to report its birth as in this section provided, and any of the persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ORE. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 of July
4. Place of Birth, (Street and Number) 650 Bond St
5. Full Name of Mother. Mary Janusheck
6. Mother's Maiden Name, Mary Dobrony
7. Mother's Birthplace, Ober Ungarn
8. Full Name of Father, Alois Janusheck
9. Father's Occupation. Schumaker
10. Father's Birthplace. Ungarn

Name of Medical Attendant, or other person who makes this Return: Catherine Syglad

Address, 737 N Patterson Pk Ave Md

Remarks,

1891000033465

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth. July 9- 1891
4. Place of Birth, (Street and Number) 115 W Lombard
5. Full Name of Mother. Lavina Gross
6. Mother's Maiden Name, " "
7. Mother's Birthplace. Mary Land
8. Full Name of Father.
9. Father's Occupation,
10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return. W. E. Lowry

Address. 115 W Lombard

Remarks,

1 8 9 1 0 0 0 3 3 4 7

WM J C DULANY CO CITY PRINTERS AND STATIONERS

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Folio-272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-32548

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State ... (b) County ...
(c) City or town ... (If outside city or town limits, write RURAL)
(d) Street No. 1039 Harford Ave. (If rural give location)

3. Full name of child Kelley

4. Date of birth 8 (Month) 13 (Day) 1891 (Year)

5. Sex: Female | 6. Twin or triplet ... If so—born 1st, 2d, or 3rd ... | 7. Number weeks of pregnancy ... | 8. Hour of birth ... M.

FATHER OF CHILD

9. Full Name M. A. Kelley
10. Color or race W 11. Age at time of this birth ... yrs.
12. Birthplace ... (City, town, or county) (State or foreign country)
13. Usual occupation ...
14. Industry or business ...

MOTHER OF CHILD

15. Full Maiden Name Jane E. Kelley
16. Color or race W 17. Age at time of this birth ... yrs.
18. Birthplace ... (City, town, or county) (State or foreign country)
19. Usual occupation ...
20. Industry or business ...

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? ...
(b) How many other children were born alive but are now dead? ...
(c) How many children were born dead? ...

22. Mother's mailing address for registration notice:
1039 Harford Ave.

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..., related to this child as ...

24. Date rec'd by local registrar August 18 1891

25. Signed Dr. George F. Rohe Registrar

26. Given name added ... by Registrar per ...

(Signed) Mrs. C. Lauer (Midwife)
Physician (or midwife in attendance)

or Commissioner of Health and Registrar

Address ... Date MAY 8 1972

VS 100 No information appears on this certificate, for information not appearing on original filing.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-33002

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: Hull

(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. ..... (If rural give location)

3. Full name of child Robert George Banks

4. Date of birth Aug. 26 1891 (Month) (Day) (Year)

5. Sex: .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3rd .....

7. Number weeks of pregnancy .....

8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name George W. Banks

10. Color or race .....

11. Age at time of this birth ..... yrs.

12. Birthplace North Carolina (City, town, or county) (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Sarah J. Richardson

16. Color or race .....

17. Age at time of this birth ..... yrs.

18. Birthplace Maryland (City, town, or county) (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Mother's mailing address for registration notice: .....

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

(Signed) Cornelia Allen M. D.
Physician (or midwife) who attended this birth (Midwife)

24. Date rec'd by local registrar 9-5- 1891

25. Signed James F. McShane 9 9 1
Registrar

26. Given name added ..... by Registrar per .....

Commissioner of Health and Registrar

Address ..... Date

VS 100 No information is given on the original record for the items left blank on this certificate.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-33112

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 1449 Washington Avenue
(If rural give location)

3. Full name of child Laura Thompson

4. Date of birth August 25 1891
(Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name John Thompson
10. Color or race W 11. Age at time of this birth - yrs.
12. Birthplace Maryland
(City, town, or county) (State or foreign country)
13. Usual occupation -
14. Industry or business -

MOTHER OF CHILD

15. Full Maiden Name Ida V. Denny
16. Color or race W 17. Age at time of this birth - yrs.
18. Birthplace Maryland
(City, town, or county) (State or foreign country)
19. Usual occupation -
20. Industry or business -

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar September 9 1891

25. Signed Dr. George F. Rohe
Registrar

26. Given name added ..... by Registrar per .....

(Signed) Mrs. Bentley
Physician (or midwife) who attended this birth (Midwife)
or Olivia E. Bentley, M.D.
Commissioner of Health and Registrar
Address .....

0 0 0 3 9 1

OCT 10 1968
Date

VS 100

No information a pears on the original filing for information not appearing on this certificate.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-33161

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL)
(d) Street No. 928 N. Ann (If rural give location)

3. Full name of child .....

4. Date of birth August 31 1891 (Month) (Day) (Year)

5. Sex: | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Peter Hofmaier
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace Germany
(City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Margaret Pfeiffer
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace Germany
(City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Mother's mailing address for registration notice:
928 N. Ann

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar September 15 XXX 1891

25. Signed Dr. George F. Rohe
Registrar

26. Given name added ..... by Registrar per .....

(Signed) S. W. Seldner M. D.
Physician (~~XXXXXXX~~) who attended this birth XXXXXXX

or Sidney M. Norton
Commissioner of Health and Registrar

Address .....

JUN 29 1973
Date

VS 100

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
Date of Birth,	Sep 1 - 1891
Place of Birth, (Street and Number)	Kennedy Lane
Full Name of Mother,	Kate O'Neill
6. *Mother's Maiden Name,*	Hansen
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Michael J. O'Neill
9. *Father's Occupation,*	Milkman
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other person who makes this Return.	A. Mihlan
Address,	1008 Mad. Ave
Remarks,	

1891 0003352

RETURN OF A BIRTH.

E 33187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 1st 1891
4. Place of Birth, (Street and Number) 816 N Wolfe st Balto
5. Full Name of Mother, Maggie Smith
6. Mother's Maiden Name, Maggie Hamilton
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Thos H Smith
9. Father's Occupation, Laborer
10. Father's Birthplace, Malbeus County Va

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 117 Chestnut St.

Remarks, As well as can be expected.

1891000 3353

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person making the return, to the Commissioner of Health. And the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of any hospital, infirmary, or asylum, or should no other person be in attendance upon the mother, immediately after the birth, the physician or midwife present shall report such child to the Commissioner of Health, in the manner and within the time required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1 Sept
4. Place of Birth, (Street and Number) 739 Durham
5. Full Name of Mother, Rosie Schall
6. Mother's Maiden Name, Mullen
7. Mother's Birthplace, Balto
8. Full Name of Father, Frank Schell
9. Father's Occupation, Cigar packer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Thos R. Hillig

Address, 1302 Edmondson Ave

Remarks,

8910003354

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any) shall have been severally born at one birth, the full name and occupation of the parents, the date and place of birth, and the sex of each child, and every such midwife, or other person, in case the birth of any child shall occur without the attendance of a midwife, or physician, or person so licensed, shall within the time aforesaid, report its birth to the Commissioner of Health, in the manner and with the particulars of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 33184.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* Tuesday 18th September 12 o'clock
4. *Place of Birth, (Street and Number)* Baltimore. 25 South Wallas St.
5. *Full Name of Mother,* Regina Myers
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Ellis
9. *Father's Occupation,* Hustler.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Hester Henson.

Address, 430 South Wallas Street.

Remarks, 1891003355

month, and shall set forth as far as the same can be [illegible] name [illegible] child, if any shall have been conferred) its sex, color, the full name and occu[illegible] of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the pract[illegible]ner in the form of certificate between the first and third day of each and every month to the office of the [illegible]mission[illegible] Health. [illegible] case the birth of any child shall occur without the attendance of a physician or [illegible] of midwife [illegible] should no other person be in attendance upon the mother, immediately thereafter it [illegible] the person or parents of such child to report its birth to the Commissioner of Health, in [illegible] the period above required, and any such person or persons who shall hereafter fail to com[illegible]sions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] other fines and forfeitures are recoverable.

1891 BALTIMORE

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH

A 43185.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sept 1st. 6 P.M. 1891
4. *Place of Birth (Street and Number),* 2329 E. Monument
5. *Full Name of Mother,* Emma Eliza Mutzel
6. *Mother's Maiden Name,* E. E. Lane
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Carl Mutzel
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. James E. Linville M.D.

Address, 1701 Baltimore St. East

Remarks,

HEALTH DEPT. BALTIMORE CITY SEP 4 1891

8 9 1 0 0 0 3 3 5 6

Baltimore Publishing Co., City Printers and Stationers

DATE NAME ADDED 8-1-52

RETURN OF A BIRTH A 3218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Colored Twins
1. Sex, (state whether male or female) LAWRENCE W. ALLEN	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September 1, 1891
4. Place of Birth, (Street and Number)	616 Conway St
5. Full Name of Mother,	Elizabeth Allen
6. Mother's Maiden Name,	Elizabeth Griffith
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father.	Lawrence Allen
9. Father's Occupation.	Painter
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	M. R. Caskey
Address,	213 E. Hoffman St.
Remarks,	Living Well

1891000335 7

month, and shall set forth as far as the same can be ascertained, the name, color, sex, date and place of birth, and the names of the parents of each child born alive in such district during the preceding month, and the date when such birth was reported to him; and shall also report the number of stillborn children, if any, born in such district during the same period, and shall state the sex, color, and the full name and occupation of the parents of such stillborn children, if such names can be ascertained. The said report shall be made in writing, and shall be delivered, duly signed by the practitioner, midwife or other person who shall have attended upon the mother, immediately thereafter, at the office of the Commissioner of Health; and the third day of each month is hereby appointed as the day for the delivery of such report; but if no birth shall occur within the district during any month, it shall be sufficient for the person required to report births to give notice of the fact to the Commissioner of Health, in the manner and within the time aforesaid. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

GIVEN NAME ADDED 11-28-67

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: EMMA ~~GERTRUDE~~ BRANDT

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1st, 1891
4. Place of Birth, (Street and Number) Franklin St 2003
5. Full Name of Mother, Ida Ann Brandt
6. Mother's Maiden Name, Ida Ann Worley
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Bernhard Franklin Brandt
9. Father's Occupation, Wool grader
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, Mary J Porter

Address, 754 Lanvale St

Remarks,

1891000033588

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33188.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st of September 1891.
4. Place of Birth, (Street and Number) 206 North Castel Street.
5. Full Name of Mother, Kunie Schnieder
6. Mother's Maiden Name, Kunie Schnieder
7. Mother's Birthplace, Baltimore
8. Full Name of Father. John Schnieder
9. Father's Occupation. Can maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Josephine Kunkel for Justina Kunkel

Address, 213 North Chapel st.

Remarks, Healthy

C. F. 10003359

...birth, and shall set forth as far as the same can be ascertained, the full name and residence of the parents, the date of birth, and the sex and color of the child; and the physician or midwife in attendance upon the birth shall certify the same to the Commissioner of Health, and no other certificate shall be received, duly signed by the physician or midwife in attendance upon the birth, and countersigned by the parent or parents of such child, or person in whose house the birth occurred, or by the undertaker who buried the child, or by the sexton of the burial ground in which the child was buried, or by the minister who performed the funeral service, or by some other person having knowledge of the facts, and shall be delivered, duly signed, at the office of the Commissioner of Health, in the manner and within the time prescribed by the ordinances of the City of Baltimore. In case the parent or parents of such child or person in whose house the birth occurred, or the undertaker who buried the child, or the sexton of the burial ground in which the child was buried, or the minister who performed the funeral service, or some other person having knowledge of the facts, shall refuse or neglect to make the return required by this section, he shall forfeit to the use of the City of Baltimore the sum of ten dollars, to be recovered as debts of like amount are now recoverable. And it shall be the duty of every physician or midwife in attendance upon any birth to the Commissioner of Health hereafter to comply with the requirements of this section, and every such physician or midwife who shall refuse or neglect to make the return required by this section shall forfeit to the use of the City of Baltimore the sum of ten dollars for each offense, to be recovered as debts of like amount are now recoverable.

898. J.C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	18th Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1st of September 1891
4. *Place of Birth, (Street and Number)*	1927 East Lombard St.
5. *Full Name of Mother,*	Susan M. Schriefer
6. *Mother's Maiden Name,*	Susan M. Kaska
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Nick L. Schriefer
9. *Father's Occupation.*	Laborman
10. *Father's Birthplace,*	Gamany
Name of Medical Attendant, or other person who makes this Return.	Cosintia Kunkel
Address,	213 North Chapel St per Justina Kunkel
Remarks,	Health

8 9 1 0 0 0 3 3 6 0

month, and shall set forth as far as the same can be ascertained, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and fifth day of every month, at the office of the Registrar of Vital Statistics, the birth of any child which may have occurred within the city during the month next preceding, at which no physician or other person shall be in attendance upon the mother, immediately thereafter it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable.

898. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16 this of 7 need

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 1 1892 20 clock Sunday
4. Place of Birth, (Street and Number) Broadway Court No 15
5. Full Name of Mother, Mary Thompson
6. Mother's Maiden Name, Mary Smith
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Smith
9. Father's Occupation, Brickyard
10. Father's Birthplace, City of Baltimore

Name of Medical Attendant, or other person who makes this Return. Hister Hinson

Address, 430 South Dallas street

Remarks,

1891000336 1

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-19-57

RETURN OF A BIRTH. A. 33191.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Samuel Anthony Conners

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Twins

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, [illegible]

4. Place of Birth, (Street and Number) [illegible]

5. Full Name of Mother, [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, [illegible]

8. Full Name of Father, [illegible]

9. Father's Occupation, [illegible] Twins

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks,

1 8 9 1 0 0 0 3 3 6 2

(month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) the sex, color, the full name of the parents, their residence at the time of all births, and the date and place of birth of each child; and every person in charge of any institution in which births occur shall keep a register of all births occurring therein, and shall enter therein the particulars required to be given in the said schedule, and every month transmit to the Commissioner of Health a return in the form of a certificate between the first and third days of each month, of all births which shall have occurred in such institution during the preceding month. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health within ten days after the birth, and in default of such attendance upon the mother, immediately after the birth, the person or parents of such child shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined in the manner and within the period hereinafter provided. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 5 1891
CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color. (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 1891 0003363

month, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been delivered, the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Commissioner of Health. In case the father or mother of such child or in the absence of both father and mother, the occupier of the house in which such child shall occur within the said month, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, shall be liable to a penalty of not less than any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

498. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 3 1891 CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color. (if not of the white race)*
3. *Date of Birth,* Aug 2nd
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* Hall
6. *Mother's Maiden Name,* Mary Smith
7. *Mother's Birthplace,*
8. *Full Name of Father.* [illegible]
9. *Father's Occupation.* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks,

1 8 9 1 0 0 0 3 3 6 4

month, one shall be set forth as for the same can be ascertained the full name of each child (if any shall have been omitted), the sex, color, date and place of birth, and the full name, residence and occupation of its parents, the date and place of birth, and the maiden name of the mother, which information shall be delivered, duly signed by the practitioner in the form of a certificate to the Registrar of Vital Statistics, at the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of such practitioner, or should no other person be in attendance upon the mother, then by the mother herself. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

32196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Sept 2
4. Place of Birth (Street and Number), Hill St
5. Full Name of Mother, Mary Ryan
6. Mother's Maiden Name, Flaherty
7. Mother's Birthplace, Balto
8. Full Name of Father, Martin Ryan
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs. Scarbrough

Address, 12 Montgomery St

Remarks,

8910003365

ment shall set forth as far as the same can be ascertained the name of each child, if any, theretofore born to the mother, the sex, color, the full name and occupation of the father, the date and place of birth of each such child, and whether such child be living or dead, and if dead, the date and place of burial; and the like information shall be given as to the last child, if any, whether born living or dead, or whether a miscarriage between the first and third day of April next every return made to the office of the County Health Officer shall be verified by the oath or affirmation of the person making the same. A certificate of such return shall be given to the person making the same, which certificate shall be prima facie evidence in all courts of the facts therein stated. In case the birth of any child shall occur without the limits of the city of Baltimore, a return of such birth, as required by this section, shall be made to the Commissioner of Health, within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 33195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 of September
4. Place of Birth, (Street and Number) 1738 Gough St
5. Full Name of Mother, Sophie Meyer
6. Mother's Maiden Name, Berk
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Meyer
9. Father's Occupation, Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Hartley

Address, 617 N. Broadway

Remarks,

8 9 1 0 0 0 3 3 6 6

Section 2. Be it enacted by the General Assembly of Maryland, That the full name of each child, of any sex, shall have been conferred its sex, color, the full name of the parents, the date of birth, and the place of birth, including the street and number, if in a city, where such birth occurs, shall be reported to the office of the Registrar of Vital Statistics of the Board of Health of Baltimore City, within ten days after the birth; and the first and subsequent births of twins, triplets, or other multiples, shall be reported separately, and in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter, the occupant of the house in which such birth occurs shall report the same to the Registrar of Vital Statistics of the Board of Health of Baltimore City, within ten days after the birth; and any person who shall hereafter fail to make the report and return required, and in the manner and within the time prescribed by this section, shall be subject to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable with the provisions of this section shall be subject to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 33196.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* F

2. *Race or Color (if not of the white race),* W

3. *Date of Birth,* April 2nd 1891

4. *Place of Birth (Street and Number),* 220 Biddle

5. *Full Name of Mother,* Cath Maylue Yost

6. *Mother's Maiden Name,* Cath Mayhew

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Jno Yost

9. *Father's Occupation,* Hickory

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. E B Gambrill M D

Address, Mt Washington

Remarks,

8 9 1 0 0 0 3 3 6 7

Sec. 2. (As Amended by Ordinance No. 323, Approved March 31, 1890.) Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of the parent, guardian, householder, manager of any institution, physician, midwife or other person having knowledge of the facts, to report to the Registrar of Vital Statistics the birth of each child born in the City of Baltimore, within ten days after such birth, and for so doing he or she shall be entitled to receive from the City Register the sum of twenty-five cents for each birth reported, provided the same be reported within the time prescribed by this section; and for every birth not reported within the time prescribed by this section, the person required to report the same shall forfeit and pay a penalty of one dollar, to be recovered before any justice of the peace of the State of Maryland, in the name of the Mayor and City Council of Baltimore, for the use of the City Register; and it shall be the duty of the City Register to issue his warrant for the collection of such penalty, and the Sheriff of Baltimore City shall execute the same and pay the money collected thereon into the City Treasury. And it shall be the duty of the City Register to report to the Commissioner of Health, at the end of each month, the name of every person who shall have failed to report a birth within the time prescribed by this section, and the Commissioner of Health, in the name of the Mayor and City Council of Baltimore, shall immediately thereafter proceed to collect the penalty above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the like penalties for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A. 33197.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Sept 2 – 91
4. *Place of Birth, (Street and Number)*	242 S. Exeter st.
5. *Full Name of Mother,*	Rose Genevieve McCabe
6. *Mother's Maiden Name,*	" Doyle
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	James Francis McCabe
9. *Father's Occupation,*	Ironmoulder
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	P. L. Dauschman
Address,	1729 E. Balto. st.
Remarks,	8 9 1 0 0 0 3 3 6 8

month, and shall set forth as far as the same can be ascertained the full name, sex, color, date of birth, place of birth, and residence of each child born alive since the last preceding return, the full name, and occupation of the parents, the date of their marriage, and the number of children of the mother born alive (whether now living or not) and the number of children now living, which information shall be given in the form of returns and said schedule shall be delivered every month to the office of the Commissioner of Health, by the person in charge of each lying-in establishment, and by every physician or midwife attending upon any case of birth which shall occur without the attendance of a physician or midwife; and the return of such attendance upon the mother immediately before and after the birth of each child to report the fact to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. CLEARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33195.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 2 1891
4. Place of Birth, (Street and Number) 1411 Patterson Pk Ave
5. Full Name of Mother, Emma J Spicknall
6. Mother's Maiden Name, Emma J Turnbull
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John T Spicknall
9. Father's Occupation, Physician
10. Father's Birthplace, Louisville Ky

Name of Medical Attendant, or other person who makes this Return. J T Spicknall M D

Address, 1411 Patterson Pk Ave

Remarks,

HEALTH DEPARTMENT SEP 3 1891 CITY OF BALTIMORE

1 8 9 1 0 0 0 3 3 6 9

...month, and shall set forth as far as the same can be ascertained, the full name of each child born, and the ... been registered, shall be delivered, duly signed by the practitioner in the case of births attended by ... third day of each and every month to the office of the Registrar of Vital Statistics, or shall cause the same to be ... shall occur without the attendance of a physician, midwife or nurse, the person in charge of the house in which ... attendance upon such birth to the Commissioner of Health, in the manner and with the particulars required, and ... shall be entered in a book to be kept for that purpose. Any person who shall violate the provisions of this section shall be ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~state whether~~ male ~~or female~~)
2. *Race or Color,* (~~if not of the~~ white ~~race~~)
3. *Date of Birth,* Sept- 2nd/891- 7 A.M.
4. *Place of Birth,* (Street and Number) 26 S Exeter St-
5. *Full Name of Mother,* Mary A. Laplanche
6. *Mother's Maiden Name,* " " Fluskey
7. *Mother's Birthplace,* Balto
8. *Full Name of Father.* Ernest E. Laplanche
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* La.

Name of Medical Attendant, or other Person who makes this Return — Mrs. Agt Thurston M.D.

Address, 1102 E Balto St-

Remarks,

8 9 1 0 0 0 3 3 7 0

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 32720.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	September 3rd. 91
4. *Place of Birth, (Street and Number)*	#308 S. Smallwood St.
5. *Full Name of Mother,*	Agnes Sommer
6. *Mother's Maiden Name,*	" " Imbsieu.
7. *Mother's Birthplace,*	Reusend Beiern.
8. *Full Name of Father,*	Gottlieb Sommer
9. *Father's Occupation,*	Organ Builder
10. *Father's Birthplace,*	Wirtenberg.
Name of Medical Attendant, or other person who makes this Return,	Annie Lindner
Address,	#106 S. Monroe St.
Remarks,	8910003371

WM J C BULLY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 5 1891 CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 8 9 1 0 0 0 3 3 7 2

month, and shall set forth as far as the same can be ascertained, the full name of each child (if any) that have been born of such mother, the sex, color, the day, month and year of birth, and the place where such child was born, which shall be duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person occupying the house where such child was born to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

E 3320

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 3 1920
4. Place of Birth, (Street and Number) 249 Arlington ave Balto
5. Full Name of Mother, Rachel Floyd Williams
6. Mother's Maiden Name, Rachel
7. Mother's Birthplace, Essex Co Va
8. Full Name of Father, Williams Floyd
9. Father's Occupation, Guano Factory
10. Father's Birthplace, Kent Co Md

Name of Medical Attendant, or other person who makes this Return, Mariah Wilson

Address, 331 Eutaw Cor Balto

Remarks, 1891000337 3

BW J D GILLARY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33203.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)	First (1st)
1. *Sex, (state whether male or ~~female~~)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 3rd, 1891
4. *Place of Birth, (Street and Number)*	No. 107 North Bond Street
5. *Full Name of Mother,*	Mrs. Sally Marion Bandel
6. *Mother's Maiden Name,*	Miss Sally M. Bruscup
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Mr. George Bandel
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Wm. H. Clendiner, M.D.
Address,	201 North River Way
Remarks,	8910003374

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the sam[illegible] be ascertain[illegible] the full name of each child, (if any shall have been conferred) its sex, color, the full name [illegible] [illegible]pation [illegible] parents, the date and place of birth; and the said schedule shall be delivered, duly signed [illegible] the form of a certificate between the first and third day of each and every month to the offic[illegible] [illegible]oner of Health. In case the birth of any child shall occur without the attendance of a physicia[illegible] [illegible]er of midwifery, or should no other person be in attendance upon the mother, immediately thereafte[illegible] become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 3d 1891
4. *Place of Birth, (Street and Number)* 1416 N Chester
5. *Full Name of Mother,* Louisa Pridham
6. *Mother's Maiden Name,* Theiss
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Pridham
9. *Father's Occupation,* Ironer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. J. B. Schwatka M.D.

Address, 1003 N. Bway

Remarks,

1 8 9 1 0 0 0 3 3 7 5

[illegible] J. D. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (~~State whether 1st, 2d, 3d, &c.~~) 4th

1. Sex, (~~state whether~~ male or ~~female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth, Sept 3rd/891- 12-20 P.M.

4. Place of Birth, (Street and Number) 616 Lucas St

5. Full Name of Mother, Mary Rebecca Shoemberger

6. Mother's Maiden Name, " " Allen

7. Mother's Birthplace, Md,

8. Full Name of Father, George H. Shoemberger

9. Father's Occupation, Tinner

10. Father's Birthplace, Md,

Name of Medical Attendant, or other Person who makes this Return Dr Gregg Hartzell M.D.

Address, 1102 E Baltimore St

Remarks,

+ 8 9 1 0 0 0 3 3 7 6

HEALTH DEPT. CITY OF BALTIMORE Sep 4 1891

within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, and the name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...T & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33706.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Sept 24 — 1851
4. *Place of Birth, (Street and Number)*	305 Canby st
5. *Full Name of Mother,*	Elizabeth Duvall
6. *Mother's Maiden Name,*	Mantlet
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank M Duvall
9. *Father's Occupation,*	Patten maker
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Sarah T Harington
Address,	N. 524 Binney st
Remarks,	6 9 1 0 0 0 3 3 7 7

month, and shall set forth as far as the same can be ascertained the name of each child, if any shall have been born alive, the sex, the color, the full name and residence of the parents, the date and place of birth; and the name and residence of the attendant upon such birth. Upon the registration of a certificate between the first and fifth day of each and every month to the Commissioner of Health, in case the birth or stillbirth shall not have been registered, duly signed by the attendant upon such birth, or by the person in charge of the premises where the birth or stillbirth shall occur without the attendance of a physician or midwife, or the person or parents of such child, there shall be delivered, duly signed by the attendant upon such birth, or by the person in charge of the premises where the birth or stillbirth shall occur without the attendance of a physician or midwife, a certificate of the fact, stating the name, sex, color, parentage and residence of such child, and the time and place of birth; and the person in charge of the premises where the birth or stillbirth shall occur without the attendance of a physician or midwife shall immediately thereafter, and within the period above required, and in default thereof shall be subject to the penalties hereinafter provided, report to the Commissioner of Health the name, sex, color, parentage and residence of such child, and the time and place of birth, and the name and residence of the attendant upon such birth. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 3 1891 CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 4th 1891
4. Place of Birth, (Street and Number) No 8 W. Madison St
5. Full Name of Mother, Jennie Soyles
6. Mother's Maiden Name, " Thomas
7. Mother's Birthplace, St Marys Co. Md.
8. Full Name of Father, Robert Soyles
9. Father's Occupation, Waiter
10. Father's Birthplace, Fairfax Court House Va

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 1024 Park ave

Remarks, 8910003378

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been) of which she may be delivered, the sex, color, the full name and occupation of the parents, the date and place of birth, and time and place of marriage of the parents, and whether the child be living or dead at the time of making such return; and any person who shall refuse or neglect to report the birth of any child as required by this section, or who shall willfully report the same falsely, or who shall refuse or neglect to report any other matter or thing required by the schedule shall be delivered, duly signed, at the office of the Commissioner of Health, or should no other person be in attendance, then such information shall be given by the nurse or midwife in attendance, and it shall be the duty of each and every physician or practitioner of the city of the person or parents of such child, or midwife in attendance, to report in the manner and within the period of time as in this section provided, shall be subject to a fine of ten dollars for each offense. Any physician or midwife who shall refuse or neglect to report the birth to the Commissioner of Health in the manner and within the period of time as in this section provided, shall be subject to a fine of ten dollars for each offense. Any person who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

No. 33708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 7 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 4 of Sept 1871
4. *Place of Birth, (Street and Number)*	No 406 Hall St
5. *Full Name of Mother,*	Sophia Parker
6. *Mother's Maiden Name,*	Sophia Gantt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Parker
9. *Father's Occupation,*	Hoopster, Baltimore
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Sch... Lucas
Address,	No 10 69 Harford Ave
Remarks,	Bal 3 Sept 1871

8 9 1 0 0 0 3 3 7 0 9

month, and shall set forth as far as the same can be ascertained, the name of each child, if any shall have been enstered) its sex, color, the full name and ... tion of ... ts, the date and place of birth; and the said scheduls shall be delivered, duly signed by ... form of a certificate between the first and third days of each month, to the officer or ... cause the birth of any child shall occur without the attendance of a physician or ... midwife, or in any other case in which no attendance upon the mother immediately ... the duty of the person or parents of such child to report its birth to the Commissioner of Health, ... other and within the period above required, and such person or parents shall forfeit ... provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 8 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 4 of Sept 1891
4. *Place of Birth, (Street and Number)*	No 1105 Somerset St.
5. *Full Name of Mother,*	Amelia Lenfert
6. *Mother's Maiden Name,*	Amelia Leddener
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Lenfert
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo. Chr. Lurer
Address,	No 1054 Hart and Cut Bal Md
Remarks,	1891000338 891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33710.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 4 '91
4. Place of Birth, (Street and Number) 806 N. Hoffe
5. Full Name of Mother, Clara A. Stevens
6. Mother's Maiden Name, Haddinott
7. Mother's Birthplace, Balto
8. Full Name of Father, J. B. Stevens
9. Father's Occupation, Collector
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. J. B. Schwatka M. D.

Address, 1003 N. Bway

Remarks,

8 9 1 0 0 0 3 3 8 1

...ments are shall be set forth as far as the same ... Section ... Every ... full name of each child, if any shall have been conferred) its sex, color, the full name and ... position of ... and the ... place of birth; and the said schedule shall be delivered, duly signed, ... the form of a certificate between the first and third day of each and every month to the ... Board of Health. In case the birth of any child shall occur without the presence or attendance of a physician or midwife, or the person or parents of such child to report its birth to the Commissioner of Health ... with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 3321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 4th 1891
4. Place of Birth, (Street and Number) 404 E. Eager st
5. Full Name of Mother, Margt M. Saddler
6. Mother's Maiden Name, Margt M. Bouck
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Saddler
9. Father's Occupation. Cork Refiner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. W. Lestle Ho

Address, 707 Barney st

Remarks, 1 8 9 1 0 0 0 3 3 8 2

...child to report to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, it shall be the duty of the person who shall hereafter fail to comply with the provisions of this section shall be subject to the penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. E 33712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* September 4 1891
4. *Place of Birth, (Street and Number)* Gorsell ave 1363
5. *Full Name of Mother,* Anna Schaaf
6. *Mother's Maiden Name,* Dierker
7. *Mother's Birthplace,* Osnabrück Hannover
8. *Full Name of Father,* Sebastian Schaaf
9. *Father's Occupation,* Gärtner
10. *Father's Birthplace,* Markheim Baden

Name of Medical Attendant, or other person who makes this Return, Johanna Jenske

Address, Locust Point

Remarks, Gorsell ave 1363

8 9 1 0 0 0 3 3 8 3

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-19-56

CERTIFICATE CORRECTED 3-24-47

RETURN OF A BIRTH. A 33213

To the Office of Registrar of Vital Statistics, ~~Board of Health~~, Baltimore City.

Given Name - Sadie ~~Sonner~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 5 Sep. 1891
4. Place of Birth, (Street and Number) 410 Thompson H
5. Full Name of Mother, Leah (~~Conn~~) Sonner
6. Mother's Maiden Name, Kellner
7. Mother's Birthplace, Poland
8. Full Name of Father, Louis (~~Conner~~) Sonner
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Wm R Miller

Address, 1302 Holland

Remarks,

8 9 1 0 0 0 3 3 8 4

month, and shall set forth as far as practicable, the following particulars, viz: The name, sex, color, date and place of birth, and parentage of the child, and whether it was the first, second or other birth of the mother; and if any child whose birth has been registered shall die before the expiration of one year from the date of such birth, the fact of such death shall be registered in the same manner and by the same person required to register the birth, and the date of such death shall be entered in the proper column of the certificate of birth. Every person who shall have been concerned in the delivery of a child shall make a certificate of such birth, and shall deliver the same to the Commissioner of Health of the city or county in which the birth occurred, within ten days after the birth, and if any such person shall refuse or neglect to make such certificate and deliver the same as aforesaid, he shall forfeit and pay for every such offence a sum not exceeding fifty dollars; and every midwife or other person who shall be in attendance upon the mother at the birth of any child shall report the birth of such child to the Commissioner of Health within ten days after the birth, and shall comply with the provisions of this section in the manner required, and for every neglect or refusal so to do shall be subject to the fine of ten dollars, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, 6. September

4. Place of Birth, (Street and Number) 609. W. Baltimore St.

5. Full Name of Mother, Karolina Schrt.

6. Mother's Maiden Name, Karolina Herk

7. Mother's Birthplace, Germany

8. Full Name of Father. Hermann Schrl

9. Father's Occupation. Porter.

10. Father's Birthplace, Germany

Name of Medical Attendent, or other person who makes this Return. Wes W. Munsell Mich

Address, 913 Penna Ave

Remarks,

8 9 1 0 0 0 3 3 8 5

...ENGRAVED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth. September 5th. 91
4. Place of Birth, (Street and Number) #214 N. Fayette St.
5. Full Name of Mother, Annie E. Yates.
6. Mother's Maiden Name, Seitz.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, William E. Yates.
9. Father's Occupation, Tramper Driver.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Louis Leidner

Address, #106 N. Monroe St.

Remarks,

8910003386

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether ~~male~~ or female) Female
2. Race or ~~Color~~, (if not of the white race)
3. Date of Birth, Sept 5 th
4. Place of Birth, (Street and Number) 701 Hollins st
5. Full Name of Mother, Cecelia Cowan
6. Mother's Maiden Name, Cecelia Hodel
7. Mother's Birthplace, Mount Savage Md
8. Full Name of Father, J J Cowan
9. Father's Occupation, Undertaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, N Appleton st

Remarks, 8 9 1 0 0 0 3 3 8 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive since the last preceding return, the sex, date and place of birth; and the full name, age, color, the full name and occupation of its parents, and the place of residence of the latter, in the form of a certificate between the first and second columns of the record of births in the office of the Commissioner of Health. In case the latter person be in attendance upon the mother during the whole or any part of the period required, such certificate shall be delivered, duly signed by the person so in attendance, to the mother or person in charge of the house within the third day of each and every month; if a physician or practitioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and shall occur without the presence of a physician or practitioner of midwifery, it shall be the duty of the mother, immediately thereafter, if able, and within the period above required, and in case she be unable, then the person with whom she may be residing, or in whose house she may be, to comply with the provisions of this section, and any such person or persons who shall wilfully neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. BULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 5 1891
4. *Place of Birth, (Street and Number)* Hudson st
5. *Full Name of Mother,* Ella Waters
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Waters
9. *Father's Occupation,* Stevedore
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah T Harrington

Address, 524 Bismuth

Remarks,

1 8 9 1 0 0 0 3 3 8 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as to the name, sex, color, date and place of birth, and the name and residence of the mother of each child, the date and place of birth, and the said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of any physician or midwife, it shall be the duty of the person or persons in charge of the mother to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of Ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ORE. J. C. CULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the sa[illegible] the full name of each child, (if any shall have been conferred) its sex, color, the full nam[illegible] occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly sign[illegible] the practitioner in the form of a certificate between the first and third day of each and every month to th[illegible] of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a p[illegible]n or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately [illegible] after it shall become the duty of the person or parents of such child to report its birth to the Commissioner [illegible] manner and within the period above required, and any such person or persons who shall hereafter [illegible] comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offe[illegible] be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 33318.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sep 5' 91
4. *Place of Birth, (Street and Number)* 1610 Whn St.
5. *Full Name of Mother,* Jean Harris
6. *Mother's Maiden Name,* — Harris
7. *Mother's Birthplace,* Canada
8. *Full Name of Father,* Whn F. Harris
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return. H. M. Wilson

Address, 1008 Mad. Ave

Remarks,

8910003389

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Ex. 33719.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	September 5th 91
4. *Place of Birth, (Street and Number)*	1505 Foster Alley
5. *Full Name of Mother,*	Susan Thomas
6. *Mother's Maiden Name,*	Susan Thomas
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Charles Johnson
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Albert E Kidd
Address,	1131 Park Ave
Remarks,	

1 6 9 1 0 0 0 3 3 9 0

Baltimore under whose charge or supervision ... shall take place, shall keep a true and correct register of such ... after the same ... blank schedule ... to be furnished by the Commissioner of ... This schedule shall contain a list of ... which ... month, and shall set forth as far as the same ... been conferred, its sex, color, the ... said ... shall ... and every month ... to the office of ... shall occur without the attendance of a physician or ... attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and ... child is ... person or persons who shall hereafter fail to comply with the provisions of this section ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 6th
4. *Place of Birth, (Street and Number)* Carroll Dorsey Street No 26
5. *Full Name of Mother,* Fannie Whitley
6. *Mother's Maiden Name,* Fannie Whitley
7. *Mother's Birthplace,* Williamston North Carolina
8. *Full Name of Father,* x x x
9. *Father's Occupation,* x x x
10. *Father's Birthplace,* x x x

Name of Medical Attendant, or other person who makes this Return. Edmonia Mackie

Address, Carroll Valley City.

Remarks,

8 9 1 0 0 0 3 3 9 1 6

month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been born alive) and the full name and residence of the parents, the date and place of birth, and the sex and color of each child. Such return shall be delivered, duly signed and certified, in the form of a certificate for the birth of any child as aforesaid, to the Registrar of Vital Statistics, or to such person as he may appoint, within ten days after the end of each and every month to the office of the Commissioner of Health of Baltimore City. Any midwife, or other person who shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother at the birth of any child, shall within the period limited by this section, perform the duty of the person or parents of such child to report the birth to the Commissioner of Health of Baltimore City, and within the period limited by this section, and in the manner herein provided, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

6M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33271.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.)	Fourth 4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September 7th 1891
4. Place of Birth, (Street and Number)	No. 524 North Washington St.
5. Full Name of Mother,	Mrs. Cora Hohman
6. Mother's Maiden Name,	Miss Cora Spiegel
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Mr. Conrad Peter Hohman
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return	Wm. H. Clendinen, M.D.
Address,	201 North Broadway
Remarks,	

8 9 1 0 0 0 3 3 9 2

month, and shall set forth as far as the same can be ascertained by the full name of each child of any such female, whether still born or alive, the sex and color of each child, the time and place of birth, the full name, residence and occupation of the parents, the number of children born to such parent, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, it shall be the duty of the parent or parents, or in case of the absence of such parent or parents, the occupant of the house or tenement where such birth occurs, to report the birth to the Commissioner of Health in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, A 33227

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, and color of the child or children born, its or their physical condition, whether still born or not, the full name, and the place of residence of the parents, and the maiden name of the mother of such child or children.

HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth ~~3123 Dillon St~~ 1 o'clock P M Monday Sept 7th 1891
4. Place of Birth, (Street and Number) 3123 Dillon St
5. Full Name of Mother Louisa C Schirmer
6. Mother's Maiden Name L C Greene
7. Mother's Birthplace Hanover Pa
8. Full Name of Father Charles L Schirmer
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J E Pickard M D

Address 1010 Chesapeake St

Remarks Easy and Natural head presentation

Both Mother and Child Do Well 3/9/13 CC

RETURN OF A BIRTH 133123.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Sept 7th 1:30 A.M. 1891

4. Place of Birth (Street and Number), 117 N. Broadway

5. Full Name of Mother, Annie Lopez Belcastle

6. Mother's Maiden Name, Annie Lopez

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Ernest Alex Belcastle

9. Father's Occupation, Bank Clerk

10. Father's Birthplace, New Haven Conn.

Name of Medical Attendant, or other person who makes this Return. James E. Manville M.D.

Address, 1701 Baltimore St. East.

Remarks,

HEALTH DEPARTMENT SEP 1891 CITY OF BALTIMORE

And shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive at one birth subsequent to the birth first reported, and the sex, color, the full name and residence of the parents, the date and place of birth of each child, and every month shall make a return to the Commissioner of Health. In case there be no birth of any child during any calendar month, the physician or midwife required by this section to report births shall within the first ten days of the next succeeding month report to the Commissioner of Health the fact that no birth occurred during the preceding month. In case there be no physician or midwife in attendance upon the mother, the duty of reporting births shall devolve upon the householder of the house in which the mother lives, and in the manner and within the period above required. And any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

B 9 1 0 0 0 3 3 9 4

RETURN OF A BIRTH A 33224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	1st
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Sept 7th 1891
4. *Place of Birth*, (*Street and Number*)	B. U. + 21 N Bond St
5. *Full Name of Mother*,	Lizzie Shinn
6. *Mother's Maiden Name*,	"
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Unknown
9. *Father's Occupation*,	"
10. *Father's Birthplace*,	"
Name of Medical Attendant, or other person who makes this Return,	Robt L Cairns MD
Address,	Charles & Centre Sts
Remarks,	

1 8 9 1 0 0 0 3 3 9 5

month, and shall set forth as far as the [illegible] the full name of each child, if any shall have been conferred) its sex, color, the full name of its parents, the date and place of birth; and the said schedule shall be every month [illegible] by the proper officer in the form of a certificate between the first and [illegible] day of each month [illegible] Office of the Board of Health, or shall [illegible] no other person be in attendance upon the mother [illegible] all cases where the child is born [illegible] child to report [illegible] to comply with the provisions of [illegible] and any person or persons who shall [illegible] fail to comply with the provisions of [illegible] and shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-28-57 A 33285

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William G. Hooper

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Sept. 2, 1891.
4. Place of Birth (Street and Number), 1823 N. Stricker St.
5. Full Name of Mother, Catharine J. Hooper
6. Mother's Maiden Name, " " McCulloh
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, C. A. Hooper
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. H. D. Wright M.D.

Address, 220 N. Gilmor St.

Remarks,

8910003396

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 33226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 9 189 CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	F.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 8th 91
4. Place of Birth, (Street and Number)	1336 N. Eden
5. Full Name of Mother,	Addie Swept Simmons
6. Mother's Maiden Name,	
7. Mother's Birthplace,	B.C.
8. Full Name of Father,	Frank Swept
9. Father's Occupation,	Car driver
10. Father's Birthplace,	B. Co.
Name of Medical Attendant, or other person who makes this Return.	Irving Miller M.D.
Address,	1207 E. Monument St
Remarks,	1891000339 7

month and shall set forth us far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the name and residence of the physician or midwife present, or of the person who shall have given the certificate of the birth of such child, and shall subscribe his name to the same; and no other person shall be entitled to receive a fee for any certificate of birth. In case no other person be in attendance upon the mother, immediately after the birth of any child, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 33777

HEALTH DEPARTMENT CITY OF BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Maidenname Virginia other name Sarrington (word illegible)

1. Sex, (state whether male or female) Child female number the 5 th
2. Race or Color, (if not of the white race) Child Colored
3. Date of Birth, September Second - 1891
4. Place of Birth, (Street and Number) N 417 Durham St
5. Full Name of Mother, Venard Moore
6. Mother's Maiden Name, Vena Sapington
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, Joseph H Moore
9. Father's Occupation, Oyster Shucker
10. Father's Birthplace, Anapolis - Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth mcdonly

Address, 26 N Register St

Remarks,

1891 0003398

month, nor shall set forth as the name of the child any name other than the full name of such child. If any child shall have been conferred in sex, color, the full name and occupation of its parents, the time and place of birth, and the name of the attendant, said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur when no attendant is employed, or if such attendant be a midwife, it shall be the duty of the parent or other person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

498, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 33228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 8. 1891.
4. Place of Birth, (Street and Number) 1546 Aisquith St
5. Full Name of Mother, Alice McMellon
6. Mother's Maiden Name, Alice Parish
7. Mother's Birthplace, Balto.
8. Full Name of Father, Amos McMellon
9. Father's Occupation, Painter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Dr E. A. Peterson

Address, 1109 E. Preston St

Remarks,

8 9 1 0 0 0 3 3 9 9

John Murphy & Co., Day Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 2nd 1891
4. *Place of Birth, (Street and Number)* No 1 East Fort Ave
5. *Full Name of Mother,* Annie Schettle
6. *Mother's Maiden Name,* Annie Kost
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred A. Schettle
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 1 0 0 0 3 4 0 0

6M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Child.
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Sept. 3 — 1891.
4.	*Place of Birth. (Street and Number)*	1712 Patapsico st.
5.	*Full Name of Mother,*	Maggie Starke
6.	*Mother's Maiden Name,*	Lange
7.	*Mother's Birthplace,*	Amerika
8.	*Full Name of Father,*	John Starke
9.	*Father's Occupation,*	Plasterer
10.	*Father's Birthplace,*	Amerika
	Name of Medical Attendant, or other person who makes this Return.	J. Lohrvasser. Midwife.
	Address,	1032 Hanover st.
	Remarks,	1891 0003401

month, and shall set forth as far as the same can be ascertained, the name, sex, color, the full name and residence of the parents, the date and place of birth, and the number of each child, if any shall have been conferred by sex, color, the full name and residence of the parents, the date and place of birth, and the said schedule shall be delivered to the officer of the Board of Health. If no medical attendance upon the mother, immediately before or at the birth of such child, to report the birth to the Commissioner of Health in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) N.
3. Date of Birth, Sept 4/91
4. Place of Birth, (Street and Number) 314 S. Calhoun St
5. Full Name of Mother, Caroline Rotterdusch
6. Mother's Maiden Name, " German
7. Mother's Birthplace, B. C.
8. Full Name of Father, Henry A. Rotterdusch
9. Father's Occupation, Salesman
10. Father's Birthplace, D. C.

Name of Medical Attendant, or other person who makes this Return, J. L. Williams

Address, 226 S. Broadway

Remarks,

1891000340 2

1891 J. C. BULLARY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH B 33237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Sept 4th 1891.
4. Place of Birth, (Street and Number) 22 Chapel Ct.
5. Full Name of Mother, Mary E. Mayers.
6. Mother's Maiden Name, Mary E. Cordrey.
7. Mother's Birthplace, Hartford Md.
8. Full Name of Father, John Bruce
9. Father's Occupation, Farmer.
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Annie Dunken

Address, _____

Remarks, _____

1891 0003403

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 33733.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	4 September
4. *Place of Birth, (Street and Number)*	342 Rose St
5. *Full Name of Mother,*	Lizzie Moody
6. *Mother's Maiden Name,*	Lizzie Pollock
7. *Mother's Birthplace,*	Baltimore MD
8. *Full Name of Father,*	James Moody
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Easton Shore MD
Name of Medical Attendant, or other person who makes this Return.	Victor Cook
Address,	108 Schiedt ally
Remarks,	8 9 1 0 0 0 3 4 0 4

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. 3772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 1891 CITY OF BALTIMORE

Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sep. 6 '91
4. *Place of Birth, (Street and Number)*	920 N. Fremont St
5. *Full Name of Mother,*	Grace Keech
6. *Mother's Maiden Name,*	Guest
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	C. W. Keech
9. *Father's Occupation.*	Agent
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other person who makes this Return.	H. M. Wilson
Address,	1008 Mad. Ave.
Remarks,	

1 8 9 1 0 0 0 3 4 0 5

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person giving the information, to the Registrar, who shall every month to the office of the Commissioner of Health, and every such person who shall neglect or refuse to make such report as herein required, or who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

33235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. CITY OF BALTIMORE 1891

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	Sex, (state whether male or female)	Male
2.	Race or Color, (if not of the white race)	White
3.	Date of Birth,	Sept 7th 91
4.	Place of Birth, (Street and Number)	1113 N. Gay St
5.	Full Name of Mother,	Laura H. Hunter
6.	Mother's Maiden Name,	Laura H. Harper
7.	Mother's Birthplace,	Balto
8.	Full Name of Father,	James E. Hunter
9.	Father's Occupation,	Butcher
10.	Father's Birthplace,	Balto
	Name of Medical Attendant, or other person who makes this Return,	J. S. Kilroy M.D.
	Address,	No 49 N. Broadway
	Remarks,	8910003406

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child.
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Sept 8 — 1891.
4.	*Place of Birth, (Street and Number)*	1117 Elizabeth lane
5.	*Full Name of Mother,*	Mary Jirsa.
6.	*Mother's Maiden Name,*	Sauer
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Wensel Jirsa.
9.	*Father's Occupation,*	Shoe maker
10.	*Father's Birthplace,*	Bohemia
	Name of Medical Attendant, or other person who makes this Return.	J. Schwasser. Midwife.
	Address,	1032 Hanover st.
	Remarks,	Albert H. Jirsa

8910 10340 7

month, and shall set forth as far as the same can be ascertained, the name, sex, color, date and place of birth, and the parentage of such child; and every midwife, or other person not being a practicing physician, who shall be present at the birth of any child, shall, within the period above required, report to the Commissioner of Health, in the manner and form above directed, all the facts required to be reported by the parent or parents of such child, or by the physician in attendance; and every midwife, or other person not being a practicing physician, who shall neglect or refuse to report as herein required, shall be subject to a penalty of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable in such cases by law.

Section 2. And be it further ordained, That it shall be the duty of the Commissioner of Health to furnish, from time to time, to the midwives and practicing physicians of Baltimore City, such blank forms as may be required for the purpose of complying with the provisions of this ordinance; and it shall be the duty of the Commissioner of Health to prepare and furnish to the Clerk of the Orphans' Court, the Clerk of the Circuit Court, and the Clerk of the Superior Court, a list of the names and addresses of all midwives and practicing physicians to whom blank forms have been furnished, as aforesaid, and to furnish to said Clerks, from time to time, such additions to said list as may be necessary.

Section 3. And be it further ordained, That it shall be the duty of the Clerk of the Orphans' Court, the Clerk of the Circuit Court, and the Clerk of the Superior Court, to require of every person who shall present a certificate of birth, signed by a midwife or practicing physician, a statement, signed by the person or parents of such child, setting forth the facts required to be reported by such midwife or practicing physician, and if such statement be not presented within the period above required, the Clerk to whom such certificate is presented shall report the fact to the Commissioner of Health, who shall thereupon cause the person or parents of such child to report the birth as herein required, and any such person who shall hereafter fail to report the birth of any child, as herein required, shall be subject to a penalty of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable in such cases by law.

RETURN OF A BIRTH

A 35737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* W
4. *Date of Birth,* Sept 9
5. *Place of Birth, (Street and Number)* 1118 Johnson
6. *Full Name of Mother,* Lizzie Daughorty.
7. *Mother's Maiden Name.* Plitt
8. *Mother's Birthplace,* US
9. *Full Name of Father,* F. Daughorty
10. *Father's Occupation,* Moulder
11. *Father's Birthplace,* US

Name of Medical Attendant, or other Person who makes this Return. Geo A Strauss MD

Address, 9. E. Montgomery St.

Remarks,

1891 0003408

CITY OF BALTIMORE 1891

...ion Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 33738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Sept 9 1891
4.	*Place of Birth, (Street and Number)*	134 Gross st.
5.	*Full Name of Mother,*	Mary First
6.	*Mother's Maiden Name,*	Dotter
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Ernest First
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return.	J. Schwassch Midwife
	Address,	1032 Hanover st.
	Remarks,	8 9 1 0 0 0 3 4 0 9

month, and shall set forth as far as ... which have occurred under his or her care during the ... been conferred its sex, color, the date ... and the full name of each child. If any shall have ... child whether still living or dead, and if ... parents, the date of birth of the first and ... shall, whether still living or dead, ... between the first and ... child whether still living or dead, ... case the birth of any child ... shall occur without the attendance ... physician or midwife, or should no other person be in ... attendance upon the mother, ... thereof, it shall become the duty of the ... within the period above required, and ... child to report the birth to the ... comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for ... recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 33739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child.
1.	*Sex, (state whether male or female)*	Male.
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Sept 9 — 1891.
4.	*Place of Birth, (Street and Number)*	1203 Leadenhall st.
5.	*Full Name of Mother,*	Mary Tapp.
6.	*Mother's Maiden Name,*	Gerhardt.
7.	*Mother's Birthplace,*	America.
8.	*Full Name of Father,*	James Tapp.
9.	*Father's Occupation,*	Laborer.
10.	*Father's Birthplace,*	America.
	Name of Medical Attendant, or other person who makes this Return,	J. Lohwasser. Midwife.
	Address,	1032 Hanover st.
	Remarks,	8910003410

...is possible shall contain a list of ... correct under his or her care during five ... and shall set forth as far as the same can be ascertained the full name of each child, if living, and the ... conferred), its sex, color, the full name of the parents, the date of birth, and the ... said schedule shall be delivered each month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child ... third day of each month the attendance of a physician or midwife during the period above required, such ... shall report the birth to the Commissioner of Health, who shall thereupon appoint a physician to visit the ... attendance upon the mother, immediately after the birth of such child, and the provisions of this section shall be ... child to report its birth to the Commissioner of Health as above required, such mother or midwife who shall hereafter ... any such person shall be subjected to the fine of ten (10) dollars for each offense. The penalties ... jected to the fine of ten (10) dollars for each offense. The penalties ... exacted as other fines and forfeitures are recoverable

SAFETY FILM

RETURN OF A BIRTH.

33760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Sept 9th 1891
4.	*Place of Birth, (Street and Number)*	1011 N. Calvert St
5.	*Full Name of Mother,*	Helen Elizabeth Dambmann
6.	*Mother's Maiden Name,*	Helen Elizabeth Homans
7.	*Mother's Birthplace,*	San Francisco
8.	*Full Name of Father,*	Charles Frederick William Dambmann
9.	*Father's Occupation,*	Merchant
10.	*Father's Birthplace,*	New York
	Name of Medical Attendant, or other person who makes this Return,	Thomas D. Shearer
	Address,	345 N. Charles St
	Remarks,	8910003411

Failure to file a certificate of birth as required by law is punishable by a fine of not more than ten dollars. Every physician, midwife or other person having charge of any case of birth shall have such certificate prepared and ready for signature of the parent or parents of such child within six days after such birth, and shall visit the house where such birth occurred within ten days after such birth for the purpose of securing the signature of such parent or parents, and shall use due diligence to secure such signature. Every such physician, midwife or other person who shall neglect or refuse to comply with the provisions of this section shall be guilty of a misdemeanor and subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Every child born alive in the City of Baltimore after the first day of January, 1911, shall have a certificate of birth made, and the facts of birth, as far as the same can be ascertained, shall be set forth as follows: The full name and place of birth, and the said schedule shall be delivered, duly filled out, by the physician or midwife in attendance upon the mother, immediately thereafter, or if there be no physician or midwife in attendance upon the mother, then by the father or mother of such child, or the householder of the district in which such birth occurred, within ten days after the birth of such child, and without the attendance of a physician or practitioner of the city, it shall be the duty of the person or parents of such child to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and said Registrar shall furnish the blank schedules for the purpose of such report. Any person who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor and subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A.3301.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,*
4. *Place of Birth (Street and Number),*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 3 4 1 2

Baltimore Publishing Co., ... Stationers

RETURN OF A BIRTH A 33247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) Color
3. Date of Birth, September 1, 1891
4. Place of Birth, (Street and Number) 3123 Fayette St East
5. Full Name of Mother, Kate Williams
6. Mother's Maiden Name, Kate Carinton
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, John Thomas Williams
9. Father's Occupation, Laborer
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return. Mary A Ridley

Address, 834 N. Bradford Street

Remarks, 1891000341 3

month, and shall set forth as far as the same can be ascertained, the full name of each child at any single birth, the date and place of birth, and the name, residence and occupation of each parent. The certificate of birth required to be filed with the Commissioner as aforesaid shall state the date and place of birth, and the name, residence and occupation of each parent, and shall be made in the form of a certificate between the first and third days of each month, and shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur within the limits of any city or town, or of any village or settlement containing a population of one thousand or more persons, and shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of either of the parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person who shall wilfully fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	28th September
4. *Place of Birth, (Street and Number)*	112 N. Howard
5. *Full Name of Mother,*	Lizzie Kearns
6. *Mother's Maiden Name,*	Lacey
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Louis Kearns
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Lizzie Schaffer
Address,	112 N. Howard
Remarks,	1891000341 4

male, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been registered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the attending physician or midwife, if there was one; and in the form of a certificate between the first and third day of each month every physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health. In case the birth of any be in like manner registered within the period above required, and in other cases within one month after the birth, and in all cases before any such person or persons shall be entitled to a burial permit. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEP 11 1891 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Sept 2 nd 1891
4. *Place of Birth, (Street and Number)*	833 Leadenhall st
5. *Full Name of Mother*	Lena Kraus
6. *Mother's Maiden Name*	Lena Finty
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Charles F Kraus
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return	Charlotte Williams
Address	710 Leaden-hall st
Remarks	five dollars

1 8 9 1 0 0 0 3 4 1 5

month, and shall set forth as far as [illegible] the full name of each child, if any, and the sex, color, the full name of its parents, the date and place of birth; and the said schedule shall be delivered duly [illegible] third day of each and every month to the [illegible] child to report its birth to the Commissioner of Health, or to such other person as may be legally authorized to act in his stead, and it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C BULLEY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 33705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* Col
3. *Date of Birth,* 3rd September 1891
4. *Place of Birth, (Street and Number)* 1116 Ropewalk Al
5. *Full Name of Mother,* Elizabeth Scott Ballot
6. *Mother's Maiden Name,* Scott
7. *Mother's Birthplace,* Monockey Vai
8. *Full Name of Father,* Wm. Ballot
9. *Father's Occupation,* Oyster Schucker
10. *Father's Birthplace,* Monockey Vai

Name of Medical Attendant, or other person who makes this Return. Caroline Moore

Address, XX 49 W. West st Balto Md

Remarks, 8 9 1 0 0 0 3 4 1 6

Wm. J. C. Dulany & Co. City Printers and Stationers

RETURN OF A BIRTH. 3374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (4) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth. 3 Sept 1891
4. Place of Birth, (Street and Number) 764 W. Mulberry
5. Full Name of Mother, Annie Porter
6. Mother's Maiden Name, Annie Daniel
7. Mother's Birthplace, Wilmington N. C
8. Full Name of Father. Robert T. Porter
9. Father's Occupation, Clerk
10. Father's Birthplace, Portsmouth Va

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks, 8 9 1 0 0 0 3 4 1 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the full name and occupation of its parents, and the time and place of birth; and the person registering the birth shall, if required, give a certificate thereof. In case the first child shall not be delivered, duly signed by the person who was present at the birth, or in case the father or mother shall refuse to sign the same, the fact of such refusal shall be stated by the person registering the birth. In case the father or mother of such child shall reside in a house in which a physician or practitioner of midwifery, or the person or parents of such child, or some person in charge thereof, shall be notified by the Commissioner of Health to comply with the provisions of this section, and such physician or practitioner of midwifery, or the person or parents of such child, or some person in charge thereof, shall neglect or refuse to comply with the provisions of this section within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in attendance upon such birth to report the same immediately thereafter to the Commissioner of Health. Any person who shall neglect or refuse to comply with the provisions of this section within the period above required, and any such person or persons who shall be guilty of a violation of any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. O DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 33707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Sept. 4/91
4. Place of Birth (Street and Number),	1870 Vaughst.
5. Full Name of Mother,	Massie Kausler
6. Mother's Maiden Name,	" Shinnick
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Joseph Kausler
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	R. N. Mansfield M.D
Address,	129 E Broadway
Remarks,	8910003418

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A. 33128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 4th 1891
4. Place of Birth, (Street and Number)	1110 Carroll St
5. Full Name of Mother,	Mollie E. T. Atwell
6. Mother's Maiden Name,	Mollie E. T. Butler
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph H. Atwell
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Payson Ston St
Remarks,	8910003419

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive,) the full name and surname of the parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. The certificate between of any child born alive, the full name and surname of the parents, and such other particulars as may be required by the Commissioner of Health. In case the mother of any child born alive shall be unmarried, the physician or midwife in attendance upon such birth shall state the fact in his certificate, and the name of the father of such child shall not be inserted in the certificate, unless he shall have directed in writing that it be inserted therein. Every physician or midwife who shall be in attendance upon the birth of any child born alive, shall, within the period hereinafter limited, make a return of such birth to the office of the Commissioner of Health, in the manner and with the particulars required by the ordinances of the Mayor and City Council of Baltimore, and shall sign his name to such return. Any physician or midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of not less than five dollars nor more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

WM J. C. BULLEY OD CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 33749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	N.
3. *Date of Birth,*	Sept 5/91
4. *Place of Birth, (Street and Number)*	2008 E. Donnell St.
5. *Full Name of Mother,*	Mary E. Warnke
6. *Mother's Maiden Name,*	Malone
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Geo. F. Warnke
9. *Father's Occupation,*	Insurance Agent
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Geo. L. Wiltens
Address,	226 S. Broadway
Remarks,	8 9 1 0 0 0 3 4 2 0

Health. This schedule shall contain a list of [illegible] born under his or her care during the month, and shall be delivered, duly signed by the [illegible] on the first day of each month to the Registrar of the district in which the births occurred. He shall enter in the schedule the full name and residence of the parents, the sex, color, the full name and residence of the [illegible] and the date and place of birth; and the schedule shall be delivered, duly signed by the [illegible] on the first day of each and every month to the Registrar of the district in which the births occurred. If there be no births to report during any month, he shall make a return to that effect. Any [illegible] who shall neglect to make such return for the space of ten days after the [illegible] day of each month, or who shall do any other person he is authorized to employ to do so, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C BULLARY CO CITY PRINTERS AND STATIONERS

A 33250.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Kinder
1.	*Sex, (state whether male or female)*	Knabe
2.	*Race or Color, (if not of the white race)*	Weiss
3.	*Date of Birth,*	5 September
4.	*Place of Birth, (Street and Number)*	S. Bond Str. 825
5.	*Full Name of Mother,*	Anni Gerčák
6.	*Mother's Maiden Name,*	Anni Březovská
7.	*Mother's Birthplace,*	Prag
8.	*Full Name of Father,*	Jan Gerčak
9.	*Father's Occupation,*	Arbeiter
10.	*Father's Birthplace,*	Prag
	Name of Medical Attendant, or other person who makes this Return.	Marie Prell.
	Address,	
	Remarks,	S/9 Bond Str 825

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Septr 6th 1891
4. *Place of Birth, (Street and Number)*	2420 Eutaw Ave
5. *Full Name of Mother,*	E. D. P. Williams
6. *Mother's Maiden Name,*	" " Palmer
7. *Mother's Birthplace,*	Balt^o
8. *Full Name of Father,*	C. R. Williams
9. *Father's Occupation,*	Lawyer
10. *Father's Birthplace,*	Phila.
Name of Medical Attendant, or other person who makes this Return.	L. E. Neale M.D.
Address,	819 N. Monument St.
Remarks,	

8 9 1 0 0 0 3 4 2 2

Health. This schedule shall contain as to the Sex, Color, Date and Place of Birth, the full name of each child (if any shall have been born since last return), and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be signed by the attending physician or midwife, or by the parent or householder. It shall be delivered within the first third day of each and every month to the office of the Commissioner of Health. In case the birth of the first child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 33257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 Sept 1921 Eastern Ave
4. Place of Birth, (Street and Number) 1921 Eastern Ave
5. Full Name of Mother, Lena Miller
6. Mother's Maiden Name, Lena Lang
7. Mother's Birthplace, Germany
8. Full Name of Father, Anders Miller
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Lehrman

Address, 409 South Bond

Remarks, 891000342 3

...shall contain a list of the births which have occurred under his or her care during the month, and shall set forth in each case the full name of each child, if any shall have been christened, the name of the parents, the sex of each child, the date and place of birth, the first and last residence of the parents, the color of each child, and the number of each child born to the mother. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents or other person having charge of such child shall immediately thereafter it shall become the duty of the person attending upon the mother or a physician or midwife, to report the case to the Commissioner of Health, in the manner and within the time above required, and attendance upon such mother, or midwife, who shall neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

...ORD J. D. GULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 6th 1891
4. Place of Birth, (Street and Number) 126 D Cary St
5. Full Name of Mother, Florence V Schafer
6. Mother's Maiden Name, Florence V Orem
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Lee Schafer
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Pappleton St

Remarks, 8 9 1 U 0 0 3 4 2 4

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, which have been omitted in all previous returns; the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the mother, immediately thereafter, to report in person or by letter to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

3325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 11 1891
CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 6 1891
4. Place of Birth, (Street and Number) 40 N Patterson Pk Ave
5. Full Name of Mother, Margaret A Hill
6. Mother's Maiden Name, " " Raffle
7. Mother's Birthplace, Balto
8. Full Name of Father, Hugh C Hill
9. Father's Occupation. Merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. J T Speckenagle M D

Address, 1411 Patterson Pk Ave

Remarks,

1891000342 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been previously born to the same mother,) the sex, color, the date and place of birth, and the name and occupation of its parents, the date and place of birth of the mother, and the number of the child born to her, and the name and residence of the practitioner in the first instance, or midwife, if there be one in attendance upon the mother at the birth of any child. Every such practitioner or midwife shall, within ten days after the birth of any child to whose birth he or she was in attendance, make a certificate thereof, containing the particulars required to be set forth in the certificate to be returned by the parents, and shall deliver the same to the parents of such child, or to one of them, if living within the city of Baltimore; and every such practitioner or midwife who shall neglect or refuse to make such certificate and deliver the same as aforesaid, shall forfeit and pay the sum of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Every person having charge of any child born in the city of Baltimore, and every householder in whose house any child shall be born, where the parents of such child do not reside, shall, within ten days after the birth of such child, report its birth to the Commissioner of Health, in the manner and with the particulars required to be set forth in the certificate to be returned by the parents or practitioner in attendance upon the mother at the birth of any child. Every person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 33268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 4th

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Sept. 6/91
4. *Place of Birth,* (*Street and Number*) 660 Portland St.
5. *Full Name of Mother,* Mary Rudolph
6. *Mother's Maiden Name,* Damer
7. *Mother's Birthplace,* Lancaster Pa.
8. *Full Name of Father,* George C. Rudolph
9. *Father's Occupation,* ~~Clerk~~ Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Thomas Opie M.D.

Address, 600 N. Howard St.

Remarks,

8910003426

[illegible] month, and shall set forth as far as the sa[illegible]me of each child (if any shall have been conferred) its sex, color, the full name [illegible] the date and place of birth; and the said schedule shall be delivered, duly signed by [illegible] practitioner in th[illegible] form of a certificate between the first and third day of each and every month to the office [illegible] Health. In case the birth of any child shall occur without the attendance of a physician [illegible] midwifery, or should no other person be in attendance upon the mother, immediately [illegible] duty of the person or parents of such child to report its birth to the Commissioner of [illegible] within the period above required, and any such person or persons who shall hereafter [illegible] the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to [illegible] as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

No. 33256.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 11 1891 CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 6th
4. *Place of Birth, (Street and Number)*	253 S. Dallas st
5. *Full Name of Mother,*	Maggie Stockmann
6. *Mother's Maiden Name,*	Maggie Roth
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Stockmann
9. *Father's Occupation,*	Hostler
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Gelzhe
Address,	114 S Bond st
Remarks,	

1891 0003427

mouth, and shall set forth as far as the same can be ascertained the full name of each child (if any) born to such wife, the sex, color, the full name and occupation of its parents, the date and place of birth, and the full address of the attendant, if any, at the birth. Such return shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month, and delivered at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person in charge of the child to give information thereof to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 7, 1921.
4. Place of Birth, (Street and Number) No. 1578 Hanford ave.
5. Full Name of Mother, Alice Matthews.
6. Mother's Maiden Name, Alice McEowan.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Hinkle Matthews.
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendent, or other person who makes this Return. Eug. L. Edwards M.D.

Address, 1201 Hanford ave

Remarks,

1891000 3428

GW. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health, and shall set forth as far as the same can be ascertained the full name of each child (if any) shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in attendance upon the mother, then by the father of the child, or in case the latter is not residing with the child to report its birth to the Commissioner of Health. In the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

B 33208.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, Born Sept 7th 1891

4. Place of Birth, (Street and Number) #2109 Calverton Ave

5. Full Name of Mother, Mrs Lina Schlein

6. Mother's Maiden Name, Miss " Mössinger

7. Mother's Birthplace, Württemberg Germany

8. Full Name of Father, Mr Henry Schlein

9. Father's Occupation, Schoemaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Heller

Address, 2127 W. Pratt St.

Remarks, 1891000 3429

HEALTH DEPARTMENT SEP 9 1891 CITY OF BALTIMORE

... month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of [illegible] and place of birth; and the said schedule shall be delivered, duly signed by the practitioner [illegible] certificate between the first and third day of each and every month to the office of the C[illegible] In case the birth of any child shall occur without the attendance of a physician or p[illegible] should no other person be in attendance upon the mother, immediately thereafter it [illegible] duty of [illegible] person or parents of such child to report its birth to the Commissioner of Health [illegible] within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

33287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex, (state whether male or female)	male child
2. Race or Color, (if not of the white race)	White child
3. Date of Birth,	Sept 7th 1891
4. Place of Birth, (Street and Number)	Hanover st cor Hanover
5. Full Name of Mother,	Betty Bellman
6. Mother's Maiden Name,	Betty Steeler
7. Mother's Birthplace,	Balto city
8. Full Name of Father,	C Bellman
9. Father's Occupation,	Huckster
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return.	Thos Margaret Hunter
Address,	72 16 st arms are
Remarks,	Balto city

1 8 9 1 0 0 0 3 4 3 0

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been born dead, such fact shall be stated. The full name and residence of the physician, midwife or other person in attendance at the birth shall be delivered. Such return shall be made in the form and manner and under the penalties prescribed by the regulations of the Board of Health. In case the birth be in a hospital, asylum or other institution, the return shall be made by the superintendent or other officer thereof. In case no other person be in attendance at the birth, the mother shall make such return. Any person who shall neglect or refuse to comply with the provisions of this section required, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Kind
	Sex, (state whether male or female)	Knabe
	Race or Color, (if not of the white race)	Weiß
	Date of Birth,	September 7.
4.	Place of Birth, (Street and Number)	Dallas Str. 727
5.	Full Name of Mother,	Lizie Weiß
6.	Mother's Maiden Name,	Lizie Strajk
7.	Mother's Birthplace,	Baltimore Md.
8.	Full Name of Father,	Herman Weiß
9.	Father's Occupation,	Arbeiter
10.	Father's Birthplace,	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Marie Weiß.
	Address,	S. 4 Bond Str. 838
	Remarks,	8 9 4 0 0 5 3 4 3 1

CITY OF BALTIMORE HEALTH DEPARTMENT RECEIVED SEP 10 1894 REGISTRAR OF VITAL STATISTICS

Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of the father of any child born in the City of Baltimore, and in case of his death, absence from the city, or inability from sickness or other cause to perform the duty, then of the mother, and in case of her death, absence or inability as aforesaid, then of the householder of the house in which any child shall be born, and in case the child be born elsewhere than in a house, then of the person with whose family or in whose employment the parents or either of them shall be at the time of the birth of such child, and in case the parents or either of them shall not be present at the birth of such child, then of the person who shall be present at the birth of such child, to cause the birth of such child to be registered within ten days after the birth of such child, by reporting to the Registrar of Vital Statistics, at the office of the Board of Health, the full name and occupation of the father, and the full maiden name and occupation of the mother of such child, the color of the parents, the number of children born to the mother, the number now living, the number of males and females, the number born dead, the number of the house and street in which the birth occurred, the date of the birth of such child, and the sex and color of such child, and the full name and occupation of the person reporting the birth, and the relation he bears to the family; and it shall be the duty of the Registrar of Vital Statistics to furnish blank forms for the registration of births, and to keep a record of the births reported, and to issue certificates of the same when required, and to make such returns to the Commissioner of Health as he may require; and it shall be the duty of the Commissioner of Health to make such returns to the Mayor and City Council as may be required by ordinance or resolution.

Sec. 2. And be it ordained, That it shall be the duty of each and every midwife or physician who shall attend upon the birth of any child, to report the same to the Registrar of Vital Statistics, at the office of the Board of Health, within ten days after the birth of such child, and in case the birth shall occur without the attendance of a physician or midwife, then it shall be the duty of the father, mother, householder, or other person required to report the birth as aforesaid, to report the same to the Registrar of Vital Statistics, at the office of the Board of Health, within ten days after the birth of such child, and in case the birth shall occur in the absence of the father, mother, householder, or other person required to report the same, then it shall be the duty of the person in attendance upon the birth to report the same to the Registrar of Vital Statistics, at the office of the Board of Health, within ten days after the birth of such child.

Sec. 3. And be it ordained, That any person or persons who shall refuse or neglect to comply with the provisions of this ordinance shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother; (state whether 1st, 2d, 3d, &c.) 4 child
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 7 September
4. Place of Birth (Street and Number) Caroll St
5. Full Name of Mother Hester Ann Carroll
6. Mother's Maiden Name Hester Jackson
7. Mother's Birthplace Anne Arundel
8. Full Name of Father Mary Proctor
9. Father's Occupation Laborer
10. Father's Birthplace Frederick county

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dessie Howard

Address 712 S Durham st

Remarks No remarks.

1 8 9 1 0 0 0 3 4 3 2

at the birth of any child, within the City of ... thereafter, stating distinctly the date of birth, ... condition, whether still born or not, the full ... name of the mother of such child or children.

A 33267

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether mate or femate)*	male
2. *Race or Cotor, (if not of the white race)*	White
3. *Date of Birth,*	September 7th 1891
4. *Place of Birth, (Street and Number)*	No 1501 William St
5. *Futt Name of Mother,*	Laura Gardner
6. *Mother's Maiden Name,*	Laura Sappington
7. *Mother's Birthplace,*	Baltimore
8. *Fult Name of Father,*	Charles Gardner
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this return.	Catherine Hornung
Address,	No 1517 Byrd St
Remarks,	8910003433

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 7 th 1891
4. Place of Birth, (Street and Number) No 617 Borrough st
5. Full Name of Mother, anna Schiner
6. Mother's Maiden Name, anna Black
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Schiner
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Horning

Address, No 1517 Byrd st

Remarks,

1891000343 4

A 33263.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 11 1891
CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 9th
4. Place of Birth, (Street and Number) 401 Gs Lee St
5. Full Name of Mother, Anna Engelbach
6. Mother's Maiden Name, Anna Schmidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Engelbach
9. Father's Occupation, Barn tender
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Nellie Conden Oliver

Address, 89 6 W Pratt St

Remarks, 435 Lee St

month, and shall set forth as far as the same can be ascertained the full name of each child (if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, within thirty days after the birth of any child third day of each month certificates of births which have occurred under his or her care during the preceding calendar month, and in the absence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, to the number and with the particulars required of such any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 2 33765.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Sept 8th 1891
4. *Place of Birth, (Street and Number)*	# 2531 Lexington St Ex Town
5. *Full Name of Mother,*	Mrs Carrie Engelmann
6. *Mother's Maiden Name,*	Miss " Fink
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr Geo Engelmann
9. *Father's Occupation.*	Drover
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 W Pratt St
Remarks,	

1 8 9 1 0 0 0 3 4 3 6

month, and shall set forth as far as the same can be ascertained by diligent inquiry, the date of birth, the name (if any) and the place of birth, the full name and occupation of the father, the maiden name of the mother, the full name and occupation of the attendant at the birth, and the address of each of the parents and attendant. The certificate shall be signed by the attendant at the birth, or if there be no attendant, then by the father or mother of the child, if able to sign his or her name; and if neither father nor mother be able to sign his or her name, then by the householder in whose house the birth occurred, or by the nearest relative present, or by the physician, midwife or other person having knowledge of the facts. The certificate shall be delivered, duly signed by the proper person, to the Registrar of Vital Statistics, or to the proper deputy registrar, within ten days after the birth of any child born in the city of Baltimore; and it shall be the duty of the Registrar of Vital Statistics, or his deputy registrar, to demand the certificate of birth of any child born within the city of Baltimore, whose birth shall not have been certified to him as required by this section, within the first ten days after the birth of such child, and every month or the office of the Registrar of Vital Statistics shall be open for the purpose of receiving certificates of births during the first three hours of each day. Any person who shall neglect or refuse to make the return of birth required by this section, or who shall neglect or refuse to report the particulars required by this section, or who shall neglect or refuse to report the particulars required by this section, or who shall report any false particulars, or who shall report the birth of any child as occurring at a time other than the time of its actual occurrence, shall be guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore shall be fined not more than one hundred dollars for each offense; and it shall be the duty of the Registrar of Vital Statistics to report to the Commissioner of Health, in writing, the name of any such person or persons who shall hereafter fail to make the return of birth required by this section, and the Commissioner of Health shall thereupon cause the name of such person or persons to be certified to the State's Attorney of Baltimore City, and such person or persons shall be subject to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 2-14-57

RETURN OF A BIRTH.

A 33266

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Helen Irene Hogan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female).	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 8th 1941.
4. Place of Birth (Street and Number)	×2005 Frederick Ave.
5. Full Name of Mother	Clara J. Wynn
6. Mother's Maiden Name	" " Finotti
7. Mother's Birthplace	Baltimore — Md
8. Full Name of Father	Harry L. Wynn
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore — Md
Name of Medical Attendant, or other Person who makes this Return.	J. Ridgely Hammond. M.D.
Address	×502 N. Carey St.
Remarks	

8 9 1 0 0 0 3 4 3 7

...advise at the Birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 33767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) Colored
3. *Date of Birth,* September 8
4. *Place of Birth,* (Street and Number) 127 Boyd Street
5. *Full Name of Mother,* Jennie Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* St Mary County - Md
8. *Full Name of Father,* Daniel Williams Smith
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs [illegible]

Address, 127 Boyd Street

Remarks,

1 8 9 1 0 0 0 3 1 3 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 3576

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 11 1891
CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	September 8th
4. *Place of Birth, (Street and Number)*	714 Sharp Street Baltimore
5. *Full Name of Mother*	Mary Norwood
6. *Mother's Maiden Name*	Mary Morrison
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	William B. Norwood
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other person who makes this Return	Sarah Wilson
Address	116 W. Hughes Street Baltimore
Remarks	6911003439

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; the sex, the full name and occupation of its parents, the certificate between the first and last of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the mother or parents of such child is hereby required, within the period above required, and shall be delivered, duly signed by the practitioner or midwife in attendance, or in case there was no such attendance, by the mother or parents of such child, to the Commissioner of Health, in order that he may comply with the provisions of this section; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth*	Sep. 7/11
4.	*Place of Birth, (Street and Number)*	No 1514 Light St
5.	*Full Name of Mother*	Hannie Harrison
6.	*Mother's Maiden Name*	" Sass.
7.	*Mother's Birthplace*	Balto Md.
8.	*Full Name of Father*	Rd. Harrison
9.	*Father's Occupation*	Copper.
10.	*Father's Birthplace*	Balt Md.
	Name of Medical Attendant, or other person who makes this Return	Annie Jerman
	Address	1103 S. Charles St
	Remarks	Respectfully

1891 Dec 003440

GW J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A. 33770.

HEALTH DEPARTMENT SEP 11 1891 CITY OF BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	8th of September 1891.
4. Place of Birth, (Street and Number)	208 North Wolf st.
5. Full Name of Mother,	Mary Schmitt
6. Mother's Maiden Name,	Mary Lontz
7. Mother's. Birthplace,	Baltimore
8. Full Name of Father,	George Schmitt
9. Father's Occupation,	Painter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Cercinthia Kunkel
Address,	213 North Chapel St. Per Justina Kunkel
Remarks,	Healthy.

1 0 0 0 3 4 4 1

em. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 3377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether mate or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 9th 1891
4. Place of Birth, (Street and Number) No. 2120 Wilkens Ave
5. Full Name of Mother, Louise Tuck
6. Mother's Maiden Name, Louise ~~Tuck~~ Tuck
7. Mother's Birthplace, Reading Pa.
8. Full Name of Father, John Tuck
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1891000 3442

month, and shall set forth as far as the same are known to the person required to report the birth, the date and place of birth, and the name, if any, of each child (if any shall have been born) alive at the date of such birth, and such other particulars as may be required by the said schedule; and the said schedule shall be delivered, duly signed by the person required to report the birth, to the Commissioner of Health, or to such person as he may authorize to receive the same, within the period above required, and a certificate of the delivery of the said schedule, signed by the Commissioner of Health, or by the person authorized by him to receive the same, shall be delivered, on demand, to the person or persons of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. Offenses against this section may be recovered, with costs, before any justice of the peace of this State, and all other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 3377 V.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 9th
4. Place of Birth, (Street and Number) 226 N Calvert ave
5. Full Name of Mother, Julia E Wight
6. Mother's Maiden Name, Ford
7. Mother's Birthplace, Somerset Co Md
8. Full Name of Father, Joseph M Wight
9. Father's Occupation, Waterman
10. Father's Birthplace, Somerset Co Md

Name of Medical Attendant, or other person who makes this Return. Md A Davenport

Address, 225 Same St

Remarks, Baby not Living to Date

8 9 1930 Bab 4 4 3

per pcm

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 33273.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colord
3. Date of Birth,	9 September
4. Place of Birth (Street and Number),	921 Bunker ~~East~~ East Court
5. Full Name of Mother,	Baltimore City
6. Mother's Maiden Name,	mary Williams
7. Mother's Birthplace,	
8. Full Name of Father,	Robert Warden
9. Father's Occupation,	Cook
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Mrs Jennie myers
Address,	293 Clay St
Remarks,	

1891000344 4

Baltimore Publishing Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 33774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 12 1891

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c*) 1

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Sept. 9th 1891
4. *Place of Birth,* (*Street and Number*) 1819 N. Calvert St.
5. *Full Name of Mother,* Julia Mary Robson
6. *Mother's Maiden Name,* " " Stockett
7. *Mother's Birthplace,* " Md.
8. *Full Name of Father,* Arthur Mealand Robson
9. *Father's Occupation,* Steamship Agt. & Broker
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, L. E. Neale M.D.

Address, 319 N. Monument St.

Remarks, 1891000344 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 33775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Thurs. September 15th 1891
4. Place of Birth, (Street and Number) 2038 Fairmount Ave.
5. Full Name of Mother, Margaret E. King
6. Mother's Maiden Name, M. E. Norton
7. Mother's Birthplace, New Orleans
8. Full Name of Father, Wm. S. King
9. Father's Occupation, Wholesale Druggist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. E. W. Willis M.D.

Address, 1916 E. Baltimore St.

Remarks,

1891 00034 46

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 1 1891 CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10th of September 1891
4. Place of Birth, (Street and Number) 338 Regester street
5. Full Name of Mother, Frances Birrat
6. Mother's Maiden Name, Frances Wisbeck
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William J. Birrat
9. Father's Occupation, Blacksmith.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Lexintia Kunkel

Address, 213 North Chapel St per Lexintia Kunkel

Remarks, Healthy

8 9 1 0 0 0 3 4 4 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been registered, before such return is made, with the date and place of birth, and the name and residence of the parents of such child. Such return shall be made daily, and the certificate hereinafter required to be given by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the return of such attendance upon the Health Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

612. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the sa[illegible] name of each child, (if any shall have been conferred) its sex, color, the full nam[illegible] the date and place of birth; and the said schedule shall be delivered, duly sign[illegible] of a certificate between the first and third day of each and every month to the off[illegible] Health. In case the birth of any child shall occur without the attendance of a ph[illegible]wifery, or, should no other person be in attendance upon the mother, immediately [illegible] duty of the person or parents of such child to report its birth to the Commissioner [illegible] within the period above required, and any such person or persons who shall hereaft[illegible] the provisions of this section shall be subjected to the fine of ten (10) dollars for each offens[illegible]s other fines and forfeitures are recoverable.

SEP 1891

RETURN OF A BIRTH. A. 33277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th of September 1891.
4. *Place of Birth, (Street and Number)* 1939 Cor Jefferson & Washington.
5. *Full Name of Mother,* Paulina Franklin
6. *Mother's Maiden Name,* Paulina Stanbinger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles J. Franklin
9. *Father's Occupation,* Salesman.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel st. pr Justina Kunkel

Remarks, Healthy.

0910003448

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33718.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 11th 1891
4. Place of Birth, (Street and Number) No. 1515 ~~Walker~~ Wilkens st.
5. Full Name of Mother, Lavina Lieber
6. Mother's Maiden Name, Lavina Lott
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Lieber
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1891000034449

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 33779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 4th September
4. Place of Birth, (Street and Number) 650 Ridgely St.
5. Full Name of Mother, Annie E. Moore
6. Mother's Maiden Name, " Hebron
7. Mother's Birthplace, Annapolis Md.
8. Full Name of Father, Thomas H. Moore
9. Father's Occupation, Stevedore
10. Father's Birthplace, Calvert Co. Md.

Name of Medical Attendant, or other person who makes this Return. Anna Parrish

Address, 871 Boyd St.

Remarks, 1891000345 0

month, and shall set forth as far as the same can be ascertained the name of such child, the date and place of birth, the name, age, birthplace and residence of the parents, the number of children born to the mother, and the number now living, the date of the marriage of the parents, and such other information as may be required by the Commissioner of Health for the registration of births. Every physician, midwife or other person who shall have been concerned in the birth of any child, shall, within ten days after the birth, report to the office of the Commissioner of Health the date of birth, and the said address of the parents, the sex, color, the full name and occupation of its parents, the date of the marriage of the parents, and the number of children born to the mother, and the number now living, the first and last name of the child, if it has been named, and the place of birth, (street and number,) specifying the first and last name of the child, if it has been named, and the place of birth, (street and number,) specifying the number of any child born alive but now dead, and the time of death of each. Every midwife or other person who shall hereafter attend upon any woman in labor shall, within ten days after the birth of any child, report to the Commissioner of Health the sex, color, the full name and residence of the parents of such child, the number of children born to the mother, and the number now living, the date of the marriage of the parents, and such other information as may be required by the Commissioner of Health, in the manner and form above required, and any midwife or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of forty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33780.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] contain a list of the births which have occurred [illegible] during the month, and shall set forth as far as the same can be ascertained the full name [illegible] any shall have been conferred) its sex, color, the full name and occupation of its [illegible] birth; and the said schedule shall be delivered, duly signed by the practitioner in the [illegible] between the first and third day of each and every month to the office of the Commissioner of Health [illegible] birth of any child shall occur without the attendance of a physician or practitioner of [illegible] no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 11 Sept
4. *Place of Birth, (Street and Number)* Ensor Ct
5. *Full Name of Mother,* Jane Stansbury
6. *Mother's Maiden Name,* Jane Smith
7. *Mother's Birthplace,* Washington DC
8. *Full Name of Father,* A Monroe Stansbury
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Doyle

Address, 1606 Stirling St

Remarks,

1 8 9 1 0 0 0 3 4 5 1

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

E 3378.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 11 1891.
4. Place of Birth, (Street and Number) No. 1533 Lingwith st.
5. Full Name of Mother, Isabel Addison
6. Mother's Maiden Name, Isabel Cunningham
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank L. Addison
9. Father's Occupation, Cigar Packer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Chas. H. Edwards Jr.

Address, 1241 Hanford ave

Remarks, 18910003452

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born alive) and the sex, color, date and place of birth, and the full name, residence and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall become the duty of the person or persons in charge of the house or premises where such birth occurs, and hereafter it shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 33717.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Sept 11 1891
4. *Place of Birth, (Street and Number)*	118 N Bond St
5. *Full Name of Mother*	Mrs Isabel Fowler
6. *Mother's Maiden Name*	Mc Isaac Blackburn
7. *Mother's Birthplace*	Jersey City
8. *Full Name of Father*	Leon Fowler
9. *Father's Occupation*	Asst Insp P.R.R. Co
10. *Father's Birthplace*	Alsace Germany
Name of Medical Attendant, or other Person who makes this Return.	J A Steele M.D.
Address	857 Madison Ave
Remarks	

1891 0003453

RETURN OF A BIRTH A 33783.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	September 12th 1891
4. Place of Birth, (Street and Number)	1736 Hanover St
5. Full Name of Mother,	Mattie M. Finch
6. Mother's Maiden Name,	Mattie M. Browning
7. Mother's Birthplace,	Middlesex county Va
8. Full Name of Father,	George R. Finch
9. Father's Occupation,	Oyster man
10. Father's Birthplace,	King and queen county Va
Name of Medical Attendant, or other person who makes this Return	Ellennora E. Anderson
Address,	1434 Patapsco St
Remarks,	

1 8 9 1 0 0 0 3 4 5 4

CITY OF BALTIMORE

J. G. SULATY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 2nd 1891
4. Place of Birth, (Street and Number) #27 St. Anns Ave.
5. Full Name of Mother, Edith Beam
6. Mother's Maiden Name, " Jewell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel H. Beam
9. Father's Occupation, Collector
10. Father's Birthplace, Baltimore Co Md.

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M.D.

Address, Waverly Station. Balto. Md.

Remarks, 1891 0003455

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the [illegible] name of each child of any shall have been born [illegible] and the [illegible] place of birth; and the [illegible] of a certificate between the first and [illegible] of health. In case the birth of any child [illegible] said schedule shall be every month to the [illegible] individuary, or to the person or parents of such third [illegible] without the attendance of a [illegible] the [illegible] within the period above required, and attendance upon the mother, Commissioner of Health, in compliance with the provisions of this section shall be [illegible] to report [illegible] persons who shall hereafter fail to comply with the provisions of this section shall be subject to the [illegible] any such [illegible] jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 11 1891 CITY OF BALTIMORE

3328

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) ~~White~~ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 Sept 4th
4. Place of Birth, (Street and Number) 169 E Fayette St
5. Full Name of Mother, Emma Hartman
6. Mother's Maiden Name, Emma Bauer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Hartman
9. Father's Occupation, Potter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Goetze

Address, 114 S Bond St

Remarks,

8 9 1 0 0 0 3 4 5 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) the sex, color, full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. And in case the other person be in attendance upon the mother instead of a physician or midwife, it shall become the duty of the person or parents of such child to procure such information and certificate and report the same as aforesaid, and in case any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 337 16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Four
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	September 5th 1891
4. *Place of Birth, (Street and Number)*	Wayne street 631
5. *Full Name of Mother,*	Martha Harris Mason
6. *Mother's Maiden Name,*	Baltimore Martha Harris
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Harris
9. *Father's Occupation,*	Railroad Porter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Ann Brown
Address,	827 China
Remarks,	1891000 3457

...Sec. 13. The following Act contains a list of the births which ha... ...ture during the month, and shall set forth as far as the same can be ascertained at the time... ...shall have been conferred; its sex; color; the full name, age, and the place of birth, and the said schedule shall every month to the office of the Commissioner of Health. In the manner and within the period above required, and shall occur without the attendance of a physician or practitioner in the... ...the birth of any child which shall occur without the attendance of a physician or practitioner in the... ...duty of the person or parents of such child to report its birth immediately to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother. Immediately after the... ...of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered and collected.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 6th 1891
4. *Place of Birth, (Street and Number)*	912 Russell St
5. *Full Name of Mother,*	Mrs Carrie Warren born Carrie Heinz
6. *Mother's Maiden Name.*	
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Benj F Warrenburger
9. *Father's Occupation,*	Glass Cutter
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return.	R F Phillips
Address,	753 W Lexington
Remarks,	

1891 0003458

month, and shall set forth as far as the same can be ascertained the name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person required to make the same, to the Registrar on the third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, and shall state the number of the street and house in which the birth occurred, or if in a hospital, institution or attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be collected as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, ~~2d, 3d~~, &c.) First

1. Sex, (~~state whether~~ male ~~or female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, East July 1st 1891
4. Place of Birth, (Street and Number) Hall Springs Ave.
5. Full Name of Mother. Mary Jane Lawson
6. Mother's Maiden Name. Mary Jane Lewis
7. Mother's Birthplace. Carroll County
8. Full Name of Father. Louis Benjamin Lawson
9. Father's Occupation. Gardner
10. Father's Birthplace. Baltimore County

Name of Medical Attendant, or other Person who makes this Return Edward Kelly

Address. Lauraville Balto Co.

Remarks.

8 9 1 0 0 0 3 4 5 9

...ing distinctly the day of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother. [illegible] or children.

...Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33789.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 7 September 18 1
4. Place of Birth, (Street and Number) 544
5. Full Name of Mother, K
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Susan Thurston

Address, 23 N Poppleton St

Remarks. 8 9 1 0 0 8 3 4 6 0

months, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as shall be required, duly signed by the practitioner in attendance upon the mother, immediately thereafter it shall become the duty of each and every midwife or other person in attendance upon any child to report its birth to the office of the Commissioner of Health, in the manner and within the period above required, and said midwife or other person in attendance as aforesaid shall be entitled to receive from the parents of such child the sum of fifty cents for each report; and any midwife or other person in attendance upon any child who shall neglect or refuse to report the birth of such child in the manner and within the period above required, and who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name William Doyle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Youth Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Eight of September
4. Place of Birth, (Street and Number) Baltimore 102 Chesapeake st
5. Full Name of Mother, Mrs Lucie Doyle
6. Mother's Maiden Name, Lucie Mc Namara
7. Mother's Birthplace, Ireland
8. Full Name of Father, Mr Martin Doyle
9. Father's Occupation, Hostler
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Sarah T Harrington

Address, c/o 524 Bloom

Remarks,

8 9 1 0 0 0 3 4 6 1

Health, whether it be a living child or a stillborn child, and the name of each child. (If any shall have been stillborn, it will be sufficient to state the fact.) The full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician, midwife or other person in attendance, to the father or mother of such child, or to the person in whose house the birth shall occur, within ten days after the birth, and a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth shall occur without the attendance of a physician or midwife, the father or mother of such child, or the person in whose house the birth shall occur, shall report the birth to the Commissioner of Health. In the City of Baltimore within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 33241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race)
4. Date of Birth, Sept. 8. 91
5. Place of Birth, (Street and Number) 314 E. Pratt St.
6. Full Name of Mother, Mrs. Katharine Hartman
7. Mother's Maiden Name, Mrs " Müller
8. Mother's Birthplace, Germany
9. Full Name of Father, Christian Hartman
10. Father's Occupation, Engineer
11. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return G. G. Burke M.D.

Address, 1100 E. Pratt St.

Remarks, 3 9 1 0 8 0 3 4 6 2

CITY OF BALTIMORE HEALTH 1891

..., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 9th 91
4. *Place of Birth, (Street and Number)*	1572 Marshall Ave
5. *Full Name of Mother,*	Cora Thomas
6. *Mother's Maiden Name,*	Cora Backman
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas H Thomas
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	West Virginia
Name of Medical Attendant, or other person who makes this Return.	B F Phillips
Address,	753 W Lexington St
Remarks,	

8 9 1 0 0 0 3 4 6 3

...ment, and shall set forth as far as the same can be ascertained the full name of each child (if more than one shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth, and the third day of each month the returns so delivered, duly signed and verified, as aforesaid. ... shall occur without the attendance of a physician, midwife or other person, or if the person in attendance upon the mother, immediately after the birth of any child shall neglect or refuse to deliver a certificate as aforesaid, in case the birth of any child shall occur in a hospital, almshouse, or other institution, the person or officer in charge thereof shall become liable to the penalty of the person or midwife in attendance, as aforesaid. ... any such person or officer shall neglect or refuse to make such return within the period above required, and subjected to the fine of ten (10) dollars for each offense. ... violations of this section shall be subject to the penalties and forfeitures are recoverable.

...OF BALTIMORE

...ORE CITY, MD.

...M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33293.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 10 th. 91.
4. Place of Birth, (Street and Number) 319 Amity St.
5. Full Name of Mother, Ella Hoey
6. Mother's Maiden Name, Ella Habrigan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Richard Hoey
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Henry C. Ohler M.D.

Address, 1703 W. Fayette St

Remarks,

8 9 1 0 0 0 3 4 6 4

HEALTH DEPT. OF BALTIMORE

Sec. 4. And be it further enacted, That if any child born in the State shall not be reported as aforesaid within the time prescribed, the name and residence of such child may be ascertained by the Registrar, or by any person authorized by him, and reported to the Registrar, and a certificate of birth shall be made out as in other cases, and for the first such certificate made out after the expiration of the time prescribed, the Registrar shall be entitled to receive from the parent or parents, guardian or other person having the custody of such child, the sum of fifty cents, and for each subsequent certificate made out at the same time, the sum of twenty-five cents; and no certificate of birth of any child shall be made out after the expiration of one year from the time of birth, except upon the affidavit of a physician or midwife, or in the case of children born where there is no attendance upon the mother, upon the affidavit of the parent or parents, guardian or other person having the custody of such child, stating the facts relating to such birth required to be reported; and any physician or midwife who shall neglect or refuse to report, as herein required, any birth at which he was present, or in attendance upon the mother, immediately thereafter if it shall become his duty to do so, shall forfeit and pay for each such offense a sum not exceeding five dollars; and any person who shall neglect or refuse to perform any other duty required of him by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

1891. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourteenth (4th)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 10th 91
4. *Place of Birth, (Street and Number)*	1218 William
5. *Full Name of Mother,*	Eliza Akehurst
6. *Mother's Maiden Name,*	Eliza Gerbrick
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Akehurst
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	B F Phillips
Address,	753 W Lexington St
Remarks,	

8 9 1 0 0 0 3 4 6 5

month, and shall set forth as far as the same can be ascertained the name and surname of each child (if any alive at the time of making such return) born since the last preceding return, the sex and color of such child, the date and place of birth; and the name, surname, residence and occupation of the parents of such child; and shall also state whether a certificate of the birth of such child has been conferred; if so, the date of such certificate; and if not, the reason why such certificate has not been conferred; and the said schedule shall be delivered, duly signed by the person making the return, to the Registrar of Vital Statistics at the office of the Board of Health, on the first Monday in each month; and if any person required by this section to make a return shall refuse or neglect to make such return within the time aforesaid, he shall forfeit and pay the sum of ten dollars for each and every such offence; and if any midwife or other person who shall become the usual attendant upon the mother, immediately thereafter, shall refuse or neglect to make such return within the period above required, and pay such penalty, such midwife or other person shall be incapable of practicing as a midwife in the city of Baltimore, and shall not be entitled to the benefit of any law now in force or hereafter to be passed for the protection of midwives; and if any physician shall refuse or neglect to make such return within the period above required, and pay such penalty, such physician shall thereafter be incapable of practicing as a physician in the city of Baltimore, and shall not be entitled to the benefit of any law now in force or hereafter to be passed for the protection of physicians. Who shall hereafter practice as a midwife or physician in the city of Baltimore, without having complied with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 11-19-59

RETURN OF A BIRTH. A 33795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ada Irene Wimmer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 11, 1891
4. Place of Birth, (Street and Number) 613 Lafayette Ave
5. Full Name of Mother, Amanda E Wimmer
6. Mother's Maiden Name, Amanda E Lynch
7. Mother's Birthplace, Mt Washington Bal Co
8. Full Name of Father, Wm Wimmer
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Mary I Peregoy

Address, 2847 Fairmount Ave

Remarks,

8 9 1 0 0 0 3 4 6 6

CITY OF BALTIMORE 1891

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3396.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th September 1891
4. Place of Birth, (Street and Number) Balto 764 West Mulberry
5. Full Name of Mother, L. A. Waddell
6. Mother's Maiden Name, L. A. Robins
7. Mother's Birthplace, Virginia
8. Full Name of Father, W. B. Waddell
9. Father's Occupation, Clerk
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 W Lexington St

Remarks,

8910003467

duties and shall set forth as far as the same can be ascertained, the full name, sex, color, the full name and occupation of each parent, (if any shall have been married,) the residence of each parent at the time of the birth, and the date of birth of each child delivered, duly signed by the practitioner in attendance, or in case there was no practitioner in attendance, by the parent or person having charge of such child; and in case any child shall hereafter be born alive in the City of Baltimore and shall die within the limits of the City and shall thereafter be buried without the limits of the City, and in case any child born alive in the City of Baltimore shall die without the limits of the City and shall be buried within the limits of the City, the undertaker or other person having charge of the burial of such child shall make a return of the facts required to be returned in relation to births and deaths to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, and every such person who shall refuse or neglect to make such return, or who shall make a false return, or who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 33797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	13 Sept
4. Place of Birth, (Street and Number)	1911
5. Full Name of Mother,	Lydia E Baker
6. Mother's Maiden Name,	Lydia E Baker
7. Mother's Birthplace,	Baltimore city
8. Full Name of Father,	H E Baker
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Baltimore city
Name of Medical Attendant, or other person who makes this Return:	Mrs Mary [illegible]
Address,	1037 [illegible]
Remarks,	

1 8 9 1 0 0 0 3 4 6 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. B 33795.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1 September
4. Place of Birth, (Street and Number) Hubert St. 1401
5. Full Name of Mother, Lou Lane Howard.
6. Mother's Maiden Name, Burke
7. Mother's Birthplace, Liverpool
8. Full Name of Father, John Francis Hastings Howard
9. Father's Occupation. Labour.
10. Father's Birthplace, Liverpool

Name of Medical Attendant, or other person who makes this Return. Catherine Wynn

Address, Reasons St. 1421 Lows Point

Remarks,

8 9 1 0 0 0 3 4 6 9

month, and shall set forth as far as the same [illegible] been conferred its sex, color, the full name [illegible] said schedule shall be delivered, duly signed [illegible] shall occur without the attendance of a [illegible] attendance upon the mother, immediately [illegible] child to report its birth to the Commissioner [illegible] and shall pay a penalty of ten dollars [illegible] jected to the fine of ten (10) dollars for each offense.

[illegible] Name of each child, if any, which has [illegible] its [illegible] the date and place of birth, and the [illegible] of a certificate between the first and [illegible] Health. In case the birth of any child [illegible] to other person be in attendance, it shall be the duty of the person or persons required, and within the period above required, and the provisions of this section shall be subject to the same fines and forfeitures as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	III
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	4 September
4. *Place of Birth, (Street and Number)*	Beason st. 1450
5. *Full Name of Mother,*	Maria Funk.
6. *Mother's Maiden Name,*	" Steinabst
7. *Mother's Birthplace,*	Germany Oldenburg
8. *Full Name of Father,*	Johann Funk
9. *Father's Occupation,*	Laboar.
10. *Father's Birthplace,*	Germany Oldenburg
Name of Medical Attendant, or other person who makes this Return.	Kaufmann M.D.
Address,	Beason st. 1421 Louis Funk
Remarks,	

8 9 1 0 0 0 3 4 7 0

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33300.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child ~~to Mother~~ (state whether 1st, 2d, 3d, &c.) first

1. Sex. (state whether male or female) William Frederick Male
2. Race or Color. (if not of the white race) White
3. Date of Birth. 5th of September
4. Place of Birth. (Street and Number) 1446 Fulton Ave
5. Full Name of Mother. Emma McComas
6. Mother's Maiden Name. Emma Kuhl
7. Mother's Birthplace. Baltimore Md
8. Full Name of Father. Francis McComas
9. Father's Occupation. Moulder
10. Father's Birthplace. Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Sadie Ball

Address, 602 Gold st

Remarks, Full name of child added by father upon applying for a transcript. Emma J McComas

S 9 1 U 0 D 3 4 7 F B Wbm - Wg V

Nov. 00-1936

J Ball

CAUTION. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

978 J. D. SULLIVAN CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 6 '9'
4. Place of Birth, (Street and Number) 2507 Frances St
5. Full Name of Mother, Dena L Messersmith
6. Mother's Maiden Name, Dena Lucke
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Messersmith
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, H C A G

Address, Madison cor Bloom St

Remarks,

8 9 1 0 0 0 3 4 7 2

WM. J. O. SULLIVAN CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

No. 43307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth. Sept 7th 91
5. Place of Birth, (Street and Number) 215 Retreat St
6. Full Name of Mother, Annie Glen
7. Mother's Maiden Name, Annie Diamond
8. Mother's Birthplace, not known
9. Full Name of Father, Robert Glen
10. Father's Occupation, Mill Case Co.
    Father's Birthplace, Baltimore Md.
    Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.
    Address, 2646 Frances St.
    Remarks, Mother has done well. Child healthy. though born with imperforate foreskin (Operation Circumcision)

RECEIVED SEP 10 1891 CITY OF BALTIMORE

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 33303.

GIVEN NAME ADDED 1-17-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elizabeth Kawonski

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 September, 1891.
4. Place of Birth, (Street and Number) Garrett Avenue 1768
5. Full Name of Mother, Elise Kawonski
6. Mother's Maiden Name, " Schmidt
7. Mother's Birthplace, Germany
8. Full Name of Father, August Kawonski
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Baltimore Maternity Hospital

Address, Broadway St. 1421 Lorus Court.

Remarks,

8910003474

month, and shall set forth as far as the same may be ascertained the full name of each child of the same mother born since the last preceding return, the sex, color, full name and occupation of the father, the date of birth, and the place of birth, (street and number) of each child, and the full maiden name, birthplace and occupation of the mother. In case the birth of any child shall occur without the attendance of any physician or midwife, or should no other return of such birth be made as required by this section, it shall be the duty of the person or persons in charge of the house in which such birth occurs, within the period above required, and every month thereafter, to report the same to the Commissioner of Health, and any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the penalty hereinafter provided. Any physician or midwife who shall neglect or refuse to report the birth of any child at which he or she was in attendance upon the mother, as required by this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

3380

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible] S. Bond st
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks,

1891000003475

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 33301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Lt Brte
3. Date of Birth, Sept 10th
4. Place of Birth, (Street and Number) 512 Hanover St
5. Full Name of Mother, Maggie Barton
6. Mother's Maiden Name, Shafer
7. Mother's Birthplace, Balto
8. Full Name of Father, Isadon Barton
9. Father's Occupation, Piano Polisher
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. H H Wisley

Address, 408 Hanover St

Remarks, 8910003476

month, and shall set forth as far as the same can be ascertained, the name, sex, color, the full name and occupation of parents, and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the person or parents of such child (if any shall have been conferred) its sex, color, the full name and occupation of parents, and place of birth; and the third day of each and every month to the office of the Commissioner of Health, and the certificate between the first and said office within the time aforesaid, or shall neglect or refuse to deliver the same duly signed as aforesaid, or shall neglect or refuse to attend to the duties of midwifery, or shall in other respects fail to perform the duties required of him or her by this ordinance, or shall refuse or neglect to give his or her attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this section of this ordinance shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored Race

3. Date of Birth, 1120 Hoffman St.

4. Place of Birth, (Street and Number) Sept. 13th 1891

5. Full Name of Mother, Rosetta Hampton

6. Mother's Maiden Name, Easter Shoe

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace, Lucinda Hilliard

Name of Medical Attendant, or other person who makes this Return. 1125 Mill Register St

Address,

Remarks,

8910003477

...shall contain a list of the ... registered under his or her care during the ... month, and shall set forth as far as the same can ... been conferred), its sex, color, the full ... said schedule each and every month to the ... shall occur without the attendance of a ... attendance upon the mother, immediately ... child to report the same to the Commissioner ... jeel to the fine of ten [illegible] dollars for each ...

...the name of each child, if any shall have ... date and place of birth; and the ... a certificate thereof, signed by ... in case the birth of any child ... Commissioner of Health, within the period ... shall be in ... of the person or parents of such ... Health, in the manner ... to comply with the ... fines and forfeitures are recoverable.

...CITY OF BALTIMORE...

...WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 3230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

Name: John F Schmeltz

1. Sex, (state whether male or female) M

2. Race or Color. (if not of the white race) W

3. Date of Birth, Feb 13th 1921

4. Place of Birth, (Street and Number) 202 S Broadway

5. Full Name of Mother, Annie Schmeltz

6. Mother's Maiden Name, Annie Carlson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Schmeltz

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. Wolfe

Address, 202 S Broadway

Remarks,

8 9 1 0 0 0 3 4 7 8

month, and shall set forth, so far as the same can be ascertained, the name and surname of each child (if any shall have been born alive), the sex, color, date and place of birth, and the name, residence, occupation, and place of birth of the parents; and the said schedule shall be delivered, duly signed by the practitioner in the case, or by the person who shall have given the certificate herein required, to the clerk or registrar of the district in which the child was born, within ten days after the third day of each and every month to the clerk or registrar of the district in which the child was born, within ten days after the third day of each and every month to the clerk or registrar of the district in which the child was born, within ten days after the third day of each and every month to the clerk or registrar of the district in which the child shall occur without the attendance of a physician or midwife, the duty of the person or parents of such child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to make such report, or who shall make false statement in the premises, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33308.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible]

8 9 1 0 0 0 3 4 7 9

...month, and shall set forth as far as the same ... of each child, if any shall have ... the date and place of birth; and the ... of a certificate between the first and ... Health. In case the latter person be un... or parents of such ... of the provisions of this section, shall, ... other rules and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 33507

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 14
4. Place of Birth (Street and Number)	2230 Federal Av
5. Full Name of Mother	Emma J. Brown
6. Mother's Maiden Name	Emma Jones
7. Mother's Birthplace	Ridgely Md
8. Full Name of Father	Charles W Brown
9. Father's Occupation	Butcher
10. Father's Birthplace	Balt Md
Name of Medical Attendant, or other Person who makes this Return.	Robt H Knauer
Address	1205 N Bayard St
Remarks	

891U003480

Send this physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, a small report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether living or dead, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

BALTIMORE CITY
DEPARTMENT OF HEALTH
DATE OF BIRTH
SEP 14 1891

RETURN OF A BIRTH. A 33210.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 14
4. Place of Birth (Street and Number)	818 N. Carrollton Av
5. Full Name of Mother	Mary M Bay
6. Mother's Maiden Name	Mary Hudgins
7. Mother's Birthplace	Maryland
8. Full Name of Father	James M Bay
9. Father's Occupation	Merchant
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Robt K Knapp
Address	1205 W Baltimore St
Remarks	

8 9 1 0 0 0 3 4 8 1

advise at the birth of any child, within [illegible] City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the time and place of birth, and color of the child or children born, its or their physical condition, whether [illegible] child or children, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 3 4 8 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 33217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, April 11 1921

4. Place of Birth, (Street and Number) 1320 Druid Hill Ave

5. Full Name of Mother, Thomas Johnson

6. Mother's Maiden Name, Bessie Johnson

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Edward Johnson

9. Father's Occupation, Waiter

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Dr. Mother

Address, [illegible]

Remarks,

8 9 1 0 0 0 3 4 8 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33313.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	Sept 12th 89
4. *Place of Birth, (Street and Number)*	1426 North Register St
5. *Full Name of Mother,*	Bessie Thomas
6. *Mother's Maiden Name,*	Bessie Lady
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Eugene Tomas
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Lucinda Hartford
Address,	128 North Register St.
Remarks,	

6 9 1 0 0 0 3 4 8 4

Health. This schedule shall contain a list of the births [illegible] the Commissioner of [illegible] order, or other care during the month, and shall set forth as far as the same can be [illegible] each child, the full name and [illegible] been conferred) its sex, color, the full name and [illegible] date and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] certificate between the first and [illegible] of each and every month. Any person who shall cause the birth of any child shall occur without the attendance of a physician or [illegible] midwife, shall cause the birth of such child to report the birth to the Commissioner of Health [illegible] public person or parents of such attendance upon the mother, immediately thereafter, shall [illegible] the period above required, and child to report the birth to the Commissioner of Health [illegible] and in addition thereto shall be sub- ject to the fine of ten [illegible] dollars for each offense. [illegible] section shall be sub- ject to the fine of ten [illegible] dollars for each offense. [illegible] and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 33315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept 1st 91

4. *Place of Birth, (Street and Number)* #612 E. Biddle St

5. *Full Name of Mother,* Catherine Gaulton

6. *Mother's Maiden Name,* " McGuinness

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* August Gaulton

9. *Father's Occupation,* Cook

10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Villegent

Address, #1031 E. Monument St

Remarks, 1 8 9 1 0 0 0 3 4 8 5

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33315

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ild of Mother, (state whether 1st, 2d, 3d, &c.) Third

er male or female) Male

Color, (if not of the white race) White

Birth, First Settlement

Birth, (Street and Number) Baltimore 1926 David Williams

Mother, Ella Weber

's Maiden Name, Ella Weber

's Birthplace, Chicago

Name of Father, Oleg Ivanoff

's Occupation, Jeweler

's Birthplace, Baltimore

of Medical Attendant, or other person who makes this Return. Mrs Ruth Altemus

s, No 1206 N Patterson

ks,

8 9 1 0 0 0 3 4 8 6

STATIONERS.

RETURN OF A BIRTH. A 33316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) .....

1. Sex, (state whether male ~~or female~~) .....
2. Race or Color, (~~if not of the~~ white race) .....
3. Date of Birth, Sept 3 1891
4. Place of Birth, (Street and Number) 213 S Shiap
5. Full Name of Mother, Fanni Stradunas
6. Mother's Maiden Name, Fanni Gaulz
7. Mother's Birthplace, Ger
8. Full Name of Fother, Alexander J. Stradunas
9. Father's Occupation, Fruit Dealer
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return Theodore Carter Md

Address, 914 N Chas

Remarks, ...

6910003487

mouth, and shall set forth as far as the same can be ascertained the full name and occupation of its ... every child born within the limits of any ... shall have been entered, shall be delivered, duly signed by the practitioner ... Between the first and fifth days of each and every month to the office or practitioner ... The birth of any child ... shall occur without the attendance ... immediately thereafter it shall become ... within the period above required, and ... attendance upon birth to the Commissioner of Health, in ... with the provisions of this section shall be ... subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 33317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Sept 4th 1891
4. Place of Birth, (Street and Number) #111 Thompson Pl
5. Full Name of Mother. Mary Coogleau
6. Mother's Maiden Name. Bedeman
7. Mother's Birthplace. Balto Md
8. Full Name of Father. Christopher Coogleau
9. Father's Occupation, Laborer
10. Father's Birthplace. Balto Md

Name of Medical Attendant, or other person who makes this Return. Wm Henry Nitkepert

Address, #1316 W Baltimore St

Remarks, 6910003488

THE J. C. BULLARY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 33318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th. child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth September 5th 1891

4. Place of Birth, (Street and Number) 127 N. Central Avenue.

5. Full Name of Mother, Mary M. Geis

6. Mother's Maiden Name, Cordier

7. Mother's Birthplace, Gettysburg Pa

8. Full Name of Father, Frank E. Geis

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Francis A Sauer M.D.

Address, 439 N. Central Avenue.

Remarks,

8 9 1 0 0 0 3 4 8 9

SEP 18 1891 CITY BOARD OF HEALTH BALTIMORE MD

Every Physician or Midwife, or other person who shall hereafter attend upon any birth, shall, within ten days after such birth, report the same to the Commissioner of Health, in the form of a certificate between and place of birth, and the sex, color, and full name and occupation of its parents, if known, which certificate shall be delivered, duly signed by the physician and description of its birth of any child shall neglect for the space of ten days after the birth of such child to report the existence upon the mother, immediately after the birth, and within ten days thereafter, to report the existence of such child, or persons who shall neglect or fail to comply with the provisions of this section shall be subject to a penalty of not less than two dollars nor more than ten dollars for each offence to be recovered as other fines and forfeitures are recovered.

John Murphy & Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name and occupation of the father of such child, if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date of birth, and the place of birth; and the said schedule shall be delivered, duly signed by the person in charge of the house, or by the attendant, in the case of a child born between the first and third day of each and every month, to the Commissioner of Health, in the form of a certificate to be furnished by him for that purpose; and shall also state the number of children born to the mother, and the number of such children living. Every person who shall neglect or refuse to make such return, or to deliver such schedule, or to procure the same to be done, as required by this ordinance, and every physician or person in attendance upon the mother, immediately thereafter, if no physician or person or parents of such child to report the birth to the Commissioner of Health, in the form of the certificate above required, and any such person or persons who shall neglect or refuse to make such report, shall forfeit and pay for every such offense, to be recovered as fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 33319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Sept 6th 91
4. *Place of Birth, (Street and Number)* #839 E Monument Av
5. *Full Name of Mother,* Alma Riegel
6. *Mother's Maiden Name,* Caleb
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* John W. Riegel
9. *Father's Occupation,* Carpenter.
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Anna Dillenist

Address, #838 E Monument St.

Remarks, 1891000349 0

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

33320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* ~~1st, 2d, 3d,~~ &c.) 5th Child

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Sept 7 1891
4. *Place of Birth,* (*Street and Number*) 1012 Johnson St
5. *Full Name of Mother,* Mary A Airy
6. *Mother's Maiden Name,* Mary A. Tindall
7. *Mother's Birthplace,* Balto City Md
8. *Full Name of Father,* Jas M C Airy
9. *Father's Occupation,* Agt Rom
10. *Father's Birthplace,* Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke MD

Address, 974 St Charles St

Remarks,

8 9 1 0 0 0 3 4 9 1

RETURN OF A BIRTH. A33321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Sept. 7th 1891

4. Place of Birth, (Street and Number) 12 Edward St

5. Full Name of Mother, Mamie Distance

6. Mother's Maiden Name, Brooks

7. Mother's Birthplace, Balto. Md

8. Full Name of Father, Joseph S. Distance

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto. County Md

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauer M.D.

Address, 439 N. Central Avenue

Remarks,

1891000349 2

HEALTH DEPARTMENT CITY OF BALTIMORE SEP 18 1891

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 33322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) 8 & 9 Children

1. Sex, (state whether male or female) Male & Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 8. 1897
4. Place of Birth, (Street and Number) 30 Blair ave
5. Full Name of Mother, Amelia Dollinger O'Neil
6. Mother's Maiden Name, ~~Amelia Dollinger~~ O'Neil
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles Dollinger
9. Father's Occupation, Hat Dyer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr Charles

Address, 94 N Charles

Remarks, 8910003493

And shall set forth as far as the same can be ascertained the full name of each child of any shall have been delivered, with the sex, color, the full name and the occupation of its parents, the date and the place of birth; and the name and residence of the physician in the city attending at the birth of any child, or if no physician was present, then the name and residence of the midwife or person who shall be in attendance at the delivery; and if a child shall become dead before a certificate shall be delivered, the fact shall be stated in the certificate, with the cause of death, if known. And the Commissioner of Health shall cause to be printed on the certificate to be delivered to the parent of such child, the substance of this section. And if any person shall neglect or refuse to report its birth to the Commissioner of Health within the time aforesaid, or shall neglect or refuse to comply with the requirements of this section, every such person or persons shall hereafter fail to comply with the requirements of this section, every such person or persons shall, on conviction thereof, be subjected to the fine of not less than two dollars nor more than ten dollars for each offense, to be recovered as other debts are recoverable.

SEP 10 1897 BOARD OF HEALTH BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 8th 1891
4. Place of Birth, (Street and Number) 1305 E. Lombard St
5. Full Name of Mother, Mary C. Larkin
6. Mother's Maiden Name, Harris
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Jas. A. Larkin
9. Father's Occupation, Engineer
10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauerhaft

Address, 439 N. Central Ave.

Remarks,

8910003494

BALTIMORE CITY REGISTRY OFFICE SEP 10 1891 CITY OF BALTIMORE

1st. If the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name, sex, color, (whether white or black,) parentage, (whether legitimate or illegitimate,) the full name and occupation of its parents, the date and place of birth, and the said schedule shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month, and shall be delivered, or shall be otherwise transmitted to the Commissioner of Health, in the manner prescribed by the rules and regulations of the Board of Health. In the event of the birth of any child shall occur without the attendance of a physician or midwife, or should no other person report its birth to the Commissioner of Health, in the manner prescribed by the rules and regulations of the Board of Health, it shall be the duty of the householder in whose house such birth occurs, or the nearest relative present at the birth, or the person in charge of the premises where such birth occurs, to report the birth to the Commissioner of Health, in the manner prescribed by the rules and regulations of the Board of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: George Jacob Hoeflich Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 9th 1891
4. Place of Birth, (Street and Number) 112 S. Charles St
5. Full Name of Mother, Josephine Hoeflich
6. Mother's Maiden Name, Dieckmann
7. Mother's Birthplace, Balto Md
8. Full Name of Father, George J. Hoeflich
9. Father's Occupation, Restaurant
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Sprague Nitzgis

Address, 703 E. Monument St.

Remarks, 891000349 5

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 1 1891
4. Place of Birth, (Street and Number) 1117 E. Baltimore St.
5. Full Name of Mother, Martha Edwards Wilson
6. Mother's Maiden Name, Martha Susan Howard
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Louis Wilson
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr. Howard E. Crowell

Address, 216 North Eutaw St Avenue

Remarks,

8910003496

CITY REGISTRAR OF VITAL STATISTICS BOARD OF HEALTH BALTIMORE

months, and shall set forth as far as the same can be ascertained, the full name and occupation of each child (if any shall have been conferred) its sex, color, the full name and occupation of the parents, and the date and place of birth; and the said schedule shall be delivered, duly signed, at the office of the registrar, in case the birth person lie in third day of such a confinement of a physician or midwife, otherwise by the person or parents of such child to report its birth to the Commissioner hereafter fail to make such report, or shall wilfully make any false statement in the premises, he or she shall be subject to the fine of ten (10) dollars for each offense, to which penalties and forfeitures are recoverable.

498.—J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33326.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 12th 1897

4. Place of Birth, (Street and Number) Baltimore MD 3225 Gilmor St

5. Full Name of Mother, Mary J Wallace

6. Mother's Maiden Name, Mary J Cannon

7. Mother's Birthplace, Baltimore MD

8. Full Name of Father, James Wallace

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Cannon

Address, [illegible]

Remarks, Born [illegible] 8910003497

month, and shall set forth as far as the same can be ascertained, the name of each child, if any, born since the [illegible] the full name and occupation of the father, the maiden name of the mother, the [illegible] of birth, and the [illegible] case the birth of any such child shall not have been registered, the name of the child, if it has been named, the date of birth, the sex, color and race of the child, whether the birth was single, twin or triplet, and the [illegible] between like first and [illegible] case the birth of any such child shall not have been registered, the name of the child, if it has been named, the date of birth, the sex, color and race of the child, whether the birth was single, twin or triplet, and the [illegible] of each such child; and if no child was born alive during the period above required, and [illegible] should no other births occur, a return to that effect shall be made. Any physician or midwife who shall neglect or refuse to make the return required by this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

[illegible] shall occur without the attendance of a physician or midwife, it shall be the duty of the [illegible] immediately thereafter to report the same to the Commissioner of Health. In the manner and within the hours of this section shall be [illegible] attendance upon the birth, to the Commissioner of Health, or his agent, within the hours of this section shall be [illegible] child to report, as herein required, shall neglect or fail to comply with the provisions of this section shall be liable, [illegible] any such person or persons who shall neglect or fail to comply with the provisions of this section shall be liable, upon conviction, to a penalty of not less than five (5) dollars nor more than ten (10) dollars for each offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

B 3337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Fema[illegible]
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	September 12 1891
4. *Place of Birth, (Street and Number)*	Sarah apmt #769 Balto
5. *Full Name of Mother,*	Mary A. Moore.
6. *Mother's Maiden Name,*	Mary A. Bies
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	John H. Moore
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Miss Minty Taylor
Address,	#762 Sarah ann St.
Remarks,	

8 9 1 0 0 0 3 4 9 8

month and shall set forth as far as the same shall be known to the informant, the name of each child, if any shall have been conferred) its sex, color, the full name of the mother, the date and place of birth; and the said schedule shall be delivered, duly signed, to the Registrar of Vital Statistics within ten days after the birth of any child. Third day of each month a schedule of the births which have occurred during the preceding month, and the first day of each month a certificate of physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, to the Registrar of Vital Statistics within ten days after the birth of any such child to report its birth to the Commissioner, giving the name of the child, if any shall have been conferred, its sex, color, the full name of the mother, the date and place of birth; and the person of persons so neglecting shall be subject to the fine of ten (10) dollars for each offence. Other fines and forfeitures are recoverable.

BOARD OF HEALTH OF BALTIMORE

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. B 33328.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 2 1891
4. Place of Birth, (Street and Number) Carroll Baltimore
5. Full Name of Mother, Sara V. Hayes
6. Mother's Maiden Name, Sara V. Polsen
7. Mother's Birthplace, Talbot Co Md
8. Full Name of Father, Henry C. Hayes
9. Father's Occupation, Farmer
10. Father's Birthplace, Middletown Delaware

Name of Medical Attendant, or other person who makes this Return. Elizabeth Bickle

Address, Carroll Baltimore Md

Remarks, T 8 9 1 0 0 0 3 4 9 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been registered, its sex, color, the full name and the date of birth, and the name, color, age and residence of the parents of such child, and the number of children born to such mother, including the present birth, and the number now living, in the form of a return to be furnished by the Commissioner of Health, and shall sign his name to such return. Every physician or midwife in attendance upon the mother, immediately after the birth of such child, shall report to the Commissioner of Health, in the manner and form above required, and every person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are now recovered.

CITY OF BALTIMORE 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 8th 91
4. Place of Birth, (Street and Number)	625 George St.
5. Full Name of Mother,	Josephine Munsetter
6. Mother's Maiden Name,	" Tierney
7. Mother's Birthplace,	Frederick Co. Md.
8. Full Name of Father,	J. E. Munsetter
9. Father's Occupation,	Asst R. R. Roadmaster
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	F. B. Gardner
Address,	424 N. Greene St.
Remarks,	

1891 0003500

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. B 33330.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, Sept 9th '91
5. Place of Birth, (Street and Number) 254 W. Biddle St.
6. Full Name of Mother, E. Mc Glone
7. Mother's Maiden Name, Malone
8. Mother's Birthplace, Ireland
9. Full Name of Father, John Mc Glone
10. Father's Occupation, Livery Stable
11. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner

Address, 424 N. Green St.

Remarks,

8910003501

CITY OF BALTIMORE

...and shall set forth as far as the same can be ascertained the full name of the child, if any shall have been conferred) its sex, color, the full name, residence and occupation of its parents, the number of children born to the mother, and the month, and shall be signed by the practitioner in the case of births attended by a physician, and in all other cases by the father, mother or householder in whose house the birth occurs, or in case there is no such householder, then by the person having charge of such child to report its birth to the Commissioner of Health. In the event of the birth of any child without the attendance of a physician, or if it shall become necessary, in the opinion of the Commissioner of Health, to require further information in relation to any birth, the Commissioner of Health shall require the same to be furnished by any such person as aforesaid, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as by law provided.

...M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33331.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 10 1891
4. Place of Birth, (Street and Number) 404 N. Howard St.
5. Full Name of Mother, Justina Stout
6. Mother's Maiden Name, Justina Stout
7. Mother's Birthplace, Penna.
8. Full Name of Father, John H. Stout
9. Father's Occupation, Conductor N. C. R. R.
10. Father's Birthplace, Penna.

Name of Medical Attendant, or other person who makes this Return. Cecil C. Stewart M.D.

Address, 120 W. 41st St.

Remarks,

1891 0003502

month, and shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth, and the name and occupation of the parents of each child born within the said district during the preceding month. And the said schedule shall be delivered, duly signed by the practitioner or person in charge, at the office aforesaid within the first ten days of the third day of each and every month to the office of the Commissioner of Health. The first and third days of each month are hereby appointed for the delivery of said schedules. No birth shall occur without the attendance of a physician or practitioner or midwife, or some other person shall be present who shall report such birth to the Commissioner of Health, which report shall become the duty of such attendant or person in charge, and in the manner and within the time prescribed by this section. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be fined, and subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 33332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex,* (State whether male or female) Female
2. *Race or color,* (if not of the white race) White
3. *Date of Birth,* Sept 10 91
4. *Place of Birth,* (Street and Number) 727 Hamburg St
5. *Full Name of Mother,* Rebecca Hughes
6. *Mother's Maiden Name,* Scull
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* George Hughes
9. *Father's Occupation,* Glass Blower
10. *Father's Birthplace,* New Jersey

Name of Medical Attendant, or other person who makes this Return. F. M. Lumpkin(?) M.D.

Address, [illegible]

Remarks,

8910003503

[illegible] as far as the same can be ascertained [illegible] child, (if any shall have been conferred) its sex, color, the full name and occupation [illegible] place of birth; and the said schedule shall be delivered, duly signed by the [illegible] between the first and third day of each and every month to the office of the [illegible] the birth of any child shall occur without the attendance of a physician or [illegible] no other person be in attendance upon the mother, immediately thereafter [illegible] person or parents of such child to report its birth to the Commissioner of Health, in [illegible] above required, and any such person or persons who shall hereafter fail to comply [illegible] of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered [illegible] and forfeitures are recoverable.

Stamp: [illegible] SEP 18 1891 [illegible]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (State whether ~~male or~~ female)
2. Race or color, (~~State of the~~ white race)
3. Date of Birth, Sept 10 91
4. Place of Birth, (Street and Number) 607 E Lanvale St.
5. Full Name of Mother, Lilly May Holmes
6. Mother's Maiden Name, J. Beard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Edward Holmes
9. Father's Occupation, Carriage Trimmer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr J Chas Mud

Address, 1502 N. Bond St.

Remarks. R. C. A. Labor easy. Placenta completely adherent removed artificially. Threatened Abscess[illegible] Dist 4th Dist.

8 9 1 0 0 0 3 5 0 4

CITY OF BALTIMORE

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-24-56

RETURN OF A BIRTH

A. 333.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lucy Morehead — Little

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth. Nov 11 - 91

4. Place of Birth, (Street and Number) 514 N. Bond St

5. Full Name of Mother. Lucy M. Little

6. Mother's Maiden Name. Bond.

7. Mother's Birthplace, Penn.

8. Full Name of Father, John Little

9. Father's Occupation, Glass Blower

10. Father's Birthplace, Penn

Name of Medical Attendant, or other person who makes this Return. J. M. Lamplough M.D.

Address, 514 N. Bond St

Remarks, 1 8 9 1 0 0 0 3 5 0 5

CITY OF BALTIMORE

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 33335.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th child

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sep 11 th 1891.
4. *Place of Birth (Street and Number),* 1444. E Baltimore st Balto
5. *Full Name of Mother,* Mary E. Schuler.
6. *Mother's Maiden Name,* " Vogelgesang.
7. *Mother's Birthplace,* Alexandria Va
8. *Full Name of Father,* Joseph A. Schuler
9. *Father's Occupation,* Butcher.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Ann Kosman

Address, 13. S. Eden st.

Remarks,

18910003506

And shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth, and the full name and residence of the parents, the number of children of the mother, and the number of such children living, of each birth which shall occur within the city of Baltimore after the first day of April, 1875, and every such return shall be delivered, duly signed by the practitioner in the form of a certificate, or if there be no such practitioner in attendance, then by the owner or agent of the house in which such birth shall occur without unnecessary delay, and in every case within ten days after such birth, to the office of the Commissioner of Health, or should no such office be established at the time of such birth, then to the nearest public office for the registration of births; and every such practitioner, owner or agent who shall neglect or refuse to deliver such certificate or return as aforesaid, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 33336.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Sept. 12 1891
4. Place of Birth, (Street and Number) 2440 Maryland Ave
5. Full Name of Mother, Annie Greene
6. Mother's Maiden Name, Annie Greene
7. Mother's Birthplace, Calvert Co. Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Cecil C. Stewart M.D.

Address, 120 W. 4th St.

Remarks, Patient servant at 2440 Md. Ave. Refused to give birth & age of child.

month and shall set forth as far as the same can be ascertained the full name, sex, color, [illegible] of the child, if any shall have been conferred) its age, color, [illegible] and occupation of the parents, and the [illegible] and place of birth; and the said schedule shall be every month to the officer or [illegible] of the person or parents of such child to report its birth, with or without the attendance of a physician, within the period above mentioned, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 33337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st to Th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	12 of Sept 1891
4. Place of Birth, (Street and Number)	No 1324 Hollbrook Lt
5. Full Name of Mother,	Mary Lizzie Heist
Mother's Maiden Name,	Mary E. Mauker
Mother's Birthplace,	Baltimore
8. Full Name of Father,	Adolph Heist
9. Father's Occupation,	Barber
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Ch Lauer
Address,	No 1059 Harford Ave
Remarks,	Balto

1891 0 0 3 5 0 8 1

1891

CITY OF BALTIMORE

1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 33338.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th

1. Sex, (state whether male or female) twins male and female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 14
4. Place of Birth, (Street and Number) Lanvail st ext 2853
5. Full Name of Mother, Margie Allie McGuinness
6. Mother's Maiden Name, Margie A Kenedy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Thomas McGuinness
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary I Dorsey

Address, Lanvail st ext 2847

Remarks,

1891 0003509

SEP 17 1891 BOARD OF HEALTH

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33339

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

I am my physician, nurse, midwife, householder, inmate, or person in charge, who shall attend, assist, or advise at the birth of any child within the limits of Baltimore City, shall report to the registrar aforesaid, within six days thereafter, stating distinctly, under oath, the date of birth, and color of the child or children born, its or their physical condition, whether living or dead, full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, ~~3d~~, &c.)	
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Mulatto
3. *Date of Birth*	Sept. 14th 1891.
4. *Place of Birth* (Street and Number)	No. 2. S. Eutaw Alley
5. *Full Name of Mother*	Mary Anna McCraw.
6. *Mother's Maiden Name*	Conaway
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	James McCraw.
9 *Father's Occupation*	Policeman,
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Alice H. Sachs, M.D.
Address	20 Saint Paul St.
Remarks	Natural Labor Alive

CITY OF BALTIMORE BOARD OF HEALTH RETURN

6 9 1 0 0 0 3 5 1 0

RETURN OF A BIRTH A 333440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	Female
Race or color, (if not of the white race)	White
Date of Birth,	15 of September 1891
Place of Birth, (Street and Number)	Bank Street 2170
Full Name of Mother,	Ella L. N. Gunning
Mother's Maiden Name,	Ella L. N. Tacky
Mother's Birthplace,	Baltimore
Full Name of Father,	John N. Gunning
Father's Occupation,	Boiler Maker
Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mary Cuner 166
Address,	
Remarks,	

1891 0003511

CITY OF BALTIMORE 1891

month and shall set forth as far as the same can be ascertained the full name and residence of such person during the time of such confinement, and the day of the month on which such child was born, and the day of the month on which such child may have been conferred, its sex, color, the full name and occupation of its parents, the exact place of birth of the child, and the said schedule shall be delivered, duly signed by the practitioner in the case, to the person who shall give the first and third day of each and every month to the office of the Commissioner of Health, in the manner aforesaid, the birth of any child and shall occur within the interval between the first and third days of the month, or in case of the neglect or refusal of such person to attend to the duty required, and attendance upon the mother, immediately thereafter it shall be the duty of the parent, guardian or other person having charge of the child to report its birth to the Commissioner of Health, in the manner aforesaid, and the penalty above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. DULANY & SO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 3324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	W
3. Date of Birth,	15 Adelph 96
4. Place of Birth (Street and Number),	24 E Lanvale
5. Full Name of Mother,	Mary McAuley Donohue
6. Mother's Maiden Name,	Mary McAuley
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Thomas E. Donahue
9. Father's Occupation,	Manufacturer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	C B Gamble M.D.
Address,	92 S Paca
Remarks,	

8 9 1 0 0 0 3 5 1 2

Baltimore Publishing Co., 1913 Printers and Stationers

A. 33347

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 7th 91
4. *Place of Birth, (Street and Number)*	1501 William St
5. *Full Name of Mother,*	Laura Gardner
6. *Mother's Maiden Name,*	Laura Sappington
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	C. M. Gardner
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	D. F. Phillips
Address,	763 W Lexington St
Remarks,	

8 9 1 0 0 0 3 5 1 3

...month, and shall set forth as far as the same can be ascertained, the full name and residence of the parents, the sex, color, the full name and occupation of the father, and the maiden name of the mother of such child, the date of birth, and such other facts as may be required by the Board of Health; and the said return shall be delivered, duly signed, at the office of the Registrar of Vital Statistics, within ten days after the birth of such child. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in charge of the premises where such birth occurs, to report the same to the Registrar of Vital Statistics, within the period above required, and such person shall set forth in such report all the facts which he or she may be able to ascertain in relation to such birth. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...under his or her care during the first ten days of its life, and the certificate between the first and ... In case the birth of any child ... should no other person be in ... the person in charge of the premises ... such ... required, and ... within the period above ... provisions of this section shall be sub-

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-19-53

RETURN OF A BIRTH A 33343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Eva Kemp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth. Sept. 12. 1891
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible] Kemp
6. Mother's Maiden Name, [illegible] Faust.
7. Mother's Birthplace. [illegible]
8. Full Name of Father, [illegible] Kemp
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. J. B. [illegible] M.D.

Address, 752 Frederick Ave Ext

Remarks, 8 9 1 0 0 0 3 5 1 4

[illegible] mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner [illegible] form of certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1891

[illegible] & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 33315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race)

Date of Birth, Oct 13th 191

Place of Birth, (Street and Number) 1965 E Monument St

Full Name of Mother, Mary [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, [illegible]

8. Full Name of Father, [illegible]

9. Father's Occupation, Blacksmith

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, 8910003515

CITY OF BALTIMORE BOARD OF HEALTH 1891

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33316.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	14 Sep 91
4. *Place of Birth, (Street and Number)*	1008 Madison Ave
5. *Full Name of Mother,*	Maude N. Hatfield
6. *Mother's Maiden Name,*	Wilbur
7. *Mother's Birthplace,*	Balti
8. *Full Name of Father,*	Lt. Taft Hatfield
9. *Father's Occupation,*	Professor
10. *Father's Birthplace,*	Brooklyn N.Y.
Name of Medical Attendant, or other person who makes this Return.	H. M. Wilbur
Address,	1008 Mad. Ave
Remarks,	

8910003516

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the [illegible] of a certificate between the first and third days of each and every month to the person appointed by the Board of Health to receive the same; and the said [illegible] shall receive from the person delivering each schedule a certificate to that effect. Any [illegible] attendance upon the mother, immediately thereafter, shall report the birth of such child, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. To comply with the provisions of this section and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Sept 15th 91
Place of Birth, (Street and Number)	1442 Williams St
5. Full Name of Mother,	Lillie May Steubler
6. Mother's Maiden Name,	Lillie M. Thompson
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wm Steubler
9. Father's Occupation,	Car Driver
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	B A Phillips
Address,	733 W Lexington
Remarks,	

8 9 1 0 0 0 3 5 1 7

CITY OF BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, the sex, color, the full name and occupation of its parents, the time and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, midwife or person in attendance between the first and third day of each and every month to the office of the Commissioner of Health; and in other cases where no attendance within the time above required, and any such person or persons who shall hereafter fail to report its birth to the Commissioner of Health, as herein provided, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thirteenth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 15th 1896
4. Place of Birth, (Street and Number) No 1009 Jenkins Al
5. Full Name of Mother, Rosina Thornton
6. Mother's Maiden Name, " Manns
7. Mother's Birthplace, Green Spring Valley Md.
8. Full Name of Father, Edward Thornton
9. Father's Occupation, Farm hand
10. Father's Birthplace, Green Spring Valley Md

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 1024 Park Ave.

Remarks,

3910003518

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 8-25-56

RETURN OF A BIRTH, A 33208.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Olive V. Markley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 children

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth [illegible]
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother [illegible]
6. Mother's Maiden Name [illegible]
7. Mother's Birthplace [illegible]
8. Full Name of Father [illegible]
9. Father's Occupation [illegible]
10. Father's Birthplace [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address

Remarks

8 9 1 0 0 0 3 5 1 9

...at the birth of any child, within the City of Balt... shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, [illegible] condition, whether still born or not, the full name... name of the mother of such child or children.

...OF BALTIMORE

RETURN OF A BIRTH.

A 33269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Female 4th
1.	*Sex, (state whether male or female)*	White
2.	*Race or Color, (if not of the white race)*	September 15 1891
3.	*Date of Birth,*	1309 Hull Street
4.	*Place of Birth, (Street and Number)*	White
5.	*Full Name of Mother,*	Harriet Lamb
6.	*Mother's Maiden Name,*	Harriet Hargreaves
7.	*Mother's Birthplace,*	England
8.	*Full Name of Father,*	Peter Lamb
9.	*Father's Occupation,*	Coler maker
10.	*Father's Birthplace,*	England
	Name of Medical Attendant, or other person who makes this Return,	Mrs Estate
	Address,	1614 Eutaw St
	Remarks,	8 9 1 0 0 0 3 5 2 0

WM. J. C. BULLEY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33350.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15 Jan 1911
4. *Place of Birth, (Street and Number)* 412 17 33
5. *Full Name of Mother,* Rose
6. *Mother's Maiden Name,* Scott
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, 15 Hat [illegible] Attendant St.

Remarks,

1 8 9 1 0 0 0 3 5 2 1

month, and shall set forth as far as the same shall be known to him or her the name of each child of any such mother born during the said month, the sex, color, the name and residence of the parents, and the date of birth of each child, if any shall have been counterfeit, or such child shall have been delivered to any person other than the parents, or a certificate between the first and third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, or should no other person be in attendance upon the mother immediately after the birth, it shall be the duty of the mother herself to report such birth within the period above required, and any such person or persons who shall hereafter fail to make the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 33351.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 15-91
4. Place of Birth, (Street and Number) 408 Lemmon St.
5. Full Name of Mother, Georgiana Fullerton
6. Mother's Maiden Name, " Keighley
7. Mother's Birthplace, Md
8. Full Name of Father, J. C. Fullerton
9. Father's Occupation, Commercial Traveller
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. J. C. Fuller

Address, ~~8 St~~ 812 Madison Ave.

Remarks,

8 9 1 0 0 0 3 5 2 2

HEALTH DEPARTMENT SEP 1891 CITY OF BALTIMORE

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 33357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5:30 Am. Tuesday Sept 15 1891
4. Place of Birth, (Street and Number) 240 South Wolfe St
5. Full Name of Mother, Annie L. Bornhorn.
6. Mother's Maiden Name, Annie L. Rotts
7. Mother's Birthplace, Durst St. near West Balto.
8. Full Name of Father, Bernard P. Bornhorn,
9. Father's Occupation. Rail Road Warehouseman
10. Father's Birthplace, Bank St. near Caroline St Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Agnes E. Lucas

Address, No. 216 N. Patterson Park Ave

Remarks,

8910003523

month, and shall set forth as far as the same can be ascertained the full name of each child of any child born alive, the sex, color, date and place of birth, the full name, residence and occupation of the parents, the date and place of their marriage, and the number of children born to the mother, and the number now living; and in case of the death of any child said sexton shall be delivered. Duly signed certificates of births and deaths shall be delivered to the sexton at the time of interment. It shall be the duty of each physician, midwife, or other person who shall attend upon any case of birth, to make out a certificate between the first and third day of each and every month to the Commissioner of Health, setting forth the name, residence and occupation of the parents, the date and place of birth of any child attended by such physician, midwife, or other person, and if no birth shall have occurred during the month, then a certificate to that effect shall be made out and delivered to the Commissioner of Health as aforesaid. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. Sex, (state whether male or female) mab
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 15 th 1891
4. Place of Birth, (Street and Number) N# 206 Front ave
5. Full Name of Mother, Barbara Rieve
6. Mother's Maiden Name, Barbara Snyder
7. Mother's Birthplace, Baltimor
8. Full Name of Father, Theo Rieve
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Hornung

Address, N# 1517 Byrd st

Remarks, C

8 9 1 0 0 0 3 5 2 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First child
1. *Sex (state whether male or female),*	male
2. *Race or Color (if not of the white race),*	Colored
3. *Date of Birth,*	Sept 15 1891
4. *Place of Birth (Street and Number),*	City 1107 Parish alley
5. *Full Name of Mother,*	X
6. *Mother's Maiden Name,*	Lizzie gray
7. *Mother's Birthplace,*	Calhoun co
8. *Full Name of Father,*	X
9. *Father's Occupation,*	X
10. *Father's Birthplace,*	X
Name of Medical Attendant, or other person who makes this Return.	Jane warren
Address,	1713 monroe St
Remarks,	

1 8 9 1 0 0 0 3 5 2 5

and shall set forth as far as the same can be ascertained, the date of birth, sex, color, the full name and occupation of the father, and the full name and maiden name of the mother of each child, if any shall have been born alive to her, and the number of children born to her, and the number now living; and the number of births which shall have occurred between the first and third day of each and every month, to the office of the Commissioner of Health, and the Commissioner of Health shall issue to the person reporting such birth or any child shall occur without the attendance of a physician or midwife, a certificate of birth, which certificate shall be signed by the practitioner or midwife in attendance, or by the person reporting the birth, if there be no physician or midwife in attendance; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A. 33350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* First and Second

1. *Sex, (state whether male or female)* Male and Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 16" 1891
4. *Place of Birth, (Street and Number)* 9 S Stricker
5. *Full Name of Mother,* Laura Read
6. *Mother's Maiden Name,* Laura Miles
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John R. Read
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. B. F. Phillips

Address, 753 W Lexington

Remarks,

1 8 9 1 0 0 0 3 5 2 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can [illegible] of each child, (if any shall have been conferred) its sex, color, the full name and o[illegible] parents, [illegible]ate and place of birth; and the said schedule shall be delivered, duly signed by [illegible] the form [illegible] certificate between the first and third day of each and every month to the office [illegible] Commissioner of [illegible] In case the birth of any child shall occur without the attendance of a physician or [illegible] midwife [illegible] should no other person be in attendance upon the mother, immediately thereafter [illegible] the person or parents of such child to report its birth to the Commissioner of Health [illegible] the period above required, and any such person or persons who shall hereafter fail to [illegible] provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to [illegible] fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 33366.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th of September 1891
4. *Place of Birth, (Street and Number)* 625 North Bonk street.
5. *Full Name of Mother,* Maggie Schaller
6. *Mother's Maiden Name,* Maggie Beatenbach
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Gastav Schaller.
9. *Father's Occupation,* Turner
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Geocintia Kunkel

Address, 213 North Chapel st. for Justina Kunkel

Remarks, Healthy

8910003527

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	colord
3. Date of Birth,	Sep 16 1891 alley
4. Place of Birth (Street and Number),	City 1317 nineteen
5. Full Name of Mother,	X son
6. Mother's Maiden Name,	nannie ritchard
7. Mother's Birthplace,	Balt city
8. Full Name of Father,	X
9. Father's Occupation,	X
10. Father's Birthplace,	X
Name of Medical Attendant, or other person who makes this Return.	Jane warren
Address,	1313 monroe st
Remarks,	

1891 0003528

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH, 233338.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First one

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 17 September
4. Place of Birth, (Street and Number) 1202 Baltimore ave
5. Full Name of Mother Barbara Bachmann
6. Mother's Maiden Name Barbara Bachmann
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Boamhoff
9. Father's Occupation Woodworker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Conway

Address

Remarks

8 9 1 0 0 0 3 5 2 9

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child, if children born, its or their physical condition, whether still born or not, the full name, color and residence of the parents, and the maiden name of the mother of such child or children.

RECEIVED SEP 21 1891 REGISTRAR OF BALTIMORE CITY

RETURN OF A BIRTH A 33359.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Black
3. *Date of Birth,*	Sept 17th 1891
4. *Place of Birth, (Street and Number)*	578 Preston St.
5. *Full Name of Mother,*	Sedonia Garrison
6. *Mother's Maiden Name,*	Sedonia Garrison
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Not known - illegitimate
9. *Father's Occupation,*	not known
10. *Father's Birthplace,*	not known
Name of Medical Attendant, or other person who makes this Return.	Amanda T. Nossi
Address,	876 Harlem Ave
Remarks,	1891003530

HEALTH SEP 1891 CITY OF BALTIMORE

WM. J. O. DULANY & BRO., BOOK BINDERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th to 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth. September 17 1899
4. Place of Birth, (Street and Number) 2105 Carverton Road
5. Full Name of Mother. Maggie Shaw
6. Mother's Maiden Name. Maggie Frederick
7. Mother's Birthplace. City
8. Full Name of Father. Henry Shaw
9. Father's Occupation. Cobbler
10. Father's Birthplace. City

Name of Medical Attendant, or other Person who makes this Return Geo. A. Shannon M.D.

Address. 1442 Reedmere St.

Remarks.

8910003531

PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sept. 15, 1891
4. *Place of Birth (Street and Number),* 1117 Myrtle Ave.
5. *Full Name of Mother,* Teresa A. Raitt
6. *Mother's Maiden Name,* Teresa A. Mavaugh
7. *Mother's Birthplace,* Oswego N. Y.
8. *Full Name of Father,* Henry H. Raitt
9. *Father's Occupation,* Dry goods dealer
10. *Father's Birthplace,* Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return. E. E. Wright M.D.

Address, 220 N. Gilmor St.

Remarks, 8 9 1 0 0 0 3 5 3 2

Baltimore Publishing Co., City Printers and Stationers.

A 333621

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	Sept 17th
4. *Place of Birth, (Street and Number)*	2133 Pennsylvania Ave
5. *Full Name of Mother,*	Nora Issiah
6. *Mother's Maiden Name,*	Nora Hayes
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George A Issiah
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Donnelly
Address,	1635 Little Walsh St
Remarks,	8910003533

Health. This schedule shall contain a list of the ... has occurred in such house or ... child, if any, shall have been conferred, its sex, color, the full names and ... and shall set forth as far as the same can be ascertained, the time and place of birth, and the ... said schedule shall be delivered daily ... the office of the Registrar of Vital Statistics. A certificate between the first and ... day of each month to the office ... Health. In case no birth shall occur during any month, ... shall certify the fact to the Registrar of Vital Statistics. ... shall occur without the attendance of a physician ... duty of the person or parents of such child to report its birth ... Immediately. The Registrar of Health, in the manner and within the period above required, and ... attendance upon the mother. ... any midwife who shall hereafter fail to comply with the provisions of this section shall be ... subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULLEY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

33363.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

1. *Sex.* (state whether male or female) Female
2. *Race or Color.* (if not of the white race) White
3. *Date of Birth.* 3 d September 1891
4. *Place of Birth.* (Street and Number) 201 Douglas St
5. *Full Name of Mother.* Mary Krasker
6. *Mother's Maiden Name.* " Balestrozas
7. *Mother's Birthplace.* Russia
8. *Full Name of Father.* Wolf Krasker
9. *Father's Occupation.* Tailor
10. *Father's Birthplace.* Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address. 42 Albemarle St

Remarks. 1891000353 4

WM J. C. BULLY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 3336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th Sept. 1897
4. Place of Birth, (Street and Number) 1020 E. Baltimore St
5. Full Name of Mother, Famie Nathansen
6. Mother's Maiden Name, Levenson
7. Mother's Birthplace, Russia
8. Full Name of Father, Adolph Nathansen
9. Father's Occupation, Bar-keeper
10. Father's Birthplace, ~~Bo~~ Russia

Name of Medical Attendant, or other person who makes this Return, E. Schen

Address, 12 Albemarle

Remarks, 1891000 3535

CITY OF BALTIMORE

WM J. C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 33365.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. *Sex.* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth.* 6th September 1891
4. *Place of Birth.* (*Street and Number*) 821 E Azalea St
5. *Full Name of Mother.* Mary Kushner
6. *Mother's Maiden Name,* " Focker
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Kushner
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Silberman

Address. 412 Albemarle St

Remarks. 8911000353 6

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33366.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 Sept 1891
4. *Place of Birth, (Street and Number)* 301 Corlin St
5. *Full Name of Mother,* Annie Hollander
6. *Mother's Maiden Name,* " Hilovitz
7. *Mother's Birthplace,* Austria Germany
8. *Full Name of Father,* Harry Hollander
9. *Father's Occupation,* Feed Store
10. *Father's Birthplace,* Austria Germany

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 42 Albemarle St

Remarks, 18910003537

month, and shall set forth as far as [illegible] under his or her care during the been conferred) its sex, color, the full name [illegible] name of each child, (if any shall have said schedule shall be delivered, duly signed [illegible] its parents, the date and place of birth; and the third day of each and every month to the office [illegible] in the form of a certificate between the first and shall occur without the attendance of a physician [illegible] Commissioner of Health. In case the birth of any child attendance upon the mother, immediately the [illegible] or should no other person be in child to report its birth to the Commissioner of [illegible] duty of the person or parents of such any such person or persons who shall hereafter [illegible] within the period above required, and jected to the fine of ten (10) dollars for each offense, to [illegible] the provisions of this section shall be sub- as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 53367.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 September 1891
4. Place of Birth, (Street and Number) 110 Market Space
5. Full Name of Mother, Frieda Risberg
6. Mother's Maiden Name, " Winestine
7. Mother's Birthplace, Russia
8. Full Name of Father, Che Risberg
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Schermer

Address, 42 Albemarle St

Remarks,

1891 0003538

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS.

B 33368.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th September 1891
4. *Place of Birth, (Street and Number)* 1004 E. Fayette St
5. *Full Name of Mother,* Hattie Cohlan
6. *Mother's Maiden Name,* Fox
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isaac Cohlan
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 42 Albemarle St

Remarks, 691000 3539

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33369.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 5th 1891
4. *Place of Birth, (Street and Number)* No 803 Ramsay Street
5. *Full Name of Mother,* Catharine Howard
6. *Mother's Maiden Name,* Catharine Mitchell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Howard
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Frederick

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 546 west Pratt Street Baltimore

Remarks,

1891 0003540

J. D. Dulany & Co., City Printers and Stationers.

RETURN OF A BIRTH.

3370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth child.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept. 10th 1891
4. Place of Birth, (Street and Number) 608 Bruns St.
5. Full Name of Mother, Elizabeth Mary Lanpher
6. Mother's Maiden Name, Elizabeth Mary Abraham
7. Mother's Birthplace, London Eng.
8. Full Name of Father, Oakland K. Lanpher.
9. Father's Occupation, Sun carrier
10. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 E. Pappleton

Remarks,

8910003541

Geo. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. B 33371.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept Tenth 10th 1891
4. Place of Birth, (Street and Number) 1054 Fairmount Ave E
5. Full Name of Mother, Mary Faris
6. Mother's Maiden Name, Mary Moran
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas Faris
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, 1005 E Pratt Street Balto

Remarks,

1891000 3542

698. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

E 33377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	1891 12th of September
4.	*Place of Birth, (Street and Number)*	1326 Lafayette Ave. Balto.
5.	*Full Name of Mother,*	Margaret Jane Metcalf
6.	*Mother's Maiden Name,*	" " Cooke
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	George Washington Metcalf
9.	*Father's Occupation,*	Gilder
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
	Address,	23 N Pappelton St
	Remarks,	8 9 1 0 0 0 3 5 4 3

health, and shall set forth as far as the same can be ascertained at the time of the birth of such child, if any shall have been previously born to the mother, the number of such children then living, and the number born dead, which said schedule shall be delivered, duly signed by the physician or person in attendance, between the first and third day of each and every month to the office of the Commissioner of Health, and no other person shall record without the attendance of a physician or person in charge as aforesaid, no other person be in attendance who shall record the birth of any child, and every physician or person in charge as aforesaid shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J O DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 3337 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Third

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 15th September 1891
4. *Place of Birth*, (*Street and Number*) 1512 Montrose St.
5. *Full Name of Mother*, Minnie Snell
6. *Mother's Maiden Name*, Minnie McCarthy
7. *Mother's Birthplace*, Limerick Ireland
8. *Full Name of Father*, Samuel Naught Snell
9. *Father's Occupation*, Cook
10. *Father's Birthplace*, Demerara - British Guiana

Name of Medical Attendant, or other person who makes this Return, Susan Hinkle

Address, 23 N Poppleton St

Remarks, 8910003544

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33374.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 15th of Sept
4. Place of Birth (Street and Number) Wells St 1637
5. Full Name of Mother Mary Simmons
6. Mother's Maiden Name Mary Grady-on
7. Mother's Birthplace Baltimore
8. Full Name of Father Thos Hodgson
9. Father's Occupation Sailor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Dr. Annie Howard

Address 1625 E Lombard

Remarks: [illegible]

8910003545

If the physician accompanying, or other person present at the birth of any child, within the City of Baltimore, shall neglect or refuse to attend, assist or advise thereafter, stating distinctly the date of birth, sex, color of child or children born, his or their physical condition, whether still born or not, the number of such child or children born, and the maiden name of the mother of such child or children, and the usual residence of the parents, and the maiden

CITY OF BALTIMORE

RETURN OF A BIRTH. A. 3337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White Race
3. Date of Birth. 16 September 1896
4. Place of Birth, (Street and Number) 238 North Pine street
5. Full Name of Mother. Aggie L. Loughlin
6. Mother's Maiden Name. Aggie Tunnell
7. Mother's Birthplace. Baltimore
8. Full Name of Father. William O. Loughlin
9. Father's Occupation. 19 North Calvert snuff.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address. 23 N Pappleton St

Remarks. 8 9 1 0 0 0 3 5 4 6

Section 1. The Board of Health shall cause to be printed a sufficient number of blank forms for the returns of births and deaths required by this ordinance, and shall furnish the same to all practicing physicians, midwives and undertakers who shall apply therefor. Said forms shall contain a list of the questions to be answered in regard to each birth or death, and shall be so printed that a duplicate copy can be made by the use of carbon paper, or other similar process, at the time the original is written.

Section 2. And be it further ordained, That it shall be the duty of the attending physician or midwife, within three days after the birth of any child, and of the undertaker, within three days after the burial of any person whose death was not certified by a physician or midwife, to report to the Registrar of Vital Statistics the birth or death, as the case may be, on the blank forms furnished by the Board of Health, and to answer truly and to the best of his or her knowledge all questions on said forms in regard to each birth or death at which he or she was present, or which came under his or her care during the month, and shall set forth as far as the same can be ascertained by diligent inquiry, the full name, sex, color, and date and place of birth, and the full name, residence and occupation of the parents of each child born, and the full name, residence and occupation of each person whose death occurred during the month, and shall also state the cause of each death, and the name of the attending physician, if any, who shall have been conferred with during the last illness of the deceased. If no physician or midwife was present at the birth of any child, or had conferred with during the last illness of the deceased person whose death occurred without medical attendance, then the mother, immediately thereafter, if able, and if not able, then the father or next of kin present, or the undertaker, shall report the birth or death, as the case may be, and the cause of death, if known, to the Registrar of Vital Statistics, as required by this section; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

A 33316.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	4th Conway St Sept 17th
4. *Place of Birth, (Street and Number)*	431 Conway St
5. *Full Name of Mother,*	Mary Lahner
6. *Mother's Maiden Name,*	Mary Engler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Vincent Lahner
9. *Father's Occupation,*	Wheelwright
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Hedgecock Klefer
Address,	
Remarks,	8910 Eastern Ave

Health. This schedule shall contain the full name and address of the physician or midwife in attendance upon the mother at the birth of any child, and the full name and address of the person who shall report the birth to the Commissioner of Health, and shall set forth the full name and address of the person who shall have been employed by the parents or parent of such child to procure the certificate of birth, and the said schedule shall be delivered, duly signed by the physician or midwife in attendance, or by the person who shall report the birth to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, to the Registrar of Vital Statistics within the period above required, and a like report shall be made in every case of still-birth within the period above required, and any such person who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM J. C. SULLIVAN CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

33377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Arthur Feddeman 2nd Gorton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth. Sept. 17, 1891
4. Place of Birth, (Street and Number) 136 S. Broadway
5. Full Name of Mother. Mrs. Anna Lavinia Feddeman Gorton
6. Mother's Maiden Name. Miss Anna Lavinia Feddeman
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father. Hilliard Lorus Lawrence Gorton
9. Father's Occupation. Prof. Mathematics & Astronomy in Johns Hopkins University
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return G. G. Rusk M. D.

Address. 2-11-54 2000 E. Balt. St.

Remarks. L M Natural delivery

8 9 1 0 0 0 3 5 4 B

CITY OF BALTIMORE SEP 28 1891

...ET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 33378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 18th
4. Place of Birth, (Street and Number) 613 So Paca
5. Full Name of Mother, Carrie Imler
6. Mother's Maiden Name, Carrie Lemmert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George A Imler
9. Father's Occupation, Shoe Cutter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Hellen Conda Shafer

Address, 1891 Cor 613 Paca St

Remarks,

Health. This schedule must not enter the ... keep a true and correct ... month, and shall set forth all ... a list of ... under the ... Commissioner of ... been registered in the ... the full name ... nature of each child; if ... the date of birth of the ... third child of each ... the date and place of birth; and the ... shall occur without the ... Commissioner of Health, ... attendance upon the mother, immediately ... child, or should no other person ... report the birth to the Commissioner of ... day after the birth, the ... shall hereafter ... with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33379.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color. (if not of the white race) White
3. Date of Birth, Friday Sept 18th 91. (2 P.M.)
4. Place of Birth, (Street and Number) 129 W Pratt St -
5. Full Name of Mother, Mary Vinchi
6. Mother's Maiden Name, Mary Zeppa
7. Mother's Birthplace, Italy
8. Full Name of Father, Salvator Vinchi
9. Father's Occupation. Fruit seller
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. [illegible] MD

Address, Park ave & Thurlow St

Remarks,

1 8 9 1 0 0 0 3 5 5 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

B 33380

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	September 19th 1891
4. Place of Birth (Street and Number)	2212 N. Calvert St.
5. Full Name of Mother	Ella Robinson Watkins
6. Mother's Maiden Name	Ella Robinson
7. Mother's Birthplace	Philadelphia Penn
8. Full Name of Father	Wilbur Fiske Watkins Jr
9 Father's Occupation	Clergyman
10. Father's Birthplace	Mamoroneck N.Y.
Name of Medical Attendant, or other Person who makes this Return.	A. T. Bill
Address	3 E. Read St
Remarks	Baltimore

1 8 9 1 0 0 0 1 3 3 4

dbb

The duly registered accoucheur, midwife or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the time and place of birth, and color of the child or children born at their physical condition, whether [illegible] the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

CITY OF BALTIMORE

RETURN OF A BIRTH.

A 33381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 19th 1891
4. Place of Birth, (Street and Number) 1136 E. Pratt St.
5. Full Name of Mother, Minnie Yudelewitch
6. Mother's Maiden Name, Minnie Pelburg
7. Mother's Birthplace, Wave, Russia
8. Full Name of Father, Lewy Yudelewitch
9. Father's Occupation, Barber.
10. Father's Birthplace, Janowa Russia

Name of Medical Attendant, or other person who makes this Return, Julia Kiawansky.

Address, 1177 E. Lombard St.

Remarks,

1 8 9 1 0 0 0 3 5 5 2

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 33387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 19th 91
4. *Place of Birth, (Street and Number)*	501 N. Fremont St
5. *Full Name of Mother,*	Dora ~~Schultz~~ Pfetzing
6. *Mother's Maiden Name,*	Schultz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm R. Pfetzing
9. *Father's Occupation,*	Grocer & Provision Dealer.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Thomas Opie M.D.
Address,	600 N. Howard St.
Remarks,	

8 9 1 0 0 0 3 5 5 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33383.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 20th 1891
4. Place of Birth, (Street and Number) 7 N. High St.
5. Full Name of Mother, Lotta Levine
6. Mother's Maiden Name, Lotta Tatel
7. Mother's Birthplace, Lotzki Russia
8. Full Name of Father, Oszar Levine
9. Father's Occupation, Tailor
10. Father's Birthplace, Lotzki Russia.

Name of Medical Attendant, or other person who makes this Return, Yetta Klawansky

Address, 1177 E. Lombard St.

Remarks,

1891000355 4

SEC. 4. And be it enacted, That it shall be the duty of the Commissioner of Health, and he is hereby authorized and empowered, to prepare a set of rules and regulations, not inconsistent with the provisions of this Act, for the registration of births and deaths, and for the issuing of certificates of burial permits, and for the prevention of the spread of contagious and infectious diseases, and for the proper certification of the cause of death, which shall be printed and furnished to the undertakers and physicians of the city, and to such other persons as may be required to make returns of births and deaths, or to issue burial permits, and a copy of which shall be published in the daily papers of the city for two weeks after the same shall be adopted by the Board of Health; and the said rules and regulations, when so published, shall have the force of law, and any violation of the same shall be punishable by a fine of not less than five dollars nor more than fifty dollars for each offense.

894 J. G. DULANY CO. CITY PRINTERS AND STATIONERS

A. 33354

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 20th
4. *Place of Birth, (Street and Number)*	409 West Lombard St
5. *Full Name of Mother,*	Henrietta Kelly
6. *Mother's Maiden Name,*	Henrietta Marksden
7. *Mother's Birthplace,*	Ellicott City Md
8. *Full Name of Father,*	Frank E Kelly
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Hampden Balt Co Md
Name of Medical Attendant, or other person who makes this Return.	
Address,	Wellington Place
Remarks,	6th Ward Chapel

1891 0003585

Health. This schedule shall contain a list of all births which shall occur within the district of the Registrar to whom it is furnished, and a return thereof shall be made by the Commissioner of Health, and a certificate given as required under the 10th section of this Ordinance, for every birth which shall occur within a week next preceding the day of each and every month, and the return shall be made to the office of the Commissioner of Health, in the manner and within the period above required, and shall contain the name, sex, color, date and place of birth, and the name, birthplace and residence of the parents, of every child born within the district since the last preceding return, and if no birth has occurred during the week, a return to that effect shall be made. Any person who shall refuse or neglect to furnish the information required in said schedule shall be delivered, duly signed by the person furnishing the information, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, to inspect the births of boys shall attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 35383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 20th 91
4. *Place of Birth, (Street and Number)*	1350 N Stricker St
5. *Full Name of Mother,*	Annie M. Robinson
6. *Mother's Maiden Name,*	Young
7. *Mother's Birthplace,*	Richmond Va
8. *Full Name of Father,*	Nathan C. Robinson
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Montgomery Co Md
Name of Medical Attendant, or other person who makes this Return.	Thomas Opie M.D
Address,	600 N. Howard St
Remarks,	

1 8 9 1 0 0 0 3 5 5 3

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, September 21st 1891
4. Place of Birth, (Street and Number) 1479 Patapsco St
5. Full Name of Mother, Rebecca hennessy
6. Mother's Maiden Name, Rebecca newman
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, John hennessy
9. Father's Occupation, Boiler maker
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return. Ellenora a anderson

Address, 1434 Patapsco St

Remarks,

8 9 1 0 0 0 3 5 5 7

Health. This schedule shall contain a list of [illegible] Section 1. [illegible] by the Commissioner of [illegible] month, and shall set forth as far as [illegible] been committed to or cared for during the [illegible] and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by [illegible] In case the first and third day of each and every month to the office [illegible] Section 3. [illegible] duty of the person or parents of such child to report its birth to the Commissioner of Health, [illegible] and within the period above required, and any such person or persons who shall hereafter fail to [illegible] the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) seveneth

1. *Sex*, (*state whether male or female*) female
2. *Race or Color*, (*if not of the white race*) colored
3. *Date of Birth*, september 5 1891
4. *Place of Birth*, (*Street and Number*) 1934 Brunt street
5. *Full Name of Mother*, hattie bush
6. *Mother's Maiden Name*, hattie hill
7. *Mother's Birthplace*, Peters Burg virginia
8. *Full Name of Father*, James henry Bush
9. *Father's Occupation*, Hod carrier
10. *Father's Birthplace*, essix county virginia

Name of Medical Attendant, or other person who makes this Return. Mary E Jones

Address, 1121 saratoga street

Remarks,

1891000355 8

been conferred) its sex, color, the full name and occupa[illegible] name of each child (if any shall have said schedule shall be delivered, duly signed by the pr[illegible] its parents, the da[illegible] place of birth; and the third day of each and every month to the office of the [illegible] between the first and shall occur without the attendance of a physician or pra[illegible] case the birth of any child attendance upon the mother, immediately thereafter it sh[illegible] should no other person be in child to report its birth to the Commissioner of Health, in the [illegible] the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. C 33388.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 11th Sept 1891
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, 18910003559

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, September 16 1901
4. Place of Birth, (Street and Number) 514 [illegible]
5. Full Name of Mother, Grace [illegible] Tackett
6. Mother's Maiden Name, Grace [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1121 [illegible] St

Remarks, 8910003560

Health Law, Sec. 133. Every return of a birth which shall have been registered with the Registrar of Vital Statistics, as required by this article, shall contain a list of the births which have occurred in the house or other place during the month, and shall set forth as far as the same can be ascertained, the name, sex, color, the full name and occupation of the parents, the date and place of birth, and the number of each child (if any) born alive before the birth to which the certificate relates, and the number of such children now living; and if any child born alive before the birth to which the certificate relates, and then living, shall have been omitted from the return of births next preceding the birth to which the certificate relates, the certificate shall state the name, sex, color, and date of birth of such child. Every return of births shall be signed by the physician or midwife in attendance upon the mother, or if there was no physician or midwife in attendance, by the householder or owner of the house or other place where the birth occurred, or by the agent of such householder or owner, or by the parent or parents of such child, if able to do so, within five days after the birth to which it relates. Any physician or midwife who shall neglect or refuse to comply with the provisions of this section shall forfeit to the State of Maryland the sum of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33390.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (State whether male or female)	Female
Race or color, (if not of the white race)	Colored
Date of Birth,	17 September (Street)
Place of Birth, (Street and Number)	Baltimore 211 Chestnut
Full Name of Mother,	Julia Williams
6. Mother's Maiden Name,	Julia Williams.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Samuel Parker
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Harriet Jackson
Address,	129 East Street
Remarks,	1 8 9 1 0 0 0 3 5 6 1

CITY OF BALTIMORE SEP 17 1891

Section 3. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause to be printed a sufficient number of blank forms for the returns of births and deaths required by this ordinance, and to furnish the same to the several physicians, midwives and undertakers who may apply therefor at the office of the Commissioner of Health, and to such other persons as he may deem necessary and proper to furnish with such forms.

Section 4. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause to be printed a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been inferred; its sex, color, the date and place of birth, and the full name, residence and occupation of its parents, the date and place of their marriage, and the number of children born to them, including the present birth; and a certificate in the form of the said schedule shall be delivered, duly signed by the practitioner in the case of each birth, at the office of the Commissioner of Health, within ten days after the birth. And every midwife who shall attend upon any woman in labor, and every undertaker who shall bury any child without a certificate of birth, shall, within the first ten days of each month, report to the Commissioner of Health the name and residence of the parents of each child born or buried during the preceding month, and the date of birth or burial, as the case may be, and the number of children born to the mother, including the present birth, and the number of children living. Any midwife who shall neglect or refuse to make such report, shall forfeit and pay for each offence a penalty of not less than five nor more than twenty dollars; and any undertaker who shall bury any child without a certificate of birth, as aforesaid, shall forfeit and pay for each offence a penalty of not less than twenty nor more than fifty dollars; and any physician who shall neglect or refuse to report the birth of any child upon the request of the Commissioner of Health, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33391.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, september the 21
4. Place of Birth, (Street and Number) Pearl alley 1005
5. Full Name of Mother, Jane Blackburn
6. Mother's Maiden Name, Jane taylor
7. Mother's Birthplace, Colbert County
8. Full Name of Father, John Blackburn
9. Father's Occupation, Labour
10. Father's Birthplace, Lancaster Virginia

Name of Medical Attendant, or other person who makes this Return. Sarah Jane Wilson

Address, No 110 west Hurley st

Remarks,

8910003562

Health. This schedule shall contain a [illegible] to be furnished by the Commissioner of [illegible] which [illegible] occurred under his or her care during the month, and [illegible] the time of each child of [illegible] shall have been conferred) its sex, color, the full name [illegible] occupation of its parents, the time of birth, and [illegible] said schedule shall be delivered, duly signed [illegible] the Commissioner of Health, a certificate of [illegible] third day of each and every month to [illegible] Health. In case the birth of any child shall occur within the time [illegible] of Health, it shall be the duty of the person or persons [illegible] attendance upon the mother, immediately [illegible] child to report its birth to the Commissioner [illegible] and within the period above required. And any such person or persons who shall [illegible] this section shall be subjected to the fine of ten [illegible] dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible] J. C. KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. B 33397

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall, within six days thereafter, state distinctly the day and hour of the birth, and full name, nativity, and residence of the parents, and the maiden name of the mother of such children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 21st 1891
4. Place of Birth (Street and Number)	1800 East Balto. St.
5. Full Name of Mother	Ellie Mariah Flaugher
6. Mother's Maiden Name	Ellie Mariah Norris
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Henry Flaugher
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. M. Norris
Address	1800 East Balto St
Remarks	

6 9 1 0 0 0 3 5 6 3

RETURN OF A BIRTH. A 33393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, September
4. Place of Birth, (Street and Number) 2125 Mus Elderry st
5. Full Name of Mother, Elizabeth Vugel.
6. Mother's Maiden Name, Vugel
7. Mother's Birthplace, Germen
8. Full Name of Father, Frank Vugel
9. Father's Occupation, shoemaker
10. Father's Birthplace, Germen

Name of Medical Attendant, or other person who makes this Return. Mary K Situs

Address, 205 N Washington st

Remarks,

8910003564

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

3339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W Piete
3. *Date of Birth,*	September 6th 191
4. *Place of Birth, (Street and Number)*	7025 Homewood Ave
5. *Full Name of Mother,*	Margaut Ewers
6. *Mother's Maiden Name,*	Margaut O'Brien
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Frederick Ewers
9. *Father's Occupation,*	Baker Stranger
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J B Fauntleroy M.D.
Address,	819 E Chase St
Remarks,	8910003565

CITY OF BALTIMORE SEP

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 3339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall be filled out in duplicate, one of which shall be delivered to the Commissioner of Health, and the other retained by the person making the return. It shall be the duty of every physician, midwife or other person who shall have attended upon any birth, to make a return of such birth to the Commissioner of Health within ten days after the occurrence thereof, which return shall contain a list of the births which have occurred under his or her care during the month, with the information required by this schedule, so far as the same can be ascertained. The certificate of birth shall have been endorsed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents, or other person having knowledge of the same, shall within ten days after the occurrence thereof, report its birth to the Commissioner of Health. In the manner and within the period above required, and shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, immediately thereafter (it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered and said forfeitures are recoverable.

HEALTH DEPARTMENT SEP 15 1891 BOARD OF HEALTH BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	September 7. 1891.
4. *Place of Birth, (Street and Number)*	1807 Basil St
5. *Full Name of Mother,*	Anna C Bodine
6. *Mother's Maiden Name,*	Block
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Fredrick Bodine
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Caroline Hiter
Address,	603 Madison St.
Remarks,	

8 9 1 0 0 0 3 5 6 6

896.-J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

33396

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 8th 1891
4. *Place of Birth, (Street and Number)* No 900 Lemmon
5. *Full Name of Mother,* Kate Burk
6. *Mother's Maiden Name,* Kate Ryan
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Burk
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Catharine Mitchell

Address, No 848 west Pratt Street Baltimore

Remarks,

1891000003567

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 9th 1891
4. Place of Birth, (Street and Number) No 856 west Pratt Street
5. Full Name of Mother, Kate Fream
6. Mother's Maiden Name, Kate Barnham
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, William Fream
9. Father's Occupation, Paperhanger
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catharine Mitchell

Address, No 848 west Pratt Street Baltimore

Remarks,

1891 0003568

and J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33398.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, September 7. 1891.
4. Place of Birth, (Street and Number) 223 S. Dallas St.
5. Full Name of Mother, Barbara Seiler
6. Mother's Maiden Name, Barbat
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Henry Seiler
9. Father's Occupation. Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address, 1605 Walker St.

Remarks,

1 8 9 1 0 0 0 3 5 6 9

Health. This schedule shall contain a list of the Christian and surnames of all children born within the district during the month, and shall set forth as far as the same can be ascertained by diligent inquiry, the sex, the color, the date and place of birth, and the names, residence and occupation of the parents of each child; and the said schedule shall be delivered, duly signed by the householder or person in charge of the house, to the Commissioner of Health, at his office, on the first and third day of each and every month to the end of the year. In case the birth of any child shall occur within the limits of the district during the last three days of the month, the said schedule shall be delivered on the first day of the month next following. It shall become the duty of the person or persons of such family in which any child shall be born, or in case there be no such person, then of the person having charge of such child to report its birth to the Commissioner of Health, in the manner aforesaid, within the period above required, and any such person or persons who shall neglect or refuse to make such report, or who shall violate any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BOARD OF HEALTH OF BALTIMORE

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33399.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 10th 1891
4. *Place of Birth, (Street and Number)* No 2431 Orleans St
5. *Full Name of Mother,* Alice Douglass
6. *Mother's Maiden Name,* Douglass
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* John Douglass
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Koster

Address, 205 N Washington

Remarks,

8910003570

This schedule shall contain a list of the births occurring during the preceding month, and shall be delivered, duly signed by the person required by the Commissioner of Health to report the same, to the Registrar of Vital Statistics, on the first day of each and every month; and if there be no births to report during the month, the fact shall be certified, duly signed by the person required to report as aforesaid, to the Registrar of Vital Statistics, on the third day of each and every month. Any person required by the provisions of this section to report the birth of any child who shall have arrived at the age of twenty-four hours, who shall neglect or refuse to report the same to the Registrar of Vital Statistics, as herein required, within the time herein specified, or who shall make any false report of any birth, or who shall report the birth of any child which shall not have occurred within the city of Baltimore, or who shall report the birth of any child which shall have occurred within the city of Baltimore, without the knowledge that the same has occurred, or who shall report the birth of any child which shall have occurred within the city of Baltimore, to any other person than the Registrar of Vital Statistics, or who shall neglect or refuse to report to the Registrar of Vital Statistics, as herein required, the birth of any child which shall have occurred within the city of Baltimore, without the knowledge that the same has been reported to any other person, or who shall neglect or refuse to report the birth of any child which shall have occurred within the city of Baltimore, to any person who is required by the provisions of this section to report the same, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth. September 12th 1891.
4. Place of Birth, (Street and Number) 427 N Washington
5. Full Name of Mother. Grace A Newberger
6. Mother's Maiden Name. Newberger
7. Mother's Birthplace. Germany
8. Full Name of Father. John Newberger
9. Father's Occupation. Shoemaker
10. Father's Birthplace. Germany

Name of Medical Attendant, or other person who makes this Return. Mary J Koontz

Address, 205 N Washington st

Remarks.

8910003571

WM J C DULANY CO CITY PRINTERS AND STATIONERS

Health. This schedule is to contain a list of the births which have been conferred its sex, color, the full name of the parents of such child, the date of birth, and the name and residence of the physician or midwife present at the birth; and the same shall be delivered, duly signed by the physician or midwife present at the birth, to the Commissioner of Health, or some one of his assistants, within ten days after the birth, and every month to the office of the Commissioner of Health. Every physician or midwife who shall neglect or refuse to comply with the requirements of this section shall forfeit and pay for every such neglect or refusal the sum of twenty dollars, to be recovered as debts of like amount are recoverable.

RETURN OF A BIRTH. A 33301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth. September 12 th 1891
4. Place of Birth, (Street and Number) 803 N W Wolf st
5. Full Name of Mother, Sophie Kallal
6. Mother's Maiden Name, Kallal
7. Mother's Birthplace, Bohemian
8. Full Name of Father, Frank Kaplan
9. Father's Occupation, Carpenter
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Kapitis

Address, 206 N Washington St

Remarks,

8910003572

Health. This schedule shall contain a list of the births which have occurred in each family during the month next preceding the date at which the same is required to be furnished, and shall set forth the full and correct name of the child, if it has been named, or if not named, the surname of the parents, the sex, color, the date of birth, and the street and number of the house where such birth occurred; and if any child mentioned in a former schedule shall have died since the rendering of such schedule, the fact shall be stated, with the name, date of birth, and date of death of such child. Every physician, midwife, or other person in attendance upon any case of birth shall, within ten days after the occurrence thereof, furnish to the Commissioner of Health a certificate containing the information required to be reported in the schedule to be rendered by the practitioner of midwifery, and within the same time shall report to the Commissioner of Health, in the manner and form prescribed by him, all cases of still-birth occurring in his practice. Any person who shall neglect or fail to comply with the provisions of this section shall be liable to the penalty of ten dollars for each offense, to be recovered as other fines are recovered.

Form approved by the Board of Health, Sept. 1, 1891.

Sec. 4. Be it further ordained, That it shall be the duty of the Commissioner of Health to furnish to the proper persons the blank forms of certificates required by this ordinance, and to prepare and publish such rules and regulations as may be necessary to secure the efficient enforcement of the provisions of this ordinance, and to receive and file all certificates of births and still-births, and to keep a record of the same, and to issue certified copies thereof when required, and to perform all other duties necessary to the proper execution of the provisions of this ordinance.

Sec. 5. Be it further ordained, That it shall be the duty of the Commissioner of Health to prepare and publish, from time to time, such rules and regulations as may be necessary to secure the efficient enforcement of the provisions of this ordinance, and to receive and file all certificates of births and still-births, and to keep a record of the same, and to issue certified copies thereof when required, and to perform all other duties necessary to the proper execution of the provisions of this ordinance.

Sec. 6. Be it further ordained, That it shall be the duty of the Commissioner of Health to prepare and publish, from time to time, such rules and regulations as may be necessary to secure the efficient enforcement of the provisions of this ordinance, and to receive and file all certificates of births and still-births, and to keep a record of the same, and to issue certified copies thereof when required, and to perform all other duties necessary to the proper execution of the provisions of this ordinance.

Sec. 7. Be it further ordained, That it shall be the duty of the Commissioner of Health to prepare and publish, from time to time, such rules and regulations as may be necessary to secure the efficient enforcement of the provisions of this ordinance, and to receive and file all certificates of births and still-births, and to keep a record of the same, and to issue certified copies thereof when required, and to perform all other duties necessary to the proper execution of the provisions of this ordinance.

Sec. 8. Be it further ordained, That it shall be the duty of the Commissioner of Health to prepare and publish, from time to time, such rules and regulations as may be necessary to secure the efficient enforcement of the provisions of this ordinance, and to receive and file all certificates of births and still-births, and to keep a record of the same, and to issue certified copies thereof when required, and to perform all other duties necessary to the proper execution of the provisions of this ordinance.

Sec. 9. Be it further ordained, That it shall be the duty of the Commissioner of Health to prepare and publish, from time to time, such rules and regulations as may be necessary to secure the efficient enforcement of the provisions of this ordinance, and to receive and file all certificates of births and still-births, and to keep a record of the same, and to issue certified copies thereof when required, and to perform all other duties necessary to the proper execution of the provisions of this ordinance.

Sec. 10. Be it further ordained, That it shall be the duty of the Commissioner of Health to prepare and publish, from time to time, such rules and regulations as may be necessary to secure the efficient enforcement of the provisions of this ordinance, and to receive and file all certificates of births and still-births, and to keep a record of the same, and to issue certified copies thereof when required, and to perform all other duties necessary to the proper execution of the provisions of this ordinance.

BM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 33607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether male or ~~female~~),	white
2. Race or Color (if not of the white race),	Sept 14 — 91
3. Date of Birth,	707 E. Lombard St.
4. Place of Birth (Street and Number),	Nellie Bland
5. Full Name of Mother,	Nellie Robinson
6. Mother's Maiden Name,	Talbot Co. Md.
7. Mother's Birthplace,	Charles Bland
8. Full Name of Father,	Carpenter
9. Father's Occupation,	Caroline Co Md.
10. Father's Birthplace,	W. Mansfield M.D.
Name of Medical Attendant, or other person who makes this Return.	
Address,	
Remarks,	

8 9 1 0 0 0 3 5 7 3

This schedule shall contain a list of the births which have occurred under his or her care since the last return rendered by him or her, and if no births have occurred during that time a return to that effect shall be rendered. In each case, the full name of the child (if any), the sex, color, the full name and residence of the parents, and the date of birth shall be stated. Each birth shall be returned within ten days after occurrence, and the certificate required by the preceding section shall be delivered, duly signed by the practitioner in the form of a certificate between the date of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, he shall, on or before the tenth day of the month next succeeding the occurrence of such birth, cause the same to be registered in the manner required by the preceding section of this article. Immediately thereafter he shall report the same to the Commissioner of Health, in the manner and within the period above required. Registrars and any other person who shall neglect or refuse to perform the duties required of them by this section shall be subjected to the penalties for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE INFIRMARY DEPARTMENT

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 33503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 12th 1894
4. Place of Birth, (Street and Number) 7 N Wall St.
5. Full Name of Mother, Segra Tochterman
6. Mother's Maiden Name, Tochterman
7. Mother's Birthplace, Germany
8. Full Name of Father, John Ambrose
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Henry K. Sutro

Address, 205 N Washington St.

Remarks,

1891000357 4

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

E. 3360

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 15 th 1891.
4. *Place of Birth, (Street and Number)*	1719 Darmen st
5. *Full Name of Mother,*	Maria Kerneil
6. *Mother's Maiden Name,*	Kerneil
7. *Mother's Birthplace,*	Boheiman
8. *Full Name of Father,*	Nenzel Drekoff.
9. *Father's Occupation,*	Tayler
10. *Father's Birthplace,*	Boheiman,
Name of Medical Attendant, or other person who makes this Return,	Mary Koplis
Address,	205 N Washington st.
Remarks,	

C 9 1 0 0 0 3 5 7 5

Health. This schedule shall be made on a blank schedule, to be furnished by the Registrar of Vital Statistics, and shall contain a list of the births which have occurred during the month, and shall be delivered, duly signed by the practitioner in the form indicated, to the Registrar of Vital Statistics within the first week of each month; and in case no births have occurred in the district during the month, a similar schedule shall be delivered, duly signed by the practitioner in the form indicated, to the Registrar of Vital Statistics within the first week of each month. Every birth which shall occur after the delivery of such schedule shall be reported in the next schedule to be delivered as aforesaid. Every practitioner of midwifery who shall neglect to report to the Registrar of Vital Statistics, in the manner and within the time above required, the birth of any child which he shall have attended in the capacity of midwife, shall be liable to a penalty of ten dollars for each offense. Every person who shall hereafter sell or dispose of any child, or receive any child for the purpose of selling or disposing of the same, without the consent of the parents or guardians of such child, shall be guilty of a misdemeanor, and shall be subject to a fine of not more than one hundred dollars, or imprisonment in the jail of Baltimore City for a period not exceeding six months, or both, at the discretion of the court. Every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the like penalty as aforesaid. All fines and forfeitures are recoverable before any justice of the peace of Baltimore City.

Every person who shall hereafter fail to report to the Registrar of Vital Statistics, in the manner and within the time above required, the birth of any child which he shall have attended in the capacity of midwife, shall be liable to a penalty of ten dollars for each offense. All fines and forfeitures are recoverable before any justice of the peace of Baltimore City.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A. 33100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 15th 1891
4. Place of Birth, (Street and Number) 1926 E Fayette St
5. Full Name of Mother, Barbara Zorn
6. Mother's Maiden Name, Zorn
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Zorn
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Koffka

Address, 206 N Washington St.

Remarks,

8910003576

CITY OF BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother of 3 Children

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Wednesday December 16 1891 10 am 11 a.
4. Place of Birth, (Street and Number) 1752 Millington st
5. Full Name of Mother, Emma P Matthews
6. Mother's Maiden Name, Emma P Collins
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, James W Matthews
9. Father's Occupation, Coal Cart
10. Father's Birthplace, Warfurt Germ

Name of Medical Attendant, or other person who makes this Return. Lizzie Mondonez

Address,

Remarks,

1891 0003577

Health. This schedule shall contain a list of the births which have occurred in each family during the month next preceding the date of the return, and shall be delivered, duly signed by the practitioner in the form of the certificate hereto annexed, or by the person who shall have been in attendance upon the mother, immediately after the birth of each child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall become liable to a penalty of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A. 33007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT RECEIVED SEP 17 1918 BALTIMORE CITY

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2

1. Sex, (*state whether male or female*) Male

2. Color, (*if not of the white race*) Colored

3. Date of Birth, Septbr. 16

4. Place of Birth, (*Street and Number*) 624 Ensor St

5. Full Name of Mother, Cornelia Taylor

6. Mother's Maiden Name, Cornelia V Webb

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Alexander Taylor

9. Father's Occupation, Cook

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Webster

Address, 428 n. Bond St.

Remarks, 6 9 1 0 0 0 3 5 7 8

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the particulars required under his or her care during the month, and shall set forth as far as the same can be ascertained, the particulars required under this schedule. Each birth shall have been registered as aforesaid before the return of the same shall be made. If any child shall have been born in a house in which there is no midwife or nurse in attendance, the father or mother of such child shall, within ten days after the birth of any child shall, within ten days after the birth of any child shall never without the attendance of a physician, cause the birth of such child to be reported to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife or nurse in attendance upon the mother, the person who shall become the duty of the parent, or other person having charge of such child, to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. # 33108.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred in each month, and shall set forth as far as the same can be ascertained the full information required by the following items, and shall have been entered in a book kept for that purpose, in the order of time in which the births occurred. Such schedule shall be delivered, duly signed by the physician or person in attendance, or by the parent, guardian or householder, at the office of the Commissioner of Health, or to such person as he may designate to receive the same, within the third day of each and every month to the office of the Commissioner of Health, by the physician or person in attendance upon the birth, or in case there was no physician or person in attendance upon the birth, then by the parent, guardian or householder, and it shall be the duty of the Commissioner of Health, or the person designated by him to receive such schedule, to certify upon the same the date of its delivery to him. Any physician or person in attendance upon the birth, or in case there was no physician or person in attendance upon the birth, then the parent, guardian or householder, who shall neglect to report its birth to the Commissioner of Health, in the manner and within the period of time above specified, or who shall report any such birth in a manner not in accordance with the provisions of this section, shall be liable to a penalty of not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered as other debts are recoverable before any justice of the peace.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 17th 1891.
4. *Place of Birth, (Street and Number)*	2029 Orleans St.
5. *Full Name of Mother,*	Emma Rooks
6. *Mother's Maiden Name,*	Rooks
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Charles Rooks
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mary Koptis
Address,	205 N Washington
Remarks,	

1891 0003579

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 14th 1891
4. *Place of Birth, (Street and Number)* corner Pine and Saratoga
5. *Full Name of Mother,* Julia Butterworth
6. *Mother's Maiden Name,* Julia Philips
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Butterworth
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Catharine Mitchell

Address, No 848 west Pratt Street Baltimore

Remarks,

1891000 3580

Health. This schedule shall contain a list of the births which have occurred since the last preceding return was made, and the particulars required to be given concerning each birth shall be entered on a same on a blank schedule furnished by the Registrar of Vital Statistics. Every practitioner in medicine and midwifery, and every other person having charge of or attending any case of birth, shall report to the Registrar of Vital Statistics the particulars required to be given concerning each birth at which he shall be present or in attendance within ten days after the occurrence thereof. Every such report shall be made in writing, and shall set forth as far as the same can be ascertained the date of birth, the sex, color, and the name and occupation of its parents, the place where the birth occurred, and the name and residence of the physician or midwife in attendance upon the mother. Every such report shall be signed by the practitioner in charge or attendance, or by the person making the same, and shall be entered by the Registrar of Vital Statistics in a book to be kept for that purpose. Any practitioner in medicine or midwifery, or any other person having charge of or attending any case of birth, who shall neglect or refuse to report the same to the Registrar of Vital Statistics, as required by this section, shall be subject to a fine of not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered as other debts of like amount are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Sept 17th 1891
4. *Place of Birth (Street and Number),* Baltimore 862 Raborg St
5. *Full Name of Mother,* Harriett Salter
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Wesley Harrison
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 229 Clay St

Remarks,

8 9 1 0 0 3 5 8 1

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 33411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 18th 1891
4. *Place of Birth, (Street and Number)*	2304 East Baltimore St.
5. *Full Name of Mother,*	Alberta Alice Reiter
6. *Mother's Maiden Name,*	" Robinson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Philip Hellmuth Reiter
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	James F. McShane M.D.
Address,	2 N. Patterson Park Ave.
Remarks,	8 9 1 0 0 0 3 5 8 2

Health. This schedule shall contain a list of the ... month, and shall set forth as far as the same can ... been conferred) the sex, color, the full name, ... and either the first or last day of each month. ... third day of each and every month to the ... shall occur without the attendance of a physi... attendance upon the mother. Immediately ... duly such person or persons who shall hereafter ... jected to the fine of ten (10) dollars for each offense.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. B 33417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address,

Remarks,

8 9 1 0 0 0 3 5 8 3

Health. This schedule shall contain a list of the [illegible] month, and shall set forth as far as the same can be ascertained by inquiry of the parents or other persons [illegible] been conferred. Its sex, color, date and place of birth, and the full name, residence and occupation of the parents. Only signed by the [illegible] shall occur without the attendance of a physician or midwife, the [illegible] attendance upon the birth, the Commissioner of Health shall be notified [illegible] child, with the full name, residence and occupation of the parents. [illegible] every such person or persons who shall hereafter [illegible] subjected to the fine of ten (10) dollars for each offense. [illegible] fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 3341/3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	September 20th.
4.	*Place of Birth, (Street and Number)*	909 Somerset St.
5.	*Full Name of Mother,*	Catherine L. Flynn
6.	*Mother's Maiden Name,*	Callan
7.	*Mother's Birthplace,*	Georgetown D. C.
8.	*Full Name of Father,*	Michael J. Flynn
9.	*Father's Occupation,*	Trunk Maker
10.	*Father's Birthplace,*	Georgetown D. C.
	Name of Medical Attendant, or other person who makes this Return.	Mary A. Allnutt
	Address,	912 McDonough St.
	Remarks,	

8910003584

Health. This schedule shall contain a list of the births which shall occur in any family, by the Commissioner of Health, and shall be filled out as the same occur, with the name and surname of each child born during the month, and the sex, color, the full name and occupation of its parents, the date of birth, and the street and number where born; and the said schedule shall be delivered, duly signed by the practitioner in the case, midwife or nurse present at the birth, to the Commissioner of Health, on the first and third day of each and every month, at the office of the Commissioner of Health, in the manner and within the period above required, and shall contain a certificate of the attending practitioner, midwife or nurse, or in case there be no such attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

GIVEN NAME ADDED, 11-19-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name John Caspar Heller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 25th 1891
4. Place of Birth, (Street and Number) 126 N. Washington St.
5. Full Name of Mother, Anna Caroline Heller
6. Mother's Maiden Name, " " Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, David Heller
9. Father's Occupation. Iron Moulder
10. Father's Birthplace, Baltimore

Name ~~of Medical Attendant~~, or other person who makes this Return. Amelia Dobson

Address, 124 N. Washington St.

Remarks, No Physician ~~was~~ ~~in~~ ~~attendance~~ present

AS

Health. This schedule shall contain a list of ... born within the district during the month, and shall set forth as far as the same ... case of each child; if any shall have been born dead, that fact shall be stated. ... shall be delivered, duly signed by the ... the first day of each and every month to the ... Commissioner of Health. In case the birth of any child shall occur within the time ... of a Physician, Midwife or Nurse, ... Commissioner of Health, such ... child to report its birth to the Commissioner of Health, ... within the period above required. Such ... any such person or persons who shall hereafter fail to ... the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be ... as other fines and forfeitures are recoverable.

GEO. J. D. OULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 38113

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person who shall attend or assist or advise at the birth of any child, within the City of Baltimore, shall report the same to the Registrar, as aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, or children born, or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RECEIVED OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	September 20th 1891
4. *Place of Birth (Street and Number)*	17½ McCulloh St. Balto.
5. *Full Name of Mother*	Mary Elizabeth Graham
6. *Mother's Maiden Name*	Mary E. McLaine
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Smith Graham
9. *Father's Occupation*	Book-Keeper
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Jane Guy
Address	1909 Madison St
Remarks	Fine healthy Looking Babe.

6 9 1 0 0 0 3 5 8 6

A 3206

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d son

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. September 20 twenty five minutes after 8 evening
4. Place of Birth, (Street and Number) Wellcom Alley 114
5. Full Name of Mother. Blanch Williams
6. Mother's Maiden Name, Blanch Mag Dilling Mos Scott
7. Mother's Birthplace, Learned town Talbot County Md
8. Full Name of Father, James G Williams
9. Father's Occupation. Cooker
10. Father's Birthplace, Easton talbot County Md

Name of Medical Attendant, or other person who makes this Return. Mrs Tilldeas Grace

Address, 229 York Street

Remarks, 8 9 1 0 0 0 3 5 8 7

register of such birth, and shall collect the said fee, and keep a true and correct account thereof. The Commissioner of Health shall furnish to each Registrar a sufficient number of blank forms for the purpose of registering births, and shall keep a record of the number furnished to each Registrar. Every Registrar shall, on the first day of each and every month, make a return to the Commissioner of Health of all births registered by him during the preceding month, and shall make a like return on the first day of each month thereafter, whether any births have been registered by him during the preceding month or not. Every certificate shall be delivered, duly filled out as far as the same can be done, to the Registrar of the district in which the birth occurred, within ten days after the birth, and every Registrar shall, on the third day of each and every month, report to the Commissioner of Health the name of each physician, midwife or other person who shall have failed to make the return required by this section within the time prescribed herein. In case the birth of any child shall occur without the presence or attendance of a physician, midwife or professional nurse, the mother, immediately after the birth of such child, or in case of her inability, the father, grandparent, householder, or other person having knowledge of the birth, shall report its birth to the Commissioner of Health or to the Registrar of the district in which the birth occurred, within the time prescribed in this section, and shall be subject to the penalties provided for violations of this section. Any person or persons who shall refuse or neglect to comply with any of the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BOARD OF HEALTH BALTIMORE CITY

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 3361.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Monday 21 Sept. 1891.
4. Place of Birth, (Street and Number) Hunting alley No. 11.
5. Full Name of Mother, Sarah Rebecca Owins
6. Mother's Maiden Name, " " Robinson
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Wallis owins
9. Father's Occupation, laborer.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Susan Hooper

Address, 123 N. Durham st.

Remarks, No remarks

1891 0003588

Health. This schedule shall contain a list of the births which have occurred in the family of each householder during the month, and shall set forth as far as the same can be ascertained the name of each child, if any shall have been born dead, the sex, color, date and place of birth, the name, birthplace and occupation of each parent, and the name of the attending physician or midwife, if any. Within five days after the birth of each child a certificate containing the same facts as required in said schedule shall be delivered, duly signed by the physician or midwife in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in charge of the mother, then it shall be the duty of the householder in whose family such birth occurs to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the names of all persons required under the provisions of the Commissioner of Health, and shall be filled out by the attending physician, midwife or other person in attendance upon the mother, immediately thereafter. It shall be the duty of each and every mother to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth of each child, if any shall have been conferred, its sex, color, the full name and residence of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person in attendance upon the mother, to the parent who shall give such information to the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter. It shall be the duty of each and every mother to report the birth of each child to the Commissioner of Health within ten days after the birth of such child, if any shall have been conferred, its sex, color, the full name and residence of the parents, the date and place of birth, and the name and residence of the physician, midwife or other person in attendance upon the mother, immediately thereafter. It shall be the duty of the person in charge of any institution to report the birth of each child born therein within ten days after such birth, and the name and residence of the parents of such child, the date and place of birth, and the name and residence of the physician, midwife or other person in attendance upon the mother, immediately thereafter. It shall be the duty of each and every person who shall perform any circumcision to report the same to the Commissioner of Health within ten days thereafter, stating the name, color and residence of the child upon which such operation was performed, the name and residence of the parents of such child, and the date of such operation, and any person who shall refuse or neglect to comply with the provisions of this section shall be guilty of a misdemeanor and on conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offense. All fines and forfeitures are recoverable

No. of Child of Mother, (*state whether* 1st, ~~2d, 3d, &c.~~) .....

1. *Sex*, (~~*state whether male or*~~ *female*)
2. *Race or color*, (~~*if not of the*~~ *white race*)
3. *Date of Birth*, (*Month*) 2 1/91
4. *Place of Birth*, (*Street and Number*) 1514 Olivia St.
5. *Full Name of Mother*, Kate Eugenia Kilduff
6. *Mother's Maiden Name*, " " Cooke
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, John A. Kilduff
9. *Father's Occupation*, Night Asst Manager W.U.T.C.
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. Bon

Address, 502 N. Broadway

Remarks,

8 9 1 0 0 0 3 5 8 9

BM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5'

1. *Sex, (state whether male or female)* girle
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 22th 1891
4. *Place of Birth, (Street and Number)* No 4020 Baltimore Street
5. *Full Name of Mother,* Johanna Dayman
6. *Mother's Maiden Name,* Johanna Mccauliff
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Dayman
9. *Father's Occupation,* Barkeeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Catharine Mitchell

Address, No 848 west Pratt Street Baltimore

Remarks,

1891000 3590

register of such birth, and shall enter the name of the child, if given. True and correct
Health. This schedule shall contain a like return of all births which shall occur in his employment of
mouth, and shall set forth as far as the same can be ascertained the date of birth, sex, and color of each child born alive
been conferred, its sex, color, the full name and occupation of its parents, the place of birth, and the
such child, which shall be signed by the practitioner in charge of the case. The first and
third day of each and every month to the Commissioner of Health, a certified copy of all certificates of births which
shall occur without the attendance of a physician or practitioner of medicine, and shall also report to the
attendance upon the mother. Immediately thereafter it shall become the duty of the person
child born, the name, sex, color, and residence of the parents of such
pay such person or persons who shall have performed the services required, and
shall refuse or neglect for ten (10) days after notice in writing from the Commissioner of Health so to do, shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

WM J C BULLARY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 33027

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth.*	Sept 22nd
4. *Place of Birth, (Street and Number)*	House of Refuge
5. *Full Name of Mother.*	Sallie G. Hendrix
6. *Mother's Maiden Name.*	Sallie Griffith
7. *Mother's Birthplace,*	Lewistown Pa.
8. *Full Name of Father.*	James M. Hendrix
9. *Father's Occupation,*	Teacher
10. *Father's Birthplace.*	York County. Pa.
Name of Medical Attendant, or other Person who makes this Return	Edwin R Dodson
Address,	House Refuge.
Remarks,	Balto city

1891000359 1

...ICE OF REGISTRAR OF VITAL STATISTICS, ... shall report ... the ... after ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full names, residence and birthplace of the parents, and the maiden name of the mother of such child or children.

...Y & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 3343

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT CITY OF BALTIMORE SEP 25 1891

arrive at the birth of any child, within the City of Baltimore, shall report to the Registrar, within six days thereafter, stating distinctly the date of birth, sex, and color of such child, born, its or their physical condition, whether still-born or not, the full name, residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Sept 22nd 1891.
4. *Place of Birth, (Street and Number)*	220 Albemarle St
5. *Full Name of Mother,*	Gertrude McDonald
6. *Mother's Maiden Name,*	Gertrude Love
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thos McDonald
9. *Father's Occupation,*	Horse Dealer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Chas. H. Markland
Address,	927 E Balto St
Remarks,	

8910003592

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 4th

1. Sex, (~~state whether~~ male ~~or female~~) Male

2. Race or Color, (~~if not of the~~ white race) White

3. Date of Birth, Sept 24th 91.

4. Place of Birth, (Street and Number) 422 N Gilmor St.

5. Full Name of Mother, Emelia M Lotz

6. Mother's Maiden Name, Emelia M Dikmat.

7. Mother's Birthplace, Balto Md

8. Full Name of Father, George Lotz

9. Father's Occupation, Engineer.

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Thos L Kingsbury M.D.

Address, 662 N Gilmor St.

Remarks,

8 9 1 0 0 0 3 5 9 3

CITY OF BALTIMORE

RETURN OF A BIRTH. 33473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 5

1. Sex, (state whether male ~~or female~~)
2. Race or color, (if not of the white race) Italian
3. Date of Birth, Sept 24th 1891 - 4,30 P.M.
4. Place of Birth, (Street and Number) 202 ½ Barre St
5. Full Name of Mother, Annie Pupura
6. Mother's Maiden Name, " Russva
7. Mother's Birthplace, Italy
8. Full Name of Father, Antonia Pupura
9. Father's Occupation, Fruit-Stand
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. A. Ergo Thorley Ed M.D.

Address, 110½ E Baltimore St

Remarks,

8 9 1 0 0 0 3 5 9 4

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth, as far as the same can be ascertained, the full name, sex, race or color, date and place of birth, full name, residence, occupation and birthplace of parents, and such other information as may be required by the Commissioner of Health. Every child born alive within the City of Baltimore shall be reported to the office of the Commissioner of Health within ten days after birth, and the death of any child dying before the same is reported shall be reported at the same time. The certificate of birth required to be given by the physician or midwife in attendance upon the mother, or other person authorized by law, shall be delivered, duly signed by the practitioner in the case, to the parent or other person having charge of the child, and the said schedule shall be delivered, duly signed by the practitioner in like manner, to the Commissioner of Health on the third day of each and every month to the office of the Commissioner of Health. In case of births occurring without the attendance of a physician or practitioner, the said certificate shall be signed by the parent or other person having charge of the child, and the said schedule shall be delivered, duly signed by such parent or other person, to the Commissioner of Health on the third day of each and every month to the office of the Commissioner of Health. In such cases the certificate of birth shall be in the form prescribed by the Commissioner of Health, and the manner and time of reporting the birth of the child to report its birth to the Commissioner of Health, in the manner and form prescribed by the Commissioner of Health, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines are recoverable.

any such person or persons who shall hereafter fail to comply with this provision shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) .....

Sex, (state whether male or ~~female~~) .....

2. Race or Color, (if not of the white race) .....

3. Date of Birth, Sept. 3rd

4. Place of Birth, (Street and Number) 304 S. Gilmore

5. Full Name of Mother, Agnes Galloway McMullen

6. Mother's Maiden Name, ...

7. Mother's Birthplace, B. C.

8. Full Name of Father, Elias Galloway

9. Father's Occupation, Brakeman

10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return. Norman F. Miller

Address, 1401 N. Fayette st.

Remarks, 8910003595

BALTIMORE CITY HEALTH DEPARTMENT RECEIVED SEP 5 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

33428

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First 1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 6 '15
4. *Place of Birth, (Street and Number)*	1242 Canton
5. *Full Name of Mother,*	Stanta Ziega
6. *Mother's Maiden Name,*	" Bambocha
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	Frank Ziega
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return,	Mary Krobzka
Address,	806 S Ann St
Remarks,	

8910003596

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth 10th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 6th 1891
4. *Place of Birth, (Street and Number)* Mosher Street
5. *Full Name of Mother,* Katie Meyers
6. *Mother's Maiden Name,* Katie Yonse
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Joseph Meyers
9. *Father's Occupation,* Police
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Messenger

Address, 643 Mc Mechen St

Remarks,

1 8 9 1 0 0 0 3 5 9 7

Register of such birth, and shall enter the same [illegible] be furnished by the Commissioner of Health. The said certificate shall be signed by the [illegible] or other person having charge of such birth, and shall set forth as far as the same can be ascertained, the [illegible] and place of birth, the sex and color of the child, the full name and [illegible] of the parents, and such other facts as may have been conferred. In case the full name and [illegible] of the child is not known at the time of making the certificate, the same shall be delivered, duly signed [illegible] and the full name and [illegible] of the child shall be added when ascertained. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. A certificate [illegible] shall be furnished by the Commissioner of Health, which shall be filled up and signed as above provided. Any person who shall neglect or refuse to make such report, or to procure such certificate, or to deliver the same when required, and any person who shall make any false statement in such certificate, or any person who shall violate any of the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence. [illegible] Police Commissioners are forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33497.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 Sept.
4. Place of Birth, (Street and Number) Burke St. 841
5. Full Name of Mother, Anna Shaverska
6. Mother's Maiden Name, " Yazwanick
7. Mother's Birthplace, Poland
8. Full Name of Father, Joe Shaverska
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kratzka

Address, 804 S. Ann St.

Remarks,

8910003598

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 9th 1891.
4. *Place of Birth, (Street and Number)*	1308 N Carey st.
5. *Full Name of Mother,*	Alice N Reiser.
6. *Mother's Maiden Name,*	Alice N Welbourn.
7. *Mother's Birthplace,*	Washington.
8. *Full Name of Father,*	John Reiser.
9. *Father's Occupation,*	Salesman.
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	John L Pennington M.D.
Address,	804 N Carrollton Av
Remarks,	

8910003599

...ished by the Commissioner of ...ter his or her care during the ...each child, if any, shall have ...name and residence of the ...first nine ...In case the birth of any child ...or should no other person be in ...duty of the person or persons ...and shall be subject to a fine ...this section shall be sub-...recovered as other fines and forfeitures are recoverable.

...health. This schedule shall contain a list of the ...to be filled out in the ...months, and shall set forth, the full name and ...be delivered, duly signed by the ...third day of each and every month to the office ...shall occur within the latter, immediately thereafter ...child to report its birth to the Commissioner of Health, ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	Sept 9th 1891
4. Place of Birth, (Street and Number)	1519 N Carey st.
5. Full Name of Mother,	Clara E Wilbourn.
6. Mother's Maiden Name,	Clara E Metz.
7. Mother's Birthplace,	Baltimore City.
8. Full Name of Father,	Charles G Metz.
9. Father's Occupation,	Salesman.
10. Father's Birthplace,	Baltimore City.
Name of Medical Attendant, or other person who makes this Return.	Josh W Pennington M D
Address,	804 N Carrollton Ave
Remarks,	

8 9 1 0 0 0 3 6 0 0

...ter of such birth, and shall enter the same on a ... Health, and shall report to the office of the ... shall contain a list of the births ... Health, and shall set forth as far as ... mother, and the number of children ... conferred) its sex, color, the day ... said schedule shall be certified ... third day of each month to the ... attendance upon the mother, ... child to report its birth as ... any such Physician who ... jected to the fine of ten ... Health, and shall keep a true and correct ... collected by the Commissioner of ... under his or her care during the ... such child, of the date of birth, and the ... case the birth of any child ... Should no other ... of such ... the period above required, and ... of this section shall be sub- ... fines and forfeitures are recoverable.

GEO. J. C. DULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 33433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Sept 10

Place of Birth, (Street and Number) Sparrows point

Full Name of Mother, Tina Richer

Mother's Maiden Name, Steffa

Mother's Birthplace, Poland

Full Name of Father, Steve Richer

Father's Occupation, Laborer

Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Skotzka

Address, 836 N. Ann St.

Remarks,

1891000360 1

...ULIANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) First 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* September 11th 1891

4. *Place of Birth, (Street and Number)* 1818 Carey street

5. *Full Name of Mother,* Amanda Letmate

6. *Mother's Maiden Name,* Amanda Gerbich

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* George Letmate

9. *Father's Occupation,* Tinner

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Meuenzel

Address, 543 Mc Meher St

Remarks,

HEALTH DEPARTMENT CITY OF BALTIMORE SEP 26 1891

691000 3602

... [illegible] under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33031

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 14th/41
4. *Place of Birth, (Street and Number)* 17 Pulaski St. - bet. Hollins & Baltod
5. *Full Name of Mother,* Sallie Courtney Doyle
6. *Mother's Maiden Name,* Sallie Courtney
7. *Mother's Birthplace,* Balto
8. *Full Name of Father.* Anthony Doyle
9. *Father's Occupation,* Mechanic
10. *Father's Birthplace,* Chester Co Penna

Name of Medical Attendant, or other Person who makes this Return — Robert W Mifflin M D

Address, 321 N Paca St

Remarks,

8 9 1 0 0 0 3 6 0 3

within six days thereafter, stating distinctly the name of the child, if any, the date of birth, sex, and color of the child or children born, its or their physical condition, whether living or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 33536.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* September 14th 91
4. *Place of Birth, (Street and Number)* # 792 W. Mulberry st
5. *Full Name of Mother,* Eliza M. Casper
6. *Mother's Maiden Name,* " " Ellecamp.
7. *Mother's Birthplace,* Cumberland Md.
8. *Full Name of Father,* Charles Casper
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Baltimore County.

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter(?).

Address, 2301 Poppleton(?) St

Remarks, 8910003604

[illegible] the same can [illegible] certain the full name of each child, (If any shall have been conferred) its sex, color, the full name and [illegible] of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, on the form of certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Sept 17th 1891.
4. *Place of Birth, (Street and Number)*	1655 Hanover St.
5. *Full Name of Mother,*	Florence M Plummer.
6. *Mother's Maiden Name,*	Flora M Leonard.
7. *Mother's Birthplace,*	Baltimore City,
8. *Full Name of Father,*	Francis N. Plummer.
9. *Father's Occupation,*	Book Keeper,
10. *Father's Birthplace,*	Baltimore City.
Name of Medical Attendant, or other person who makes this Return,	John D Pennington M.D.
Address,	804 N Carrollton Ave
Remarks,	

8 9 1 0 0 0 3 6 0 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-12-55

RETURN OF A BIRTH A 33438.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Musgrave Hudson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18th Sep. 1891.
4. *Place of Birth, (Street and Number)*	1428 Gough st
5. *Full Name of Mother,*	Margaret Hudson
6. *Mother's Maiden Name,*	Margaret Flege
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	William Hudson
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	Mrs Beight
Address,	114 S. Bond st
Remarks,	

1 8 9 1 0 0 0 3 6 0 6

month, and shall set forth as far as the same can be ascertained by the inquiry of the informant, the name of each child (if any) born of such mother, the sex, color, and date of birth of each child, and the place of birth, by street and number, if in a city, and the name of the physician or midwife, or other person in attendance at the birth of each child. And the said physician, midwife, or other person shall deliver a certificate of the birth of each child to the person required to report the birth of such child, and shall make a return of all births at which he shall be present or in attendance, to the Commissioner of Health, on the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the time above specified. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	408 ~~1~~ 18th Sep. 1891.
4. *Place of Birth, (Street and Number)*	406 N. Bond st
5. *Full Name of Mother,*	Thresa Zapf.
6. *Mother's Maiden Name,*	Thresa Coppers.
7. *Mother's Birthplace.*	Baltimore
8. *Full Name of Father,*	John Zapf.
9. *Father's Occupation,*	Stone Cutter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Seltzer
Address,	114 S. Bond st
Remarks,	

8 9 1 0 0 0 3 6 0 7

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be [illegible] have occurred under his or her care during the been conferred) its sex, color, the full name and occ[illegible] full name of each child, (if any shall have said schedule shall be delivered, duly signed by the [illegible] the date and place of birth; and the third day of each and every month to the office of [illegible] a certificate between the first and shall occur without the attendance of a physician [illegible] In case the birth of any child attendance upon the mother, immediately thereafter [illegible] or should no other person be in child to report its birth to the Commissioner of Health [illegible] of the person or parents of such any such person or persons who shall hereafter fail to comply [illegible] the period above required, and jected to the fine of ten (10) dollars for each offense [illegible] of this section shall be sub[illegible] and forfeitures are recoverable

[Stamp: [illegible] 1891 CITY OF BALTIMORE]

A. 33[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Children 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* September 19 1891
4. *Place of Birth, (Street and Number)* City, Cross St 516
5. *Full Name of Mother,* Mrs Mary Allen
6. *Mother's Maiden Name,* Miss Mary Mathews
7. *Mother's Birthplace,* In Libity above Fredrick
8. *Full Name of Father,* Samuel Allen
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Darkes Jane Simms

Address, 520 West St

Remarks, 1891000003608

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. B. 3344.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation.
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 1 0 0 0 3 6 0 9

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 33547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 Sep 1868
4. Place of Birth, (Street and Number) Lancaster
5. Full Name of Mother, Julia Dawn
6. Mother's Maiden Name, Makowski
7. Mother's Birthplace, Poland
8. Full Name of Father, John Dawn
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krotka

Address, 908 S. Ann St

Remarks, 8910003610

KODAK

A 33495.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	Sept 20th 1891.
4. Place of Birth, (Street and Number)	648 W Lombard st.
5. Full Name of Mother,	Elisabeth M Holmes.
6. Mother's Maiden Name,	Elisabeth M Hulsenmann
7. Mother's Birthplace,	Philadelphia.
8. Full Name of Father,	William F Holmes
9. Father's Occupation,	Upholster.
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	John D Pennington M.D.
Address,	804 N Carrollton Ave
Remarks,	

6910003611

month, and shall set forth as far as the same can be ascertained the name and surname of each child, if any shall have been born alive, the sex and color of each child, the time and place of birth, and the name conferred on such child, and the name, residence and occupation of each parent; and the said scientific shall be delivered, within ten days after the birth, to the person required to make the certificate, or in default thereof, shall forfeit and pay for every such neglect the sum of ten dollars, to be recovered, with costs of suit, before any justice upon the mother, immediately after the birth of each child, and within ten days thereafter shall report its birth to the Registrar of Vital Statistics, who shall record the same in a book to be kept for that purpose, and for every such neglect or refusal to report such birth, such person shall forfeit and pay the sum of ten dollars for each offense, to be recovered before any justice of the peace, with costs of suit. All fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 22 1891
4. *Place of Birth, (Street and Number)* Balto 215 Park St
5. *Full Name of Mother,* annie Miller
6. *Mother's Maiden Name,* annie Mitchell
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jacob K Miller
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks,

1891000361 2

Every person required by law to register the birth of any child, who shall refuse or neglect to register the same on or before the expiration of the third day after the birth of such child, shall be liable to a penalty of ten dollars, to be recovered before any justice of the peace of the city of Baltimore, upon the complaint of the Registrar of Vital Statistics, or any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 6th

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth* Sept 20 1891
4. *Place of Birth,* (*Street and Number*) Baltimore 328 N Eutaw
5. *Full Name of Mother.* Annie Rebecca Hunt
6. *Mother's Maiden Name.* Annie Rebecca Hunt
7. *Mother's Birthplace.* Maryland Baltimore
8. *Full Name of Father.* Hugh O Donnell
9. *Father's Occupation.* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Susan Hunt

Address, 23 N Pappleton St

Remarks, 891000361 3

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A.3206.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 20. 1891

4. Place of Birth, (Street and Number) 1706 Morton al

5. Full Name of Mother. Susan Wagner

6. Mother's Maiden Name. Susan

7. Mother's Birthplace, Frederick Co Md

8. Full Name of Father. John Wagner

9. Father's Occupation, Porter

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return A Tinsley Hunt

Address. 4 to Fremont Ave

Remarks.

0 9 1 0 0 0 3 6 1 4

SEP 26 1891 REGISTRAR OF VITAL STATISTICS CITY OF BALTIMORE

...ing distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 23447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth 20 Sep 91

4. Place of Birth, (Street and Number) No 1832 Fairmount Ave

5. Full Name of Mother Margaretta (Mc Fairies) Mc Mains

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore

8. Full Name of Father W. H. Marshall

9. Father's Occupation Gentleman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm L. Gross

Address, No 1907 E Monument St

Remarks,

8910003615

HEALTH DEPARTMENT SEP 23 1891 CITY OF BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33448.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Sept 21 st 1891.
4. *Place of Birth, (Street and Number)*	1548 Myrtle Ave.
5. *Full Name of Mother,*	Florence E. Durler.
6. *Mother's Maiden Name,*	Florence E. Newton.
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	William J. Durler
9. *Father's Occupation,*	Wire worker.
10. *Father's Birthplace,*	Michigan
Name of Medical Attendant, or other person who makes this Return.	John D. Pennington. M.D.
Address,	804 N. Carrollton Ave
Remarks,	

8 9 1 0 0 0 3 6 1 6

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 233459.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth 2/15/[illegible]
4. Place of Birth, (Street and Number) 1137 Bath Ave
5. Full Name of Mother Mary Lizzie Burns
6. Mother's Maiden Name [illegible]
7. Mother's Birthplace [illegible]
8. Full Name of Father Thomas Burns
9. Father's Occupation Laborer
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address

Remarks

8 9 1 0 0 0 3 6 1 7

thereafter, stating distinctly the date of birth, sex and color of the child, the number of children born, its or their physical condition, whether still born or not, the full maiden name of the mother, and residence of the parents, and the maiden name of the mother of such child or children.

CITY OF BALTIMORE

RETURN OF A BIRTH. A 33050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth 24 Sep
4. Place of Birth, (Street and Number) No 735 N Eutaw St
5. Full Name of Mother. Carrie Millingham
6. Mother's Maiden Name, Isley
7. Mother's Birthplace. Baltimore
8. Full Name of Father, Harry W Bingham
9. Father's Occupation, Mech
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs L Lewis

Address. No 1907 E Monument St

Remarks. 6910003618

SEP 25 1918 CITY OF BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(A 33457.)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 22nd 91
4. Place of Birth, (Street and Number) # 25 S Regutal st
5. Full Name of Mother, Kunigunda Geisler
6. Mother's Maiden Name, " Dorbert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Geisler
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant or other person who makes this Return. Wm Getzlee

Address, # 114 S. Bond st

Remarks,

18910003619

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	22nd. Sept. 1891.
4. *Place of Birth, (Street and Number)*	248 S Ann st
5. *Full Name of Mother,*	Minnie Carson
6. *Mother's Maiden Name,*	Minnie Deschler
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	William Carson
9. *Father's Occupation,*	Confectioner
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Seltzer
Address,	114 S. Bond st
Remarks,	

1891 0003620

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth. Sept. 22 91
4. Place of Birth, (Street and Number) 2200 Gough St.
5. Full Name of Mother. Mrs. Mary Amelia Gable Ortel
6. Mother's Maiden Name. Miss " " Gable
7. Mother's Birthplace. Balt. Co. Hydetown
8. Full Name of Father. Jacob Daniel Ortel
9. Father's Occupation. Green Grocer
10. Father's Birthplace. Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. G. G. Rauk M.D.

Address. 2001 E. Balt. St.

Remarks. Natural Delivery

8 9 1 0 0 0 3 6 2 1

CITY OF BALTIMORE

...& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 22nd 1891
4. *Place of Birth, (Street and Number)* No 1534 Barkley St
5. *Full Name of Mother,* Maria Roy
6. *Mother's Maiden Name,* " Muse
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* George Roy
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, No 1024 Berk ave

Remarks,

8 9 1 0 0 0 3 6 2 2

CITY OF BALTIMORE

SEC. 3. And be it further enacted, That the said certificate shall set forth as far as the same can be ascertained the full name of each child if any, which may have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and shall have said schedule shall be delivered, duly signed by the person making the same, to the person required by the preceding section to register the birth, and for every certificate thereafter required of the same birth, a certificate between the first and fifty cents for each certificate thereafter required of the same birth. In case the birth of any child shall occur without the attendance of a physician or midwife, the father or mother of such child, or in case of the absence or inability of both father and mother, the householder in whose house or on whose premises such birth shall occur, or the person having charge of such child, shall within the period above required, and attendance upon the mother, immediately thereafter, report the birth to the Commissioner of Health, and shall furnish all the information required by the preceding section of this act, which may be within the knowledge of such person. Any person who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 32433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 23
4. Place of Birth, (Street and Number) 1053 W Fremont St
5. Full Name of Mother, Mrs. Romer
6. Mother's Maiden Name, Mrs. Maurer
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Romer
9. Father's Occupation, Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Walter

Address, 428 N Bond St

Remarks,

891000 3623

SEP 27 1891

CITY OF BALTIMORE

BM J O DULANY CO CITY PRINTERS AND STATIONERS.

NAME ADDED 10-20-54

RETURN OF A BIRTH 33550

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	James Helen 3rd Glover
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth.	Sept. 23. 21
4. Place of Birth, (Street and Number)	633 E. Fountain Av.
5. Full Name of Mother.	Mrs. Emma Katharine Bailey Glover
6. Mother's Maiden Name.	Wife " " Bailey
7. Mother's Birthplace,	Richmond Va.
8. Full Name of Father.	Capt. James Edwin Glover
9. Father's Occupation.	Mariner
10. Father's Birthplace.	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return	C. C. Rust M. D.
Address.	1900 E. Balt. St.
Remarks.	Maternal Hospital

6 7 1 0 0 8 3 6 2 7

CITY OF BALTIMORE

... & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Samuel Goldberg

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	Hebrew
3.	*Date of Birth*	September 24 1891
4.	*Place of Birth, (Street and Number)*	1307 E Lombard St
5.	*Full Name of Mother*	Rona Goldberg
6.	*Mother's Maiden Name*	Rasia Lurel
7.	*Mother's Birthplace*	Ponowes Russia
8.	*Full Name of Father*	Abrhams Goldberg
9.	*Father's Occupation*	Baker
10.	*Father's Birthplace*	Ponowes Russia
	Name of Medical Attendant, or other person who makes this Return	Jetu Clusanske
	Address	1177 E. Lombard St
	Remarks	GIVEN NAME ADDED. 2-29-52

1891 0003625

CITY OF BALTIMORE SEP 23 1891

Any person conferring the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of each child of the same sex as the same can be ascertained the full name of each child. Each living child born within the city of Baltimore shall have a certificate of birth signed by the Practitioner in the Form of a certificate between the first and third day of each and every month in the case of premature births, in case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, then and in such case the father or mother of such child, or in the absence of the father, immediately thereafter it shall be the duty of the person other person to whose knowledge the birth shall first come, to report the same to the Registrar of Vitals, within the period above required, and any such person or persons who shall neglect or refuse to make such report as required by the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other forfeitures are recoverible

BY J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 3 3 4 38.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth.*	25th September 1891
4. *Place of Birth, (Street and Number)*	1833 Linden Avenue
5. *Full Name of Mother.*	Almira P.
6. *Mother's Maiden Name,*	Miller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles W. Linthicum
9. *Father's Occupation,*	Selling agent Homeopathic Rubber Co
10. *Father's Birthplace,*	Anne Arundel Co. Md.
Name of Medical Attendant, or other person who makes this Return.	W. H. Lomax, M.D.
Address,	808 N. North Ave
Remarks,	

8 9 1 0 0 0 3 6 2 6

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) .....

1. Sex, (state whether male or ~~female~~) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, Sept 25th 1891
4. Place of Birth, (Street and Number) 1609 W. Fayette
5. Full Name of Mother, Louisa Black
6. Mother's Maiden Name, "
7. Mother's Birthplace, B. C.
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Norman F Kilmon

Address, 1401 W. Fayette

Remarks, ...

8 9 1 0 0 0 3 6 2 7

CITY OF BALTIMORE HEALTH DEPT. 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

DATE NAME ADDED 11-27-59

33 J60.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Oct 23 to Sept 25, 1891

Thomas Joseph Murphy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color. (if not of the white race)* White
3. *Date of Birth,* Oct 23 to Sept 25, 1891
4. *Place of Birth, (Street and Number)* 506 S. Washington St
5. *Full Name of Mother,* Lena Murphy
6. *Mother's Maiden Name,* Lena Gottlieb
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Murphy
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A Hines

Address, 410 S. Wash St

Remarks,

1891000362 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 Sep. Fell St
4. Place of Birth, (Street and Number) Fell 902
5. Full Name of Mother, Francie Kalonkoska
6. Mother's Maiden Name, " Chmakoska
7. Mother's Birthplace, Poland
8. Full Name of Father, Wadeck Kalonkoska
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Klotz

Address, 806 Ann St

Remarks,

8910003629

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 33567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Dear Nathaniel

10. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Sept. 25 1891.

4. Place of Birth (Street and Number), 220 N. Amity St.

5. Full Name of Mother, Maggie Keehner

6. Mother's Maiden Name, " Rumbach

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Chas Keehner

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Dr. Knight M.D.

Address, 220 N. Gilmor St.

Remarks, 8 9 1 0 0 0 3 6 3 0

HEALTH DEPARTMENT SEP 25 1891 CITY OF BALTIMORE

Penalty: In addition to the full name of each child, if any child has been born without such name being given, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the Commissioner of Health. In case the birth of any child shall occur without such practitioner, midwife or other person required to report its birth to the Commissioner of Health, or should no other person be in attendance, the mother of such child shall report its birth to the Commissioner of Health, in the manner and within the period above specified. Any practitioner, midwife or other person who shall neglect or refuse to make the report required by this section shall be subjected to a fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	male
Race or color, (if not of the white race)	white
Date of Birth,	3 September 1891
Place of Birth, (Street and Number)	1715 W Fayette Street
5. Full Name of Mother,	Thekla Neu
6. Mother's Maiden Name,	Thekla Ebert
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Neu
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	L. J. Reinhard
Address,	220 W Madison Street
Remarks,	

1 8 9 1 0 0 0 3 6 3 1

CITY OF BALTIMORE SEP 28 1891

DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 1-10-51

RETURN OF A BIRTH A33467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Robert J. Mitchell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, 5 September 1891
4. Place of Birth, (Street and Number) 3rd S Caroline Street
5. Full Name of Mother, Annie Mitchell Mitchell
6. Mother's Maiden Name, Annie Rose
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James B Mitchell Mitchell
9. Father's Occupation, Merchant Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr F Reinhard

Address, 220 N Madison Street

Remarks, 5910003632

CITY OF BALTIMORE

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33065.

GIVEN NAME ADDED 10-3-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Jacob Goetz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 13 September 1891
4. Place of Birth, (Street and Number) 1214 Hull Street
5. Full Name of Mother, Margaretha Goetz
6. Mother's Maiden Name, Röder
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Goetz
9. Father's Occupation, Lobsch
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Katherine M. Jones

Address, Beason st 1421 Locust Point

Remarks,

+ 8 9 1 0 0 0 3 6 3 3

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 23 1891 BALTIMORE MD

1. *Child of Mother, (state whether 1st, 2d, 3d, &c.)* IIII
2. *Sex, (state whether male or female)* female
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* 15 September
5. *Place of Birth, (Street and Number)* 1132 Hull st. 1132
6. *Full Name of Mother,* Hulda Knoske
7. *Mother's Maiden Name,* " Jonas
8. *Mother's Birthplace,* Germany
9. *Full Name of Father,* Claus Knoske
10. *Father's Occupation,* Laboar
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Catherine M Fran

Address, Beason st 1421 Lower Pond

Remarks, 1891000363 4

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

ten conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and address of the practitioner in the form of a certificate to be delivered to the first and second persons who shall visit the house after the birth of any child said schedule shall be delivered, with the office of the Commissioner of Births, or should no other person be in attendance at the accouchement of a female who shall become the duty of the person or persons last mentioned in this section to report its birth to the Commissioner of Births in the manner and within the time required, and shall secure upon the mother, immediately thereafter, in the manner and within the time required, and shall secure upon the mother, immediately thereafter, in the manner and within the time required, and child to report its birth to the Commissioner of Births, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with any of the provisions of this section shall be subjected to the fine of fifty dollars for each offense, to be recovered, with costs of suit, in the name of the State of Maryland, before any justice of the peace of Baltimore City, and all fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 33467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1 September
4. Place of Birth, (Street and Number) Coalsie st. 14.15
5. Full Name of Mother, Maria Hell
6. Mother's Maiden Name, " Lizkie
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Johann Hill
9. Father's Occupation, Laboor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Huffington Mfonne

Address, Brason st 1421 Locust Point

Remarks,

1 8 9 1 0 0 0 3 6 3 5

BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 19 September
4. *Place of Birth, (Street and Number)* Richardson st. 1428
5. *Full Name of Mother,* Johanna Schoenbalzer
6. *Mother's Maiden Name,* Sommer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Johann Schoenbalzer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Katharine L. Mayer

Address, Boston st. 1421 Locust Point

Remarks, Still born.

8910003636

BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) [illegible] Woman
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother. [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible]

1891 0003637

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race)
4. Date of Birth, Sept 19 1896
5. Place of Birth, (Street and Number) 1806 Fairmount Ave
6. Full Name of Mother Kate Hughes
7. Mother's Maiden Name, " Ramsey
8. Mother's Birthplace, Balto City
9. Full Name of Father. John Hughes
10. Father's Occupation, Carpenter + Builder
11. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Geo F. Taylor. M.D.

Address, 1254 N. Broadway

Remarks.

born, its or their physical condition, whether still-born or not, the color, nativity, and residence of the parents, and the maiden name of the mother of each child

HEALTH DEPARTMENT SEP 28 1896 CITY OF BALTIMORE

CO., CITY PRINTERS AND STATIONERS

L 8910003638

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Jean Bell Hinton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 20th 1911
4. Place of Birth, (Street and Number) 2311 Linden Place
5. Full Name of Mother, Lucy M. H. Hinton
6. Mother's Maiden Name, Hines
7. Mother's Birthplace, Brunswick Ga.
8. Full Name of Father, Thomas Hinton
9. Father's Occupation, Mechanic
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Ella Fox

Address, 602 N. Carey St

Remarks, Record of Births

8 9 1 0 0 0 3 6 3 9

...each child of ... Mother shall have ... and place of birth of the ... Sex, the birth of any child ... person or parents of such ... the period above required, and ... of this section shall be with... and forfeitures are recoverable ... each offense, to ...

WM J. C. BULLY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.)	1 child
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	21 of September
4. Place of Birth (Street and Number),	Paterson Ave
5. Full Name of Mother,	Mary Pinkney
6. Mother's Maiden Name,	Mary Gilmore
7. Mother's Birthplace,	Balt City
8. Full Name of Father,	John Pinkney
9. Father's Occupation,	Horse car driver
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	
Address,	
Remarks,	

1 8 9 1 0 0 0 3 6 4 0

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 33473.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d,
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 23. 1891
4. Place of Birth (Street and Number)	580 North Gay St
5. Full Name of Mother	Emma L. Gail
6. Mother's Maiden Name	Emma L. Aulbach
7. Mother's Birthplace	San Domingo
8. Full Name of Father	Henry W. Gail
9. Father's Occupation	Store Keeper
10. Father's Birthplace	Penna Ave. City
Name of Medical Attendant, or other Person who makes this Return.	Geo F. Corse M D
Address	Gardenville Balto Co. Md
Remarks	5.9 1 0 0 0 3 6 4 1

Bal Air road

CITY OF BALTIMORE

1891

within six days thereafter, stating distinctly the day of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

A 33074

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT CITY OF BALTIMORE SEP 23 1891

1. *Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second
2. *Sex (state whether male or female)* male
3. *Race or Color (if not of the white race)* Colored race
4. *Date of Birth* 23rd Sept 1891
5. *Place of Birth (Street and Number)* 432 Register St
6. *Full Name of Mother* Lily Johnson
7. *Mother's Maiden Name* Lily Johnson
8. *Mother's Birthplace* Talbot county Md
9. *Full Name of Father* George Johnson
10. *Father's Occupation* Laborer
11. *Father's Birthplace* Baltimore city Md

Name of Medical Attendant, or other Person who makes this Return. Baltimore City

Address 213 N Eutaw St City

Remarks Healthy child

b 9 1 U 0 0 3 6 4 2

To be filled up in duplicate, for any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child—if children born, its or their physical condition, whether still born or not, the full name, nativity, residence of the parents, and the maiden name of the mother of such child or children.

RETUR[illegible] OF A BIRTH. A 33675.

To the Office of Registrar of [illegible]ital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 3rd 1891
4. Place of Birth, (Street and Number) 925 Chin[illegible] St.
5. Full Name of Mother, Lina Randall
6. Mother's Maiden Name, Lina Dubber
7. Mother's Birthplace, Accamac Co Virginia
8. Full Name of Father, John Randall
9. Father's Occupation, Waiter in store.
10. Father's Birthplace, ~~Baltimore City~~,

Name of Medical Attendant, or other person who makes this Return, Sarah Hooper

Address, #407 N. Bamburg St.

Remarks,

8 9 1 0 0 0 3 6 4 3

[illegible] J. C. DULANY CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-13-56

RETURN OF A BIRTH

3347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rhea Mitnick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 7 91
4. Place of Birth, (Street und Number) 1320 Hollins St
5. Full Name of Mother, Hannah Mitnick
6. Mother's Maiden Name, Erlanger
7. Mother's Birthplace, Russia
8. Full Name of Father, Joseph Mitnick
9. Father's Occupation, Tailor Shop
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Edward Davidson

Address, 207 Eutaw St

Remarks,

1 8 9 1 0 0 0 3 6 4 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 7th 1891.
4. Place of Birth, (Street and Number) 112 S. Carlton St.
5. Full Name of Mother, Maggie Cook
6. Mother's Maiden Name, Murphy
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Cook
9. Father's Occupation, Produce dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. John Neff 10 S. Carlton Ave

Address,

Remarks,

1 8 9 1 0 0 0 3 6 4 5

been conferred, its sex, color, the full name and place of birth of each child. (If any shall have died, before such shall be delivered, duly signed by the attending physician, midwife or other person who shall have certified such birth, certificate of such death; and the cause, date and place of death; and the shall occur without the certificate of birth, in case the birth of the first child attendance of a physician or midwife, or should no other person be in attendance, the mother, immediately after the birth of each child, shall report its birth to the Commissioner of Health. In case the birth of the first child shall report its birth to the Commissioner of Health, as aforesaid, and in the event of the failure of the mother so to report, the person in attendance at such birth, or the father of such child, shall report the same, as required by this section. Any person required by this section to report births who shall refuse or neglect to do so, shall be subjected to the fine of ten (10) dollars for each offense. Any person required by this section to report births who shall refuse or neglect to do so, shall be subject to the fines and forfeitures are recoverable.

SM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 33478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Oct 14/91
4. Place of Birth, (Street and Number)	708 Sterling St
5. Full Name of Mother,	Kate Mahoney
6. Mother's Maiden Name,	" Maryland
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Thomas Mahoney
9. Father's Occupation,	Boat Laborer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Ernest P. Wood
Address,	208 Aisquith St
Remarks,	

1 8 9 1 0 0 0 3 6 4 6

third day of each and every month to the office of the Commissioner of Health, in the manner directed, and the shall occur without the attendance of a physician or practitioner of medicine, or midwife, the first mid attendance upon the birth of the child, to report the same to the Commissioner of Health, in the manner direc any child to report the birth of the child, as aforesaid, to the Commissioner of Health, in the manner direc any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be sub jected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33479.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 17/91
4. Place of Birth, (Street and Number) 1224 Orleans st
5. Full Name of Mother, Lydia Fellner
6. Mother's Maiden Name, Stemmer
7. Mother's Birthplace, Balto
8. Full Name of Father, Fred. Fellner
9. Father's Occupation, Liquor Dealer
10. Father's Birthplace, German Poland

Name of Medical Attendant, or other person who makes this Return, Edward P. McDonnell

Address, 2nd Aug. st

Remarks,

8 9 1 0 0 0 3 6 4 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 33

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 17th 1891
4. Place of Birth, (Street and Number) 604 E Eutaw St
5. Full Name of Mother, Mary E. Shay.
6. Mother's Maiden Name, " Reily
7. Mother's Birthplace, Balto.
8. Full Name of Father, Daniel Shay.
9. Father's Occupation, Cadet
10. Father's Birthplace, Staunton Va.

Name of Medical Attendant, or other person who makes this Return. Edward P. McBride

Address, 2d Augusta St

Remarks, 8 9 1 0 0 0 3 6 4 8

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33 011.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Name of Child: Albert W. McNeill 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 17/91
4. Place of Birth, (Street and Number) 1306 E. Chase St
5. Full Name of Mother, Mary A. McNeill
6. Mother's Maiden Name, " " Hagan
7. Mother's Birthplace, Balto
8. Full Name of Father, John F. McNeill
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Edwin P. McNeill

Address, 2 E Lexington St

Remarks,

1 8 9 1 0 0 0 3 6 4 9

said schedule shall be delivered, duly signed by the practitioner in the form ... first ... third day of each and every month to the office of the Commissioner of ... shall occur without the attendance of a physician or practitioner ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail in comply with the ... jected to the fine of ten (10) dollars for each offense, to be recovered as ...

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1st.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 17 91

4. Place of Birth, (Street and Number) 132 S. Orleans st.

5. Full Name of Mother, Emma Rubl.

6. Mother's Maiden Name, n Blume

7. Mother's Birthplace, Balto

8. Full Name of Father, Henry Rubl Jr.

9. Father's Occupation, Painter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Edward P. McDevitt

Address, 24 Aisquith st

Remarks,

18910003650

THE J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female). Male
2. Race or Color. (if not of the white race) Colored
3. Date of Birth. Septr 21st 1891
4. Place of Birth. (Street and Number) 407 W. Pennsylvania St.
5. Full Name of Mother. Mary Bevans not married
6. Mother's Maiden Name, "
7. Mother's Birthplace. Balto City.
8. Full Name of Father. Joseph Hawkins.
9. Father's Occupation, Cook in Hotel.
10. Father's Birthplace. Balto City.

Name of Medical Attendant, or other person who makes this Return, Sarah Hawkins

Address, " 407 W. Pennsylvania St. city.

Remarks.

6 9 1 0 0 0 3 6 5 1

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd 1891
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth.*	Sept. 22. 91
4. *Place of Birth. (Street and Number)*	2925 O'Donnell St. Canton
5. *Full Name of Mother*	Mrs. Anna Elizabeth Crowley Cook
6. *Mother's Maiden Name.*	Miss Anna Elizabeth Crowley
7. *Mother's Birthplace.*	Balto. Md.
8. *Full Name of Father.*	James Washington Cook
9. *Father's Occupation.*	Grocer
10. *Father's Birthplace.*	Balto. Md.
Name of Medical Attendant. or other Person who makes this Return	Dr. C. Clark Smith
Address.	2000 E. Balto. St.
Remarks.	Attending Physician

2910003652

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 22nd 91
4. Place of Birth, (Street and Number) 1507 Mulberry St
5. Full Name of Mother, Emma Biden
6. Mother's Maiden Name, Emma Liddell
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Geo. L. Biden
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Henry E. Dille. M.D.

Address, 1203 W. Fayette St

Remarks,

6 9 1 0 0 0 3 6 5 3

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5th)

Name: Howard Clark Fountain

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 23rd 1891
4. Place of Birth, (Street and Number) No 1920 E. Baltimore Street
5. Full Name of Mother, Mrs. Clentonia Fountain
6. Mother's Maiden Name, Miss Clentonia Fountain
7. Mother's Birthplace, Dorchester Co. Md.
8. Full Name of Father, Mr. John R. Fountain
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Wm H. Cleindinen M.D.

Address, 201 North Broadway

Remarks, 8910003654

...shall schedule shall be delivered, duly signed by the ... and place of birth; and the ... certificate between the first ... child ... with ... in case no other person be in ... of the person or parents of such ... shall comply with the provisions of ... penalties are recoverable.

...third day of each and every month ... physician or ... shall occur without the ... attendance ... shall ... any such person or persons who shall ... subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33487.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 24/97
4. Place of Birth, (Street and Number) 119 N. Eyler-st
5. Full Name of Mother, Margaret E. Volk
6. Mother's Maiden Name, " " Horflick
7. Mother's Birthplace, Balto.
8. Full Name of Father, Phillip H Volk
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr Wm Davis

Address, 20 S Eutaw-st

Remarks,

8 9 1 0 0 0 3 6 5 5

said schedule shall be filled out with the name and occupation of its parents, the date of birth of such child, and the name and residence of the physician or midwife in attendance upon the mother, immediately thereafter. It shall be the duty of every physician or midwife who shall have attendance upon the mother, immediately thereafter. It shall be the duty of every physician or midwife who shall have attended upon any case of birth, to report the same to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall neglect or refuse to make such report as aforesaid, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1898. J. B. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Sept 24/97
4. Place of Birth, (Street and Number) No 1616 Light St.
5. Full Name of Mother, Mary E. Beale.
6. Mother's Maiden Name, [illegible] Brantley
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Robert Beale
9. Father's Occupation, Mate Steamship
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Annie Jerman

Address, No 1202 S. Charles St.

Remarks, Yours Respectfully

8 9 1 0 0 0 3 6 5 6

BM J. C. DULANY CO CITY PRINTERS AND STATIONERS

CHECK NAME ADDED 3-1-55

RETURN OF A BIRTH A 33617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carrie Ann Matilda Hobbs

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 25 91
4. Place of Birth, (Street and Number) 1123 Carlton St.
5. Full Name of Mother, Kate E. Hobbs.
6. Mother's Maiden Name, " " Certman
7. Mother's Birthplace, Balto.
8. Full Name of Father, William H. Hobbs.
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Edward McDevitt

Address, 2 St Paul St.

Remarks,

8 9 1 0 0 0 3 6 5 7

Sec. 2. And be it further enacted, That the full name and occupation of the father, and the full maiden name of the mother, of each child, if known, shall be entered in the certificate of birth; and the physician, midwife or other person in attendance upon the birth shall report the same to the Registrar of Vital Statistics, within the time prescribed in section 1 of this ordinance, and in default thereof shall be subject to the penalty imposed by section 4 of this ordinance. And the Registrar of Vital Statistics shall cause to be printed upon the face of each certificate of birth the following words: "Any person who shall knowingly make a false statement in the above certificate shall be subject to the penalty of perjury." Sec. 3. And be it further enacted, That the Registrar of Vital Statistics shall cause to be printed upon the face of each certificate of birth the following words: "Any person who shall knowingly make a false statement in the above certificate shall be subject to the penalty of perjury." Sec. 4. And be it further enacted, That the Registrar of Vital Statistics shall cause to be printed upon the face of each certificate of birth the following words: "Any person who shall knowingly make a false statement in the above certificate shall be subject to the penalty of perjury." Sec. 5. And be it further enacted, That the Registrar of Vital Statistics shall cause to be printed upon the face of each certificate of birth the following words: "Any person who shall knowingly make a false statement in the above certificate shall be subject to the penalty of perjury." Sec. 6. And be it further enacted, That the Registrar of Vital Statistics shall cause to be printed upon the face of each certificate of birth the following words: "Any person who shall knowingly make a false statement in the above certificate shall be subject to the penalty of perjury." Sec. 7. And be it further enacted, That the Registrar of Vital Statistics shall cause to be printed upon the face of each certificate of birth the following words: "Any person who shall knowingly make a false statement in the above certificate shall be subject to the penalty of perjury." Sec. 8. And be it further enacted, That the Registrar of Vital Statistics shall cause to be printed upon the face of each certificate of birth the following words: "Any person who shall knowingly make a false statement in the above certificate shall be subject to the penalty of perjury." Sec. 9. And be it further enacted, That the Registrar of Vital Statistics shall cause to be printed upon the face of each certificate of birth the following words: "Any person who shall knowingly make a false statement in the above certificate shall be subject to the penalty of perjury." Sec. 10. And be it further enacted, That the Registrar of Vital Statistics shall cause to be printed upon the face of each certificate of birth the following words: "Any person who shall knowingly make a false statement in the above certificate shall be subject to the penalty of perjury."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 33490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (State whether male or female)*	Male -
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	815 N. Fulton ave
4. *Place of Birth, (Street and Number)*	September 25th 1891
5. *Full Name of Mother,*	Anna Rebecca Rich
6. *Mother's Maiden Name,*	Amos
7. *Mother's Birthplace,*	B. City
8. *Full Name of Father,*	J. Bradford Rich
9. *Father's Occupation,*	Journalist - American
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	J. Dawes Hill M.D.
Address,	817 N. Carrington Ave
Remarks,	

8 9 1 0 0 0 3 6 5 8

Schedule shall be delivered, duly signed by the date and place of birth, and the ... a certificate to the effect that the first and ... to the birth of any child ... or should no other person be ... shall become the duty of the person or parents of such ... In the case of the death of the person ... this section shall be sub- ... penalties and forfeitures are recoverable.

D. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

E 33491.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, The 25 of Sept 1891

4. Place of Birth, (Street and Number) No 1000 East Fallsway

5. Full Name of Mother, Kate Malone

6. Mother's Maiden Name, Kate Scaitley

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Malone

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Jno C. Lauer

Address, No 1059 Harford Ave

Remarks, Balto Md

6910033959

said whether child is living or dead, name and occupation of parents, [illegible] place of birth shall have been delivered, duly attested by the practitioner in the form prescribed, between the [illegible] and the third day of each and every month, and in case of the death of any child before the same shall be registered, and shall occur without the attendance of a physician or midwife, the Coroner shall be notified immediately after the death of any child, and in case of the death of any child without the attendance upon the mother, immediately thereafter. It shall be the duty of the Coroner to investigate the cause of such death, and to certify the same to the Commissioner of Health, in the monthly returns of deaths required by law to be made to him; and any such person who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd 91.

1. Sex, (state whether male or female): Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 26th 91
4. Place of Birth, (Street and Number) 9 N. Carrollton Ave.
5. Full Name of Mother, Maria Schaeffer
6. Mother's Maiden Name, Maria Mellroy
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William N. Schaeffer
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Henry C. Ohler, M.D.

Address, 1203 W. Fayette St

Remarks,

8910003660

BALTIMORE CITY BOARD OF HEALTH
SEP 28 1891
RECEIVED

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33493.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday Feb. 26th 1898 (2 a.m.)
4. Place of Birth, (Street and Number) 313 W Preston St
5. Full Name of Mother, Mary A. Mennemeier
6. Mother's Maiden Name, Mary E. Russell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Mennemeier
9. Father's Occupation, Paper hanger
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. E. S. Welch MD

Address, Park Ave & Druid Hill Ave

Remarks, Baltimore

6 9 1 0 0 0 3 6 6 1 Board

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of the month next succeeding the date of birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then the other person in attendance upon the mother, immediately thereafter it shall become the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and shall likewise make a certificate of such birth, and if either shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

4M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. E 33194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex, (state whether male or female)	Boy.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	26th of September 1891.
4. Place of Birth, (Street and Number)	426 Pattuson Park Ave.
5. Full Name of Mother,	Laura Collens.
6. Mother's Maiden Name,	Laura Pitchard
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Florence Teodor Collens.
9. Father's Occupation.	Laborman
10. Father's Birthplace,	Washington
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel St. for Justina Kunkel
Remarks,	Healthy

9 1 0 0 0 3 6 6 2

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33,490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 27. 91
4. Place of Birth, (Street and Number) No. 918 Aliceanna St
5. Full Name of Mother, Fannie Lewis
6. Mother's Maiden Name, Fannie Carter
7. Mother's Birthplace, Virginia
8. Full Name of Father, Robert Lewis
9. Father's Occupation, Carpenter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, W. C. Sandrock

Address, Broadway & Federal St

Remarks,

8 9 1 0 0 0 3 6 6 3

THE J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27th of September 1891.
4. *Place of Birth, (Street and Number)*	2227 Leman street
5. *Full Name of Mother,*	Maggie Burnett
6. *Mother's Maiden Name,*	Maggie Eisenrode
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Burnett
9. *Father's Occupation,*	Cigar maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Casimira Kunkel
Address,	213 North Chapel st per Justina Kunkel
Remarks,	Healthy

8 9 1 0 0 0 3 6 6 4

SEC. 18. Be it enacted, That it shall be the duty of the parent, parents, or guardian of every child born in the City of Baltimore, and of the undertaker or other person having charge of the interment of any child dying without having been registered, to report to the Registrar of Vital Statistics, at the office of the Board of Health, the name, sex, color, date and place of birth, and parentage of such child, and the name, sex, color, date and place of death of such child, and the time, place and manner of its burial, and the name and residence of the undertaker or other person having charge of the interment; and the undertaker or other person having charge of the interment shall obtain a certificate of death from the physician, midwife or other person who was in attendance during the last illness of such child, and shall deliver the same to the Registrar of Vital Statistics, at the office of the Board of Health, before the interment of such child shall be made; and the Registrar of Vital Statistics shall issue a permit for the burial of any child dying without having been registered, upon the presentation of the certificate of death as herein required, and not otherwise; and the Registrar of Vital Statistics shall keep a record of the information received by him under the provisions of this section, and shall report the same to the Commissioner of Health, in the manner and at the time prescribed by him; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ISM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33497.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday Sept. 27th 91 (3.30 P.M.)
4. Place of Birth, (Street and Number) 1337 N. Stricker St
5. Full Name of Mother, Lucy Price
6. Mother's Maiden Name, Lucy Carr
7. Mother's Birthplace, U.S. Va
8. Full Name of Father, Frank C. Price
9. Father's Occupation, Nursery man
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. D. J. Mahon M.D.

Address, 1337 N. Stricker St Baltimore Md

Remarks,

8 9 1 0 0 0 3 6 6 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1 Septemb 1891
4. *Place of Birth, (Street and Number)*	613 Gambrell Street
5. *Full Name of Mother,*	Emilie Friederike Mannel
6. *Mother's Maiden Name,*	" " Flach
7. *Mother's Birthplace,*	Rochlitz i S. Germany
8. *Full Name of Father,*	Carles Friedrich Mannel
9. *Father's Occupation,*	Schumacher
10. *Father's Birthplace,*	Hilbersdorf i S. Germany
Name of Medical Attendant, or other person who makes this Return.	Dr. Bunge
Address,	Wilmot St
Remarks,	

1891 0003665

and whether such birth occurred in a house, and the name and number of such street, avenue, lane, court or alley, and the number of such house, if any, or if not in a house, the exact place of birth; and the full name, residence and occupation of the parents of such child, if living, and the full name, residence and occupation of the informant. In case the birth of any child shall occur without the attendance of a physician, midwife or practical nurse, the parent or parents, or other person having charge of said child, shall report the same within the period above required, and any such person who shall neglect or refuse to make such report, or who shall make any false report touching the provisions of this section shall be subject on conviction thereof to a fine of ten (10) dollars for each offense. Penalties and forfeitures are recoverable.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 2, 1911
4. Place of Birth, (Street and Number) 521 Park Ave
5. Full Name of Mother, Caroline Hudson
6. Mother's Maiden Name, Caroline King
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Hudson
9. Father's Occupation, Real Estate Broker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary L Swayne

Address, 726 Eutaw St.

Remarks,

B 9 1 0 0 0 3 6 6 7

...shall be delivered, duly signed, to the person in charge of the premises where the birth occurred, or to the parent or parents of the child, within ten days after the birth, and the third day of each and every month thereafter, a return of all births which have occurred in such premises during the month next preceding, and if no birth shall occur within the time mentioned in this section, a like return shall be made stating that fact. Any person who shall refuse or neglect to make the return required by this section, or who shall knowingly make a false return of any birth, or who shall refuse or neglect to give the certificate required by section 3 of this ordinance upon the burial of a dead body, or shall bury or remove any dead body without such certificate having been first obtained, or who shall refuse or neglect to make the return required by section 4 of this ordinance, or who shall knowingly make a false return of the cause of death, or who shall refuse or neglect to give the information required by section 5 of this ordinance, or who shall refuse or neglect to perform the duties required by section 6 of this ordinance, or who shall refuse or neglect to perform the duties required by section 7 of this ordinance, or who shall refuse or neglect to perform the duties required by section

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 of September
4. Place of Birth, (Street and Number) 507 Atterbiry St.
5. Full Name of Mother, Anna Sigle
6. Mother's Maiden Name, Anna Pibel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Christ. Sigele
9. Father's Occupation, Cabinetmaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. [illegible]

Address, [illegible]

Remarks,

8 9 1 0 0 0 3 6 6 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 3d 191
4. Place of Birth, (Street and Number) 119 Columbia Ave
5. Full Name of Mother, Mary Mc G
6. Mother's Maiden Name, Mary Mc Ester
7. Mother's Birthplace, Germany
8. Full Name of Father, Murdock F. Mc G
9. Father's Occupation, Ret Goods Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. Berry

Address, 11 Penn St

Remarks,

8 9 1 0 0 0 3 6 6 9

said midwife shall be delivered, duly signed by the practitioner or midwife in attendance, to the Commissioner of Health. No certificate shall be required in the case of a child born dead before the fifth month of gestation. A practitioner or midwife in attendance upon the mother, immediately thereafter, if such child be born alive, shall report its birth to the Commissioner of Health. In default of such report by such practitioner or midwife, the father, if present at the birth, shall report the same within the next ensuing twenty-four hours, and for each offense, to be recovered as other offenses are recoverable.

...ULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 8 of September
4. Place of Birth, (Street and Number) No 163 Bowen St.
5. Full Name of Mother, Louise Amanda Wenz
6. Mother's Maiden Name, Reimer
7. Mother's Birthplace, Germana
8. Full Name of Father, Johannes Wenz
9. Father's Occupation, Laborer
10. Father's Birthplace, Germana

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 3 6 7 0

...state and place of birth; and the ...certificate shall be delivered, duly signed by ... between the first and ... third day of each and every month to the office ... shall occur without the attendance ... attendance upon birth to the Commissioner of Health ... shall hereafter neglect ... such person or persons who shall hereafter ... subjected to the fine of ten (10) dollars for each offense. ... fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 33503.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6 th
4. Place of Birth, (Street and Number) Gilmor Terrace 602
5. Full Name of Mother, Adelaide Elliott
6. Mother's Maiden Name, Adelaide Mercer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Francis Elliott
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Burge

Address, 111 Cross Street

Remarks,

8910003671

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 3300

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 6th, 1891.
4. *Place of Birth, (Street and Number)*	1031 W Bare St
5. *Full Name of Mother,*	Mary Keys Wilson
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Cincinnatti
8. *Full Name of Father,*	John F. Keys
9. *Father's Occupation,*	Marketman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	E. L. Gaver M. D.
Address,	830 Columbia ave
Remarks,	

8 9 1 0 0 0 3 6 7 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* December 1 1891
4. *Place of Birth, (Street and Number)* Park Street No 1106
5. *Full Name of Mother,* Maggie Wilmann
6. *Mother's Maiden Name,* Maggie Effinger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Reinhard Wilmann
9. *Father's Occupation,* Shipment Clerk
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Barry

Address, 1116 Park St

Remarks,

8 9 1 0 0 0 3 6 7 3

said child to be delivered, duly signed by the Physician or Midwife in attendance, or by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, or should no other person lie in attendance upon the mother, immediately thereafter, it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health within the period above required, and any person who shall hereafter violate the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. The penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. E 33506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 15

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 1. 9. 1891.
4. Place of Birth, (Street and Number) 411 Bath 747
5. Full Name of Mother, Gathilde Meier
6. Mother's Maiden Name, Klatt
7. Mother's Birthplace, Germany
8. Full Name of Father, Wilhelm Ernst Meier
9. Father's Occupation, Werkmeister
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. Krug

Address, 411 Bath St.

Remarks,

8 9 1 0 0 0 3 6 7 4

...schedule shall be delivered. duly signed by the ... and place of birth ... and five ... days of each and every month to the office of the ... Commissioner of Health ... between the first and ... shall refer with the ... attendance upon the ... child to report its birth to the Commissioner of Health ... with ... person or persons who shall hereafter fail to ... jected to the fine of ten (10) dollars for each offense, to be ... penalties and forfeitures are recoverable.

...

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. B 3350 7.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* January 28th
4. *Place of Birth, (Street and Number)* 1 Bridge St. near Lee.
5. *Full Name of Mother,* Lizzie Evans.
6. *Mother's Maiden Name,* Lizzie Lane.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Jos. H. Evans.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendent, or other person who makes this Return. Wm. Boyce.

Address, 111 Cross Street

Remarks,

8910003675

third days of each and every month to the office of the Commissioner of Health, in certificate between the first and shall duly register the certificate of birth of any child born within the limits of Baltimore City, and every month to the office of the Commissioner of Health, in certificate between the first and attendance upon the mother during her confinement of a child, or shall not within ten days after the birth of any child child to report its birth to the Commissioner of Health, as required by this section, or shall knowingly make any false report to the Commissioner of Health, or shall refuse or neglect within the period above required, and any such person or persons who shall hereafter violate any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. Secretary for other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 11, 1891
4. Place of Birth, (Street and Number) 2518 Foster Ave
5. Full Name of Mother, Annie Hoss
6. Mother's Maiden Name, Annie Cotter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Hoss
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary L Swayne

Address, 726 Luzerne Ave.

Remarks,

8910003676

...ed shall be delivered, duly signed ... third day of each and every month ... shall neglect or refuse to comply ... attendance upon the mother. Immediately ... child to report its birth to the Commissioner ... any such person or persons who shall ... jected to the fine of ten dollars for each offense. See Art. 43, Sec. 241, Code of Public Local Laws.

...ORE, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 12/91
4. Place of Birth, (Street and Number) 17 Williamson st
5. Full Name of Mother, Maggie [illegible] Price
6. Mother's Maiden Name, Maggie Reblein
7. Mother's Birthplace, Balto
8. Full Name of Father, Harry Price
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible] Bond St

Remarks,

1 8 9 1 0 0 0 3 6 7 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sept 13, 1891.
4. *Place of Birth (Street and Number),* 107 Penn St.
5. *Full Name of Mother,* Dora Cole
6. *Mother's Maiden Name,* Dora Jones
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Willie Cole
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant or other person who makes this Return. Mary L Lavigne

Address, 926 Lafayette St.

Remarks,

1891 0003678

RETURN OF A BIRTH. A 33511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13, 1891
4. Place of Birth, (Street and Number) 613 Gannon St.
5. Full Name of Mother, Annie Hergel
6. Mother's Maiden Name, Annie Sos
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Hergel
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary I Sharpe

Address, 721 Lexington St

Remarks,

8 9 1 0 0 0 3 6 7 9

third day of each and every month after the same shall occur without the attendance of a physician or midwife, shall cause the birth of any child attendance upon the mother, immediately thereafter, shall make out and deliver to the person in charge of the premises where such birth occurred, a certificate of such birth, containing the particulars required by the preceding section, and any such person or persons failing to do so shall be subject to the penalties and forfeitures of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as aforesaid.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
Date of Birth,	September 13th
Place of Birth, (Street and Number)	1221 Scott St
5. *Full Name of Mother,*	Kate Duckett
6. *Mother's Maiden Name,*	Kate Mc Kale.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robert Duckett
9. *Father's Occupation.*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Bangs
Address,	Nelson Place
Remarks,	8910003680

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 33573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 September
4. Place of Birth, (Street and Number) No. 3 West Perry St
5. Full Name of Mother, Bertha E. Wellenkamm
6. Mother's Maiden Name, Bertha Baccalarius
7. Mother's Birthplace, Barmen Rheinpreussen
8. Full Name of Father, Wilhelm Wellenkamm
9. Father's Occupation, Lehrer
10. Father's Birthplace, Barmen Rheinpreussen

Name of Medical Attendent, or other person who makes this Return. Wm. Bangel

Address, [illegible]

Remarks,

8910003681

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Lizzie Gerlach 6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 11th 1871
4. *Place of Birth, (Street and Number)*	52 East Heath St
5. *Full Name of Mother,*	Lizzie Gerlach
6. *Mother's Maiden Name,*	Lizzie Henckel
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jacob Gerlach
9. *Father's Occupation,*	Pattern Maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Bengle
Address,	Tulane St
Remarks,	

8 9 1 0 0 0 3 6 8 2

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33.313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 15th 1891
4. Place of Birth, (Street and Number) Baltimore 162 W. West
5. Full Name of Mother, Catherine Pauline Keelmor
6. Mother's Maiden Name, Catherine Pauline Fritz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Keelmor
9. Father's Occupation, Brushmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Miss Bangs

Address, 10 Green Street

Remarks,

8 9 1 0 0 0 3 6 8 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33516.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 13, 1891
4. Place of Birth, (Street and Number) 2416 Eden
5. Full Name of Mother, Mrs Lizzie Malone
6. Mother's Maiden Name, Lizzie Bauer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Malone
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E Burgan M.D.

Address, 726 Eutaw St.

Remarks,

8 9 1 0 0 0 3 6 8 4

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...name of each child. If any shall have ... of 1st parents, the date and place of birth; and the ... form of certificate to be used for the birth of any child ... result. It shall be the duty of the ... midwifery, or should no other person be in ... shall occur without the attendance of ... the duty of the person or parents of such ... child to report the same immediately to the Registrar; and within the first three days of each and every month to the Registrar of Vital Statistics, a return of all cases of births which shall occur without the attendance of a physician or midwife. Any person or persons who shall neglect or refuse to make such report or return as required by this section shall be subject to a fine of not less than five dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (state whether male or female)*	Male Child
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Wednesday September 16th 1891
4. *Place of Birth, (Street and Number)*	Baltimore Park Ave. 742
5. *Full Name of Mother,*	Mrs Victoria Spencer
6. *Mother's Maiden Name,*	Victoria Tanner
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	John S Spencer
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Pittsburgh Pennsylvania
Name of Medical Attendent, or other person who makes this Return.	Mrs Keen
Address,	Baltimore Md
Remarks,	

8910003685

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

22578.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 16, 1894
4. Place of Birth, (Street and Number) 622 Lowe St.
5. Full Name of Mother, Birtha Isaacs
6. Mother's Maiden Name, Birtha Jarman
7. Mother's Birthplace, New York
8. Full Name of Father, Edward Isaacs
9. Father's Occupation, Tailor
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. Mary L. Lazarus

Address, 721 Lemmon St.

Remarks,

8910003686

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17 September 1891
4. *Place of Birth, (Street and Number)*	south Paca st No 1155
5. *Full Name of Mother,*	Frances Ellis
6. *Mother's Maiden Name,*	Frances Killin
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	August Ellis
9. *Father's Occupation,*	Cupper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendent, or other person who makes this Return.	Mrs Bange
Address,	1155 S Paca st
Remarks,	

8910003687

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 / 15 / 1911
4. Place of Birth, (Street and Number) 301 Rose
5. Full Name of Mother, Catherine Gerhold
6. Mother's Maiden Name, Catherine Kuhlman
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Gerhold
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary J. Swayne

Address, 726 Lexington St.

Remarks,

8910003688

CITY OF BALTIMORE

658 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. B 33521.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	18 11
4. Place of Birth, (Street and Number)	Hamburg St 304 Balti Md
5. Full Name of Mother,	Sarah J. Mooney
6. Mother's Maiden Name,	Sarah J Stuart.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Samuel P. Mooney
9. Father's Occupation,	Porter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Brown
Address,	Hanover St
Remarks,	

1891 0003689

third degree, shall be delivered, duly signed by the practitioner or midwife in attendance, or by the father, mother, or other person having charge of the case, stating the place of birth; and the child's name, if it has been named. And every practitioner of medicine or midwife in attendance upon the mother, and every father, mother, or other person having charge of the case, who shall neglect to report the birth of any child as above required, shall be subject to the fine of ten (10) dollars for each offense, to be recovered before any justice of the peace of Baltimore City, and one-half of said fine shall be paid to the officer who shall prosecute and collect the same, and the other half to the Commissioner of Health. And it shall be the duty of the Register of Vital Statistics to report to the Commissioner of Health, at the end of each month, the names of all persons who shall have failed to make the returns required, and such persons shall be subject to the penalties above prescribed, unless they can show to the satisfaction of the Commissioner of Health that such failures are excusable.

CITY OF BALTIMORE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 —
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Sept. 20—1891
4. Place of Birth, (Street and Number)	2220 Orleans st.
5. Full Name of Mother,	Maggie Linnaehmann
6. Mother's Maiden Name,	" Dietz
7. Mother's Birthplace,	City
8. Full Name of Father,	George Linnaehmann
9. Father's Occupation,	butcher
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return	P. G. Dausch
Address,	1729 E. Baltimore st.
Remarks,	

1891 0003690

third day of each and every month [illegible] the date and place of birth; and the name, residence and occupation of the parents of such child. In case between the first and third day of each and every month [illegible] death, in the case of any child dying before the same shall be registered, or should no other person be required to report its birth to the Commissioner of Health, all persons present at the birth and the undertaker or person who shall have charge of the burial of such child shall be severally liable to report the same, with all the particulars required, and any such person or persons who shall neglect or refuse to make such report as required by the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33523.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 20

4. Place of Birth, (Street and Number) 1154 Lawson St

5. Full Name of Mother, Amanda [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Balto City

8. Full Name of Father, Charles E Peacock

9. Father's Occupation, Seaman

10. Father's Birthplace, Balto City

Name of Medical Attendent, or other person who makes this Return. Dr. Bayne

Address, 111 Cross St.

Remarks,

8910003691

third day of each and every month to the office of the Registrar of Vital Statistics, and the attendance upon the neglect or refusal of such physician or midwife to report his birth to the Commissioners of Health, he shall become liable to a penalty of ten dollars for each offense, to be recovered as aforesaid; and in case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the parent or parents of such child to report its birth to the Commissioners of Health, and no other person be liable to such penalty or forfeiture; and all penalties and forfeitures incurred under this section shall be subjected to the like use of ten (10) dollars for each offense, to be recovered as aforesaid; and all penalties and forfeitures are recoverable.

BALTIMORE

ORIGINAL J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child?

Sex, (state whether male or female) female?

Race or Color, (if not of the white race) color?

3. Date of Birth, Monday 21th

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Lizzie Jane

6. Mother's Maiden Name, William J. Strickland

7. Mother's Birthplace, Lizzie J Strickland

8. Full Name of Father, William Strickelan

9. Father's Occupation, Yard carp

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mat Leaster Cook

Address, 1008 Preab aly?

Remarks,

1891 0003692

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 33326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 21 1891.
4. Place of Birth, (Street and Number) 2513 Foster Ave
5. Full Name of Mother, Margret Sanders
6. Mother's Maiden Name, Margret Jones
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Sanders
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary L Thayer

Address, 726 Luzerne St

Remarks,

8910003693

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)
2. Race or color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 3 6 9 4

SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Apr 23, 1897
4. *Place of Birth (Street and Number),* 843 Chesapeake
5. *Full Name of Mother,* Viola Jones
6. *Mother's Maiden Name,* Viola Jones
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William Jones
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo. L. Swayne

Address, 720 Eutaw St

Remarks,

8910003695

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The sixth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	22nd of September
4. Place of Birth, (Street and Number)	1231 S. O Eutaw Street
5. Full Name of Mother,	Lydia A Fontz
6. Mother's Maiden Name,	Lydia " Leighton
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George E. Fontz
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendent, or other person who makes this Return.	Dr. Bourg
Address,	[illegible] Street
Remarks,	8910003696

...third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate signed by the physician or midwife in attendance upon the mother, immediately after the birth, stating the name, sex and place of birth; and the shall occur without the attendance of a physician or midwife, then the certificate shall be signed by the father, mother, householder, or other person in attendance upon the mother, immediately after the birth, stating the name, sex and place of birth; and the Child to report the birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, as aforesaid, within the period above required, until a certificate of birth shall be obtained as aforesaid, and any person who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be fined for each offense, not less than ... nor more than ... and forfeitures are recoverable, ... jail to the fine of ten (10) dollars for each offense, to be recovered as the aforesaid forfeitures are recoverable.

CITY OF BALTIMORE

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A.330 MY

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Stepsister 23

1. Sex. (State whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, Sept. 23 1891
4. Place of Birth, (Street and Number) 302 N. Eutaw St.
5. Full Name of Mother, Lizzie Gilbert
6. Mother's Maiden Name, Lizzie Lizzard
7. Mother's Birthplace, Virginia.
8. Full Name of Father, Jesse Gilbert
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Harriett Jackson

Address, 127 East Street

Remarks,

8910003697

C. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 33330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Color

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) Color
3. Date of Birth. 23 September '91
4. Place of Birth, (Street and Number) # 213 Forrest Str
5. Full Name of Mother. Mary Brown
6. Mother's Maiden Name, Mary Martin
7. Mother's Birthplace, Port Hyacint
8. Full Name of Father, George Brown
9. Father's Occupation, Labor
10. Father's Birthplace, Massachusetts

Name of Medical Attendant, or other person who makes this Return. Harriett Jackson

Address, 129 East Street

Remarks,

1 8 9 1 0 0 0 3 6 9 8

third day of each and every month to the office of the Commissioner of Vital Statistics, Board of Health, Baltimore City, a certificate setting forth the fact and date of birth of each child born within the limits of Baltimore City during the preceding month, which certificate shall be signed by the attendant at such birth, if there be one, and if not, by the father, mother, householder or other person having knowledge of the facts. In case the birth occurs in a public institution, the certificate shall be signed by the superintendent or other officer thereof, and should no other person be in attendance upon the mother at the birth of the child, the duty to report such birth shall devolve upon the person or parents of such child to report its birth to the Commissioner of Vital Statistics, Board of Health, Baltimore City, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence. Penalties and forfeitures are recoverable.

BALTIMORE CITY OF BALTIMORE

SULLIVAN & DO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 53631.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 d

Sex, (state whether male or female) female

Race or Color, (if not of the white race)

Date of Birth, 23th September

Place of Birth, (Street and Number) at house of 809 S. Saca H

5. Full Name of Mother, Julia Ries

6. Mother's Maiden Name, Julia Morning

7. Mother's Birthplace, Ba

8. Full Name of Father, Mr Peter Ries

9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Baltimore

Name of Medical Attendent, or other person who makes this Return. Mrs Kemp

Address, 711 Cross St.

Remarks,

8910003699

...third day of each and every month, a true list of all births and the names of children born within the city during the said month, which have occurred without the attendance of a physician or midwife, and the alleged cause thereof, so far as can be ascertained by inquiry of the parents or other persons present at the birth. In case the birth of any child should be delayed beyond the third day, the first and child to report its birth immediately thereafter. In case the birth of any child should occur where no other person is present, then the mother of such child shall be deemed the person required to report the birth. Any person or persons who shall neglect or refuse to make the report required, and any such person or persons who shall knowingly make a false report, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

...with the provisions of this section shall be subject to a fine of not less than ten dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RECEIVED SEP 25 1905 REGISTRAR OF VITAL STATISTICS BOARD OF HEALTH BALTIMORE CITY

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 5-1-56

RETURN OF A BIRTH. A 33537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Mathilde Elizabeth Boyce
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	24th 1891
4. Place of Birth, (Street and Number)	1167 Hamburg St
5. Full Name of Mother,	Kate Boyce
6. Mother's Maiden Name,	Kate Bullock
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Boyce
9. Father's Occupation,	Carrier
10. Father's Birthplace,	Baltimore
Name of Medical Attendent, or other person who makes this Return.	Mrs. Boyce
Address,	1167 Hamburg St
Remarks,	

1891 CITY OF BALTIMORE

1891 00037 00

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 33533

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept 25/91
4. *Place of Birth, (Street and Number)*	1682 N. Broadway
5. *Full Name of Mother,*	Lizzie A. Paulus
6. *Mother's Maiden Name,*	" Schild
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Max H. Paulus
9. *Father's Occupation,*	Foreman
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, (or other Person who makes this Return)	G. F. Taylor M.D.
Address,	1254 N. Broadway
Remarks,	

6910003701

of the parents, and the maiden name of the mother of each child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 3352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 26/91
4. *Place of Birth, (Street and Number)*	# 1177 Hamburg St
5. *Full Name of Mother,*	Emma Lochmann
6. *Mother's Maiden Name,*	Emma Metel.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Lochmann
9. *Father's Occupation.*	Observer
10. *Father's Birthplace,*	Forbach Germany.
Name of Medical Attendent, or other person who makes this Return.	Iris Bangs
Address,	# 74 Druid St
Remarks,	

8 9 1 0 0 0 3 7 0 2

third day of each and every month, to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate of each birth and the shall occur without the attendance of a physician or midwife, the parent or parents, or other person having charge of such child, shall report the birth to the Commissioner of Health, within ten days after the birth shall have occurred, and in default thereof shall be liable to a penalty of ten dollars, to be recovered as other penalties are recoverable. Any midwife or physician who shall hereafter fail to report births as required by this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	26 th
4. *Place of Birth, (Street and Number)*	No 810 S Grow St
5. *Full Name of Mother,*	Maggie Abbert
6. *Mother's Maiden Name,*	Maggie Beras
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Abbert
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendent, or other person who makes this Return.	Mrs Berge
Address,	810 S Grow St
Remarks,	

8910003703

Ident. days of each mo. every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a return of every birth which shall occur within the city during the preceding month. The certificate between the first and the [illegible] shall contain the name, residence and occupation of the parents of such child, the sex of the child, the number of children born to the mother, including the present birth, and the number of children of the mother living, the date of birth, and the name of the physician or midwife in attendance upon the mother, if any was in attendance; if there was no physician or midwife in attendance, then the name of the householder or owner of the premises where the birth occurred, or of the nearest relative present at the birth, or of the person having charge of the premises at the time of the birth, shall be given. If no birth occurred during the month, a return to that effect shall be made. The provisions of this section shall apply to all births occurring in any institution, whether public or private. Any person or persons who shall hereafter practice midwifery within the limits of Baltimore City, and who shall neglect or refuse to make the return required by this section, shall be subject to the fine of ten (10) dollars for each offense. The fines and forfeitures imposed by this section shall be recoverable as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 333834

1. *No. of Child of Mother.* (state whether 1st, 2d, 3d, &c.) 1—
2. *Sex,* (state whether male or female) female
3. *Race or Color,* (if not of the white race) white
4. *Date of Birth,* Sept-26-1891
5. *Place of Birth,* (Street and Number) 202 S. Eden st.
6. *Full Name of Mother,* Kate Lamb
7. *Mother's Maiden Name,* Bennett
8. *Mother's Birthplace,* City
9. *Full Name of Father,* Richard Lamb
10. *Father's Occupation,* Police
11. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. P. G. Dausch

Address, 1729 E. Baltimore st.

Remarks, 8 9 1 0 0 0 3 7 0 4

CITY OF BALTIMORE

third day of each and every month to the office of the Comptroller of the City of Baltimore, a certificate between the first and ... shall occur within the mother, immediately thereafter, under the penalty above required; and ... child to report its birth to the Commissioner, after fail to comply with the provisions of this section, ... any such person or persons, shall forfeit for each offense, to be recovered ... Jellet to the fine of ten dollars for each offense, to be recovered ... other penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 & 8

1. Sex, (state whether male or female) Male and Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, April 27th 91. at 10.15 P.M.
4. Place of Birth, (Street and Number) No 706. Eastend Street.
5. Full Name of Mother, Mary Niederhauser-Kinzi.
6. Mother's Maiden Name, Mary Kinzi.
7. Mother's Birthplace, Switzerland
8. Full Name of Father, Emil Niederhauser.
9. Father's Occupation, Blacksmith.
10. Father's Birthplace, Switzerland.

Name of Medical Attendent, or other person who makes this Return. Mrs Bouge

Address, 711 Eastend Street

Remarks,

8910003705

...third day of each and every month to the Commissioner of Health a certificate in the form of a certificate between the first and the ...shall occur without the attendance of a physician, it shall be the duty of the midwife, or, should no other person be in attendance upon the mother, immediately thereafter, to report the birth to the Commissioner of Health. In the manner and within the period above named, and should such midwife neglect or refuse so to report, such midwife shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are recoverable.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female).* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 28, 1891
4. *Place of Birth, (Street and Number)* 623 Luzerne St
5. *Full Name of Mother,* Gertrude Bauer
6. *Mother's Maiden Name,* Gertrude Lauritzen.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Paul Bauer
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Lehayne

Address, 726 Luzerne St

Remarks,

8 9 1 0 0 0 3 7 0 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 33534.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 28, 1891.
4. Place of Birth, (Street and Number) 849 E Chesapeake St.
5. Full Name of Mother, Fannie Estes
6. Mother's Maiden Name, Fannie Bennet.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Estes.
9. Father's Occupation, Breakman
10. Father's Birthplace, Prince George County

Name of Medical Attendant, or other person who makes this Return. Mary L Stevens

Address, 724 Luzerne St.

Remarks,

8 9 1 0 0 0 3 7 0 7

...shall be delivered, duly signed by the ... to the office of the Registrar of Vital Statistics, the ... and place of birth, and the ... of each and every month to the office of the Registrar of Vital Statistics, the ... shall occur within the mother, immediately thereafter ... child to report its birth to the Commissioner of Health, in ... any such person or persons who shall hereafter ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33340

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 29 1891
CITY OF BALTIMORE

Within six days thereafter, stating distinctly the date of birth, color of the child or children born, its or their physical condition, whether still born or living, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Second
2. Sex (state whether Male or Female)	Female
3. Race or Color (if not of the white race)	White
4. Date of Birth	No 1869 North Gay Street Sept 28. 1891
5. Place of Birth (Street and Number)	
6. Full Name of Mother	Eliz. Barner
7. Mother's Maiden Name	Eliz Roemer
8. Mother's Birthplace	Baltimore City
9. Full Name of Father	Charles Barner
10. Father's Occupation	Barber
Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Wm Horse Md.
Address	Gardenville Balto Co
Remarks	8 9 1 0 0 0 3 7 0 8 Ind

RETURN OF A BIRTH

U 33811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 1st "

1. Sex, (~~state whether male or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, Feb 29 1916
4. Place of Birth, (Street and Number) 639 W Lexington St
5. Full Name of Mother, Amelia Gaska
6. Mother's Maiden Name, Amelia Caspar
7. Mother's Birthplace, Louisville Ky
8. Full Name of Father, Theodore Gaska
9. Father's Occupation, Musician
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. John J. McBride M.D.

Address, 602 W Lexington

Remarks,

891000 3709

third day of each and every month to the office of the Commissioner of Health, in case the first and third days of each month shall occur without the attendance of a physician or practitioner of midwifery, or should the other person be in attendance with such child to report its birth to the Commissioner of Health, he shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 1 Childe

1. Sex, (state whether male or female) Male Childe
2. Race or Color, (if not of the white race) Color
3. Date of Birth, The 29 of September
4. Place of Birth, (Street and Number) 837 Sedenhall
5. Full Name of Mother, Mary Joynes
6. Mother's Maiden Name,
7. Mother's Birthplace, Accomac County Via
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Miller Gross

Address, 229 York Road Md.

Remarks,

1 8 9 1 0 0 0 3 7 1 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* Negro
4. *Date of Birth.* July 1/91
5. *Place of Birth, (Street and Number)* 304 Penna Ave
6. *Full Name of Mother,* Mary Simms
7. *Mother's Maiden Name,* Mary Smith
8. *Mother's Birthplace,* Md
9. *Full Name of Father,* Leo Simms
10. *Father's Birthplace,* Labor
    Name of Medical Attendant, or other person who makes this Return. Md
    Address, Dr Emma Woodhouse
    Remarks,

8 9 1 0 0 0 3 7 1 1

third day of such and every month to the practitioner in the [illegible] and the shall occur without the [illegible] to the office of the Commissioner of Health, between the first and attendance upon the mother, [illegible] or midwife in attendance upon such person shall fail to report its birth to the Commissioner of Health, in the manner [illegible] with the parents of such child, such person so [illegible] subjected to the fine of ten (10) dollars for each offense; to be recovered [illegible] forfeiture recoverable.

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, Sept. 2/91
5. Place of Birth, (Street and Number) 203 Vincent Ave
6. Full Name of Mother, Elizabeth Johnson
7. Mother's Maiden Name, Elizabeth Johnson
8. Mother's Birthplace, Va
9. Full Name of Father, Wm Jenkins
10. Father's Occupation, None
Father's Birthplace, Va
Name of Medical Attendant, or other person who makes this Return. Jno Ford Jr M.D.
Address,
Remarks,

6910003712

CITY OF BALTIMORE REGISTERED SEP 30 1891

...third day of each month to the Collector or Practitioner in the form of oath. In case the little person lie in ...shall occur within the mother, commissioner of Health to comply with ...attendant report its birth to the commissioner of Health to comply with ...child such person or persons who shall hereafter, to lie recovered ...jected to the fine of ten (10) dollars for each offense, to lie recovered ...

PUB. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) .....

1. *Sex.* (*state whether male or female*) ~~.....~~ Female
2. *Race or Color.* (*if not of the white race*) .....
3. *Date of Birth.* .....
4. *Place of Birth.* (*Street and Number*) .....
5. *Full Name of Mother.* .....
6. *Mother's Maiden Name.* .....
7. *Mother's Birthplace.* .....
8. *Full Name of Father.* .....
9. *Father's Occupation.* .....
10. *Father's Birthplace.* .....

Name of Medical Attendant, or other person who makes this Return. .....

Address. 1610 Vincent ave near Baker

Remarks. .....

8 9 1 0 0 0 3 7 1 3

WM J C DULANY CO CITY PRINTERS AND STATIONERS

shall make a like return every month to the office of the Registrar of Vital Statistics, Board of Health, of the city of Baltimore, of the birth of any child born within the limits of the city of Baltimore, since the last return, and the number of births so returned shall be stated in the return. The return shall be made on a certificate to be furnished by the Registrar of Vital Statistics, Board of Health, and shall contain the name and place of birth, and the number of the attendance of the physician or midwife, or should no midwife or physician have been present at the birth of any child born within the limits of the city of Baltimore, since the last return, then the return shall be made by the father or mother, immediately thereafter. Every physician or midwife who shall neglect to make the return required by this section, or who shall make a false return, shall forfeit to the use of the Board of Health, in the name of the city of Baltimore, the sum of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law. Every person who shall neglect to make the return required by this section, or who shall make a false return, shall forfeit to the use of the Board of Health, in the name of the city of Baltimore, the sum of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

A. 33546

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Fifth

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Sept. 3 1891
4. *Place of Birth*, (*Street and Number*) 1217 E. North av.
5. *Full Name of Mother*, Elizabeth Jones
6. *Mother's Maiden Name*, Elizabeth Robinson
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Levin K. Jones
9. *Father's Occupation*, Policeman
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return. Reported by request of nurse [illegible]

Address,

Remarks, 8910003714

[illegible] duty is imposed by the practitioner [illegible] of a certificate between the first and third day of each and every month to the office of the Commissioner of Health [illegible] the birth of any child shall occur without the attendance of a physician or practitioner [illegible] or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 2 [illegible]
4. *Place of Birth, (Street and Number)* 1[illegible] Madison Ave
5. *Full Name of Mother,* [illegible] Pate
6. *Mother's Maiden Name,* [illegible] Mann
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible] Carter
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible] Chester St

Remarks, ...

8 9 1 0 0 0 3 7 1 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...shall be the duty of each and every month to the office of Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate between the first and ...shall occur without the attendance of a physician or midwife, it shall become the duty of the person in charge of such child within ten days after the birth of any child ...attendance upon the mother. Immediately thereafter it shall become the duty of the person in charge of such child within the period above required, and ...duly to report the birth to the Commissioner of Health. In case the birth of any child ...any such person or persons shall refuse or neglect for the space of twenty days after the maturity of the period above required, and ...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 3 7 1 6

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	8
1. *Sex.* (state whether male or female)	Male
2. *Race or Color.* (if not of the white race)	Colored
3. *Date of Birth*	Sept 10 1891
4. *Place of Birth.* (Street and Number)	2030 Etting St
5. *Full Name of Mother*	Martha Brooks
6. *Mother's Maiden Name*	Martha Chase
7. *Mother's Birthplace*	Easton Md
8. *Full Name of Father*	William Brooks
9. *Father's Occupation*	Stock Carrier
10. *Father's Birthplace*	Easton Md
Name of Medical Attendant, or other person who makes this Return	Mrs Rollins
Address	1610 Vincent Alley
Remarks	

8910003717

shall cause each and every month to be sent to the office of the Commissioner of Health, Baltimore City, a certificate between the first and fifth days of each month, of the name, sex, color, date and place of birth, and parentage of each child born within the limits of said city during the preceding month, and the name and residence of the attendant upon the mother, immediately thereafter. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents, or other person having charge of such child, shall report the birth within the period above required, and in default of such report by any such person or persons who shall neglect or refuse to make such report as aforesaid, he, she or they shall be subject to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 33550.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 10, 1891.
4. Place of Birth, (Street and Number) Baltimore N Burke St No 617
5. Full Name of Mother, Mrs Hermine Malles
6. Mother's Maiden Name, Mrs Hermine Brainning
7. Mother's Birthplace, Europe
8. Full Name of Father, Mr Christian Malles
9. Father's Occupation, Boiler maker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. Josafshin Krueger

Address, No 2036 E Fayette St B. Md.

Remarks, 6 9 1 0 0 0 3 7 1 8

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 33551.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 11th 1891
4. Place of Birth, (Street and Number) # 516 East Eager St
5. Full Name of Mother, Mrs Geo. W. Stawinski
6. Mother's Maiden Name, Mary A. Bull
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Geo. Washington Stawinski
9. Father's Occupation, Machinist
10. Father's Birthplace, Charleston South Carolina

Name of Medical Attendant, or other person who makes this Return, Thos B. Wooden

Address, # 936 Greenmount Avenue

Remarks,

1891 0003719

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 3353 W.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) Second Child

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*) ~~Light~~ Colored

3. *Date of Birth.* 12th Sept. 1891

4. *Place of Birth.* (*Street and Number*) 1420 Bruce Street

5. *Full Name of Mother.* Mary Catherine Johnson

6. *Mother's Maiden Name,* Mary Catherine Johnson Ditto

7. *Mother's Birthplace,* Franklin St Balto City Md.

8. *Full Name of Father.* Geo. E. H. Johnson

9. *Father's Occupation.* Printer & Produce Dealer

10. *Father's Birthplace.* Balto City Md.

Name of Medical Attendant, or other person who makes this Return. Mrs S. Rollins

Address. 1610 Vincent ave near Baker

Remarks,

1891000 3720

[illegible] day of each and every month [illegible] petitioner in the form [illegible] place of birth; and the
shall occur without the attendance [illegible] office of the Commissioner of [illegible] of a certificate between the first and
attendance upon the mother, immediately thereafter [illegible] of a physician or [illegible] In case the birth of any child
child to report its birth to the Commissioner of Health [illegible] shall become [illegible], or should no other person be in
any such person or persons who shall hereafter fail [illegible] the manner [illegible] of the person or parents of such
jected to the fine of ten (10) dollars for each offense, to be recovered [illegible] within the period above required, and [illegible] provisions of this section shall be subject [illegible] other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

33553

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 12th 1891
4. Place of Birth, (Street and Number) 348 4½ St
5. Full Name of Mother, Susanna E. Hand
6. Mother's Maiden Name, " Ford
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, Lamey Hand
9. Father's Occupation, Watchman
10. Father's Birthplace, New York City

Name of Medical Attendant, or other person who makes this Return. R G Rankin M D

Address, Waverly P O. Station Balto. Md

Remarks,

been contained) its sex, color, the full name and residence of the parents, &c. To certificate between the first and said schedule shall be delivered, duly signed by the attending physician, or [illegible] of the case, the birth of any child third day of each and every month, or a physician or [illegible] shall neglect or refuse to report the birth of any child to the Commissioner of Health, within the time required, and shall neglect or refuse upon the mother, immediately thereafter, to report the same, as required by the provisions of this section shall be sub- child to report its birth to the Commissioner of Health, within the time required, and jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be sub-

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

8910003721

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 13, 1891.
4. Place of Birth, (Street and Number) No. 1225 E. North ave
5. Full Name of Mother, Ellen M. Frank
6. Mother's Maiden Name, Ellen M. Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, [illegible]
9. Father's Occupation, Superintendent Ring Factory
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Chas A Cleaves, M.D.

Address, 1201 N Patterson ave

Remarks,

1891 0003722

third day of each and every month by the office of the Commissioner of Health. Any person who shall neglect to make the birth of any child known within the time and in the manner required by this section, shall be liable to a penalty of ten dollars, to be recovered as other fines and forfeitures are recoverable. Any person who shall hereafter fail to report the birth of any child to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Sept 14/91
4. Place of Birth, (Street and Number) 223 Parish St
5. Full Name of Mother, Liggie Johnson
6. Mother's Maiden Name, Liggie Thomas
7. Mother's Birthplace, Va
8. Full Name of Father, Geo Johnson
9. Father's Occupation, Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. Jno Woodland

Address,

Remarks,

8 9 1 0 0 0 3 7 2 3

third day of each month, etc., duly signed by the prescribed [illegible] Place of birth must be shall use every effort to ascertain the facts required to be reported, and shall within ten days after the birth, visit the attendance upon the birth, or practitioner of physic or midwife, in attendance upon the birth, and shall report its birth to the Commissioner of Health. At the time he shall visit the child to report its birth to the Commissioner of Health, he shall request the parent or parents of such child to sign the certificate of birth, to be furnished to him by the Commissioner of Health for that purpose; and any such person or persons who shall hereafter refuse to sign such certificate, when requested so to do by the said physician or midwife, within the period above mentioned, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33536.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ....

1. Sex, (state whether male or female) ....

2. Race or Color, (if not of the white race) ....

3. Date of Birth, ...

4. Place of Birth, (Street and Number) ....

5. Full Name of Mother, ...

6. Mother's Maiden Name, ...

7. Mother's Birthplace, ...

8. Full Name of Father, ...

9. Father's Occupation, ...

10. Father's Birthplace, ...

Name of Medical Attendant, or other person who makes this Return, ...

Address, ...

Remarks, ...

1891000 3724

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 3355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 14th 1891
4. Place of Birth, (Street and Number) 1038 Wilcox St
5. Full Name of Mother, Kate Bannon
6. Mother's Maiden Name, Kate Colvill
7. Mother's Birthplace, Co Cavan Ireland
8. Full Name of Father, Hugh Bannon
9. Father's Occupation, Restaurant keeper
10. Father's Birthplace, Co Cavan Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Worden

Address, 736 Greenmount Ave

Remarks,

1891 00037 25

third day of each and every month to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, and in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in writing, within ten days thereafter; and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. GILSON & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

3350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. Sept 14, 1891.
4. Place of Birth, (Street and Number) Baltimore No. Burk No. 205
5. Full Name of Mother. Mrs Ella Wagner
6. Mother's Maiden Name. Mrs Ella ~~Wag~~ Coster
7. Mother's Birthplace. Baltimore
8. Full Name of Father. Mr. Jacob Wagner
9. Father's Occupation. Labor
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Josephine Krueger

Address. No. 2016 E. Fayette St. B. Md.

Remarks, 8 9 1 U 0 0 3 7 2 6

CITY OF BALTIMORE

Third day of each month to the office of the Commissioner of Health, in such manner and within such time as may be required, and the same will be entered in a register to be kept for that purpose. Any person or persons having charge of such child who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as fines and penalties are recoverable

WM J. C. BULANY CO. CITY PRINTERS AND STATIONERS

A. 33359

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, Feb 4 1891
4. Place of Birth, (Street and Number) # 1088 E Fayette Place
5. Full Name of Mother, Dora Bond Shipley Frost
6. Mother's Maiden Name, Maggie E Straite
7. Mother's Birthplace, Maryland
8. Full Name of Father, Edward Frost
9. Father's Occupation, Farmer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr E Lee Trump

Address, # 1088 E Fayette

Remarks,

1 8 9 1 0 0 0 3 7 2 7

...third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate between the first and ...child to report the same to the Commissioner of Health, and the ...attendance upon the mother, the Commissioner of Health shall ...and all persons who shall hereafter knowingly violate the provisions of this section shall be ...jected to the fine of ten (10) dollars for each offence. All fines and forfeitures are recoverable ...

...OF BIRTH

...ges. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33600.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Female Child
2.	*Race or Color, (if not of the white race)*	Colored
3.	*Date of Birth,*	15 September
4.	*Place of Birth, (Street and Number)*	Vincent alley 1430
5.	*Full Name of Mother,*	Harriet Rebecca Gray
6.	*Mother's Maiden Name,*	Harriet B Mathews
7.	*Mother's Birthplace,*	Catonsville Md
8.	*Full Name of Father,*	William Barry Labor
9.	*Father's Occupation,*	laborer ~~Prince George County~~
10.	*Father's Birthplace,*	Prince George County Md
	Name of Medical Attendant, or other person who makes this Return,	Sarah Randleman
	Address,	1610 Vincent ave near Fulton
	Remarks,	8910003728

...day of each and every month, signed by the Physician, Midwife or other person in attendance at the birth, and the ...shall deliver or transmit by mail, to the office of the Commissioner of Health, or to such other person as the Commissioner ...attendance upon the mother, immediately thereafter, a certificate setting forth the full name, sex, color, date and place of birth ... child to report its birth to the Commissioner of Health, or to such other person as the Commissioner may designate, within the period above required, and ... such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense. [illegible] Under fines and forfeitures are recoverable

894 J. D. DULANY CO. CITY PRINTERS AND STATIONERS

A 33561

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 15th 1891.
4. Place of Birth, (Street and Number) 2081 Jefferson st.
5. Full Name of Mother, Katie Wenbert
6. Mother's Maiden Name, Kenbert
7. Mother's Birthplace, Germen
8. Full Name of Father, Tyrant Grass
9. Father's Occupation, Keyler
10. Father's Birthplace, Germen

Name of Medical Attendant, or other person who makes this Return, Mary Kotts

Address, 205 N Washington st

Remarks,

8910003729

third day of each and every month, to report to the Registrar of Vital Statistics, at the office of the Board of Health, the place of birth; and the name, age, sex, color, occupation and birthplace of each parent of such child, as shall have been born within the preceding month, and shall occur without the attendance of a physician, and which shall not be reported by the physician in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to report such birth, as above required, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. D. SULANY CO. CITY PRINTERS AND STATIONERS

A. 3356

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 nd Child
2. *Sex, (state whether male or female)* Male Child
3. *Race or Color, (if not of the white race)* White Child
4. *Date of Birth,* Sept 15 th 1891
5. *Place of Birth, (Street and Number)* Jefferson st n Gusler Lane
6. *Full Name of Mother,* Annie Geickel
7. *Mother's Maiden Name,* Annie Shipley
8. *Mother's Birthplace,* Baltimore City
9. *Full Name of Father,* Charles Geickel
10. *Father's Occupation,* Bristle worker
11. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Margaret Heinkel

Address, N 6 St ann ave Balto City

Remarks,

1891 0003730

CITY OF BALTIMORE 1891

third day of each and every month to the office of the Commissioner of Health, in the manner and form to be prescribed by the Commissioner of Health; and the attendance of a physician or midwife at any birth which shall occur without the attendance of a physician or midwife shall become the duty of such person or persons who shall hereafter fail to comply with the requirements of this section, to be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 32466.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 16 th 1891
4. Place of Birth, (Street and Number) 16 12 Gay Str.
5. Full Name of Mother, Babara Bumel
6. Mother's Maiden Name, Bumel
7. Mother's Birthplace, Germany
8. Full Name of Father, Andy Bumel.
9. Father's Occupation, Shoemaker.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary K. Ahs

Address, 205 N Washington.

Remarks,

8910003731

Third day of each and every month to the office of the Commissioner of Health, Baltimore City, a certificate of birth, and the shall occur within the city limits during the preceding month, and in default thereof, or if such certificate be not made between the first and utterance upon the mother thereof, or if there be no such person present at the birth, or in case of the death of such child before the expiration of the time above required, then the person having charge of such child to report its birth to the Commissioner of Health, shall, within the time above required, and in the manner above directed, report the birth of such child, and the sex, color and parentage thereof, and the time and place of its birth, and the name and residence of the person making such report, and the name and residence of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

BOARD OF HEALTH BALTIMORE CITY

MD J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)

1. *Sex*, (*state whether male or female*)
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*,
4. *Place of Birth*, (*Street and Number*)
5. *Full Name of Mother*,
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*,
8. *Full Name of Father*,
9. *Father's Occupation*,
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 8 9 1 0 0 0 3 7 3 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

day of each and every month to the office of the Registrar of Vital Statistics a certificate between the first and ... without the attendance of a physician, midwife or other person, the mother of any child ... shall occur upon the mother. In case the mother be in the ... or other person be in ... shall fail to report ... Commissioner of ... day, or shall ... period above ... any such person ... jected to the ... provisions of this section are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother.
6. Mother's Maiden Name.
7. Mother's Birthplace.
8. Full Name of Father.
9. Father's Occupation,
10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 1 0 0 0 3 7 3 3

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 H Child

1. Sex, (state whether male or female) ~~F~~ Female Child
2. Race or Color, (if not of the white race) Colored child
3. Date of Birth, Sept 16 th, 1871
4. Place of Birth, (Street and Number) Rose st Balto City
5. Full Name of Mother, Hannah Devoiance
6. Mother's Maiden Name, Hannah Johnson
7. Mother's Birthplace, Balto Co Md
8. Full Name of Father, Peter Devoiance
9. Father's Occupation, Coachman
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return. Margaret Hinkel

Address, No 16 st annes ave Balto City

Remarks, 8 9 1 0 0 0 3 7 3 4

CITY OF BALTIMORE

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 1 0 0 0 3 7 3 5

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33568.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color. (if not of the white race)
3. Date of Birth, September 8. 1911.
4. Place of Birth, (Street and Number) 229 E. Lord St.
5. Full Name of Mother, Francis Krausmeyer (Roth)
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Ernst Krausmeyer
9. Father's Occupation, Musician
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 605 Walker St.

Remarks,

8911000373 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Every Return must be correctly filled out and duly signed by the practicing physician or midwife in attendance upon the birth, or by the parent of a child born where no physician or midwife was in attendance, or by the undertaker who has charge of the burial of a child, in case the birth of any child shall occur without the attendance of a physician or midwife, and no other return of such birth shall be required by the Commissioner of Health. Any person who shall neglect or refuse to make the return required by this section, or who shall make a false return, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

RETURN OF A BIRTH. L 33867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	September 8th 1911.
4. *Place of Birth, (Street and Number)*	209 E. Lombard St.
5. *Full Name of Mother,*	Viviane Miller
6. *Mother's Maiden Name,*	Schuman
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Herman Miller
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Caroline Miller
Address,	1605 Walker St.
Remarks,	

891U003737

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33570.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, September 18. 1891.
4. Place of Birth, (Street and Number) 1638 E. Madison St.
5. Full Name of Mother, Emma Friedrich
6. Mother's Maiden Name, Langhammer
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Heinrich Friedrich
9. Father's Occupation, Machinist.
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Curtis Miller

Address, 605 Walker St.

Remarks,

8 9 1 0 0 0 3 7 3 8

Every Child shall be registered, and a Certificate thereof given by the proper Registrar, in the form prescribed by the Board of Health, within the first ten days after its birth, and every parent, guardian, or other person having charge of any child, shall report its birth to the Registrar of the district within which it was born, within the first ten days after its birth. In case the birth is attended by a physician or midwife, the attendant shall report the birth within the time above required, and in case there is no attendant, or in case the attendant is absent from the city, or should no other person be in charge of the child, the parent, guardian, or other person having charge of the child shall report its birth to the Commissioner of Health, and shall furnish the name of the person or parents of such child, and such other information as may be required by the Board of Health. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3357.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 2 1891
4. *Place of Birth, (Street and Number)* 121 High St
5. *Full Name of Mother,* Mary Stelmaniuk
6. *Mother's Maiden Name,* Stelmaniuk
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Peter Stelmaniuk
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1005 Hollins St.

Remarks,

8 9 1 0 0 0 3 7 3 9

Third day of each and every month to the office of the Commissioner of Health. And the birth of any child shall be reported by the person in charge of the house in which the child is born, if the mother is not in attendance upon the mother immediately thereafter; and if there be no person in charge of the house, then the physician or midwife in attendance upon the mother shall report the birth of the child; and if there be no physician or midwife in attendance upon the mother, then the father of the child shall report its birth to the Commissioner of Health, in the manner and within the time within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 7-25-56

RETURN OF A BIRTH. A 33672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice Leila ~~Butler~~ Butler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Femal
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep. 18th 1891
4. Place of Birth, (Street and Number) [illegible] Gorsuch Ave
5. Full Name of Mother, Alice J. Butler
6. Mother's Maiden Name, Priscilla [illegible] Dun
7. Mother's Birthplace, [illegible]
8. Full Name of Father, William H Butler
9. Father's Occupation, [illegible]
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. R G Rankin M D

Address, Waverly Station Balto md

Remarks,

8 9 1 0 0 0 3 7 4 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 1 0 0 0 3 7 4 1

AN ACT to provide for the collection of vital statistics in Baltimore City, and to prevent the evasion of the laws relating thereto. [Approved April 9, 1898.]

SECTION 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of every physician, midwife, or other person who shall be in attendance upon any birth occurring in Baltimore City after the passage of this Act, to report such birth to the Commissioner of Health, in such form and manner as he may require, within ten days after the occurrence thereof; and it shall be the duty of the father, mother, householder, or other person having charge of any child born without the attendance of a physician, midwife, or other person, to report such birth to the Commissioner of Health, in such form and manner as he may require, within ten days after the occurrence thereof; and any such person or persons who shall hereafter fail to report such birth as herein required shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other penal forfeitures are recoverable.

SEC. 2. And be it enacted, That it shall be the duty of the Commissioner of Health to make a return to the Board of Health of Baltimore City, every month, of the births reported to his office during the preceding month, and the Board of Health shall cause to be published every month, in the form of a table, the births reported during the preceding month, and the aggregate number of births reported since the first day of January, 1898; and the Board of Health shall annually thereafter [illegible] the births reported during the preceding year, and the aggregate number of births reported since the first day of January, 1898.

SEC. 3. And be it enacted, That it shall be the duty of the Commissioner of Health to report to the Board of Health, at the end of each month, the names of all persons who have failed to report births as required by this Act, and the Board of Health shall cause the names of such persons to be published in the form of a table, with the number of births not reported by each person, and the aggregate number of births not reported since the first day of January, 1898.

SEC. 4. And be it enacted, That it shall be the duty of the Commissioner of Health to report to the State's Attorney for Baltimore City, at the end of each month, the names of all persons who have failed to report births as required by this Act, and the State's Attorney shall prosecute all persons who have failed to report births as required by this Act, and who have been reported to him by the Commissioner of Health, and shall recover the penalty provided for in this Act.

SEC. 5. And be it enacted, That it shall be the duty of the Commissioner of Health to report to the Board of Health, at the end of each month, the names of all persons who have failed to report births as required by this Act, and the Board of Health shall cause the names of such persons to be published in the form of a table, with the number of births not reported by each person, and the aggregate number of births not reported since the first day of January, 1898.

SEC. 6. And be it enacted, That it shall be the duty of the Commissioner of Health to report to the State's Attorney for Baltimore City, at the end of each month, the names of all persons who have failed to report births as required by this Act, and the State's Attorney shall prosecute all persons who have failed to report births as required by this Act, and who have been reported to him by the Commissioner of Health, and shall recover the penalty provided for in this Act.

SEC. 7. And be it enacted, That it shall be the duty of the Commissioner of Health to report to the Board of Health, at the end of each month, the names of all persons who have failed to report births as required by this Act, and the Board of Health shall cause the names of such persons to be published in the form of a table, with the number of births not reported by each person, and the aggregate number of births not reported since the first day of January, 1898.

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RETURN OF A BIRTH. A 33571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: John Louis Hofferbert

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* September 7. 1897.
5. *Place of Birth, (Street and Number)* 1720 E. Baltimore St.
6. *Full Name of Mother,* Theresa E. Hofferbert
7. *Mother's Maiden Name,* Ertel
8. *Mother's Birthplace,* Washington D. C.
9. *Father's Occupation,* Philip Hofferbert
10. *Father's Birthplace,* Route Boss.
    Name of Medical Attendant, or other person who makes this Return. Illinois
    Address, Caroline Miller
    Remarks, 1605 Walker St.

8910003742

CITY OF BALTIMORE 1897

third days of each month be collected, the 5 cents for the practitioner [illegible] part. Each birth occurring between the first and third days of each month, to be collected on the 5th day of the next month by the Commissioner of Health, in person or by mail. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of the Commissioner of Health to collect the fee of 10 cents for the return of such birth shall be the same as if the attendance upon the mother, immediately thereafter, of a physician or midwife. Every person required by this section to report the birth of any child to the Commissioner of Health, in the manner and within the period aforesaid, who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33571.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 26th Sept 1891
4. Place of Birth, (Street and Number) Parish alley 1645
5. Full Name of Mother, Eliza [illegible]
6. Mother's Maiden Name, [illegible] Board
7. Mother's Birthplace, Balt Co Md
8. Full Name of Father, Shadrach [illegible]
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt Co Md

Name of Medical Attendant, or other person who makes this Return. Dave Collins

Address, 161 Division ave City

Remarks,

18910003743

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 33376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race)
4. Date of Birth, Sept 20
5. Place of Birth, (Street and Number) Western Colored
6. Full Name of Mother, Mary Carter
7. Mother's Maiden Name, Mary Bowers
8. Mother's Birthplace, Baltimore
9. Full Name of Father, George Carter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Chas Bowers

Address, 1605 Pratt

Remarks,

8 9 1 0 0 0 3 7 4 4

...day of each and every month to the office of the Commissioner of Health, Baltimore City, between the first and ...tenth days, inclusive, a certificate of the birth of any child ... such mother, and the failure to make such return for the birth of any child ... shall occur without the attendance of a physician or midwife, by the parents of such ... child, or in case of the absence or inability of both parents, then by the person in ... attendance upon the mother at the time of such birth, shall be required, and ... shall hereafter file with the Commissioner of Health, in like manner, a certificate of the birth of such ... child; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered ... other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 33577.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Balto. Sept 20th
4. Place of Birth, (Street and Number) 912 N. Kin[illegible] St. Balto. Md.
5. Full Name of Mother, Mary Lyons
6. Mother's Maiden Name, Mary O'Sullivan
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, Patrick W. Lyons
9. Father's Occupation, Cut Driver
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. [illegible] Fowler

Address, 926 Lemmert ave

Remarks,

1891000 3745

THIRD DAY OF EACH AND EVERY MONTH TO THE OFFICE OF THE CITY REGISTRAR, ... shall occur without the attendance of a physician or midwife, it shall become the duty of ... attendance of its birth to the Commissioner of Health, ... child or children ... pay such person or persons who shall hereafter fail to comply ... jected to the fine of ten (10) dollars for each offense, to be recovered ... CITY OF BALTIMORE ... and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 33578.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 21st 15
4. Place of Birth, (Street and Number) Vincent ave
5. Full Name of Mother, Fannie Virginia Moore
6. Mother's Maiden Name, Fannie V. Johnson
7. Mother's Birthplace, Md
8. Full Name of Father, Alfred Alphonso Moore
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Towns Md

Name of Medical Attendant, or other person who makes this Return, Mrs Sarah Collins

Address, 616 Vincent ave near Baker

Remarks,

8910003746

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 33579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Last.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 22 1897.
4. Place of Birth, (Street and Number) 1520 E. Madison St.
5. Full Name of Mother, Violet M. Knighton.
6. Mother's Maiden Name, Violet M. St. John.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John L. Knighton
9. Father's Occupation, Candy Maker.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. H. Dowell Bell

Address, 1324 Harford Ave

Remarks, + 8 9 1 0 0 0 3 7 4 7

CITY OF BALTIMORE

...shall occur without the attendance of a duly licensed physician, midwife or other person, he is required to give information of the same to the Commissioner of Health, in the manner and within the time prescribed by this section, and for every such birth of which he shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3330.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 3 7 4 8

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 33581.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W Lite
3. Date of Birth, Sept 22 1891
4. Place of Birth, (Street and Number) #292 Old York road
5. Full Name of Mother, Francis A Forbert
6. Mother's Maiden Name, " " Deets
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Joseph G Forbert
9. Father's Occupation, Laborer
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. R G Rankin M D

Address, Waverly Station Baltimore

Remarks,

1891000 3749

been conferred by this article, the full name and occupation of the father, the date and place of birth; and the said certificate shall be signed by the attending physician or midwife, if any should have been present at the birth, or by the father or mother of the child, or householder, or other person present at the birth, and the said certificate shall be delivered by the person so signing the same to the Registrar of Vital Statistics, within ten days after the birth, and the Registrar shall enter the same in a book to be kept for that purpose, and shall give a certified copy thereof to any person applying for the same, on payment of fifty cents; and every physician or midwife who shall neglect or refuse to make such certificate, or deliver the same to the Registrar as aforesaid, shall forfeit and pay for each offence a sum not exceeding ten dollars, to be recovered as debts of like amount are recoverable by action of debt in the name of the Mayor and City Register, before any court having jurisdiction thereof; and it shall be the duty of the Registrar to report to the Grand Jury at the first session of the Criminal Court after the third day of each and every month the name of every person who shall have neglected or refused to make such certificate, or deliver the same to the Registrar as aforesaid, during the month preceding; and it shall be the duty of the Commissioner of Health to cause suit to be instituted against any such person or persons who shall hereafter fail to comply with the provisions of this section, and subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 33582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Male - Gender
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 20th 1911
4. Place of Birth, (Street and Number) # 420 E Hughes St
5. Full Name of Mother, Minnie Dare
6. Mother's Maiden Name, Minnie Reed
7. Mother's Birthplace, Calvert County Md
8. Full Name of Father, John H Dare
9. Father's Occupation, Daily Occupation - Roofing
10. Father's Birthplace, Calvert County Md

Name of Medical Attendant, or other person who makes this Return. Maxwell H Isaac

Address, # 727 Rickets Court

Remarks,

18910003750

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33583.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
1. *Sex, (state whether male or female)*	male.
2. *Race or color, (if not of the white race)*	white.
3. *Date of Birth,*	Sept. 24th 1891.
4. *Place of Birth, (Street and Number)*	Smith St 1 door west of Penna ave.
5. *Full Name of Mother,*	Maggie Boll.
6. *Mother's Maiden Name,*	Hehnlein.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Christian Boll
9. *Father's Occupation,*	Carpenter.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	Dr. G. L. Glover. M.D.
Address,	2510 Penna. ave Balto city.
Remarks.	8910003751

DULANY & CO., CITY PRINTERS AND STATIONERS.

A. 335 N.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 24. 91.
4. Place of Birth, (Street and Number) * 1025 E. Madison
5. Full Name of Mother, Clara Smith
6. Mother's Maiden Name, Freeman
7. Mother's Birthplace, Balto City
8. Full Name of Father, Jno. H. Smith
9. Father's Occupation, Painter
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Jno. H. Bokelman

Address, 1317 Eastern Ave

Remarks, 1891 0003752

CITY OF BALTIMORE

...by & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	September 24, 1891.
4. Place of Birth, (Street and Number)	627 Orleans St.
5. Full Name of Mother,	Augusta Barber
6. Mother's Maiden Name,	Kammerle.
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Fredrich Barber
9. Father's Occupation,	Meat Cutter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Caroline Fichter
Address,	25 Walker St.
Remarks,	

1 8 9 1 0 0 0 3 7 5 3

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3556.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, September 25 1911
4. Place of Birth, (Street and Number) 714 Patterson Park Ave
5. Full Name of Mother, Mary Cheplac
6. Mother's Maiden Name, Buchalew
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William Cheplac
9. Father's Occupation, R.R. Railroad engineer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Caroline Shiber

Address, 600 Patterson Park Ave.

Remarks,

1 8 9 1 0 0 0 3 7 5 4

...shall be delivered, duly signed by the ... in the form of a certificate between the first and third day of each and every month, to the office of the ... Health. In case the birth of any child shall occur without the attendance of a physician or ... midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it ... become the duty of the person or persons of such child, to report the birth as required by this section ... any such person or persons who shall hereafter fail to ... with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be ... as other fines and forfeitures are recoverable.

...OF BALTIMORE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. L. 3387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 25th 1891
4. Place of Birth, (Street and Number) 611 Lainrale st
5. Full Name of Mother, L. L. Gaunett
6. Mother's Maiden Name, L. L. Jarver
7. Mother's Birthplace, Howard Co. Ind
8. Full Name of Father, William Gaunett
9. Father's Occupation, Janitor
10. Father's Birthplace, Howard Co Ind

Name of Medical Attendant, or other person who makes this Return. A. Johnson

Address, 1024 Park ave.

Remarks,

8910003755

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

3358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First
2. *Sex, (state whether male or female)* male
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* September 15 91
5. *Place of Birth, (Street and Number)* 1501 E. Monument
6. *Full Name of Mother,* Anna Maria Lawyer
7. *Mother's Maiden Name.* Peter
8. *Mother's Birthplace,* Baltimore City
9. *Full Name of Father,* Henry Lawyer
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr. H. Zeller

Address, 1512 E. Monument

Remarks,

8 9 1 0 0 0 3 7 5 6

HEALTH DEPT. BALTIMORE CITY SEP 30 1891

...certificate, the date and place of birth, and the said will be well conferred.) Its sex, color, the full name and ... the name can be ... birth of the child, between the first and third days of each and every month, duly signed by the practitioner and occupation of ... be in attendance upon the mother at the time of birth, and ... occur without the attendance of a Physician or Midwife, ... report its birth to the Commissioner of Health. The ... persons who shall hereafter fail to comply with the ... for each offence to be recovered as other fines and forfeitures are recovered.

...ophy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 5389.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1891 BALTIMORE

1. *Child of Mother,* (state whether 1st, 2d, 3d, &c.) 1st.
2. *(state whether male or female).* male
3. *Race or Color,* (if not of the white race) White.
4. *Date of Birth.* Sept. 26. 91.
5. *Place of Birth,* (Street and Number) 621 Brune St.
6. *Full Name of Mother,* Catharine Smick
7. *Mother's Maiden Name,* Jeanty.
8. *Mother's Birthplace,* Balt. Md.
9. *Full Name of Father,* Joseph Smick
10. *Father's Occupation,* Tinner.
    Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Alfred Wanstall M.D.

Address, 809 Cathedral St.

Remarks.

0 9 1 0 0 0 3 7 5 7

Return to be made by the Physician, Midwife, or other Person in attendance, within Ten Days after the Birth, and before the Burial or Removal of the Child. Where a stillborn or premature child is born, the fact must be reported, with the cause of death, if known. Where there is no Physician, Midwife, or other Person in attendance, the Father or Mother of the child, or the Householder, must report the birth. The Return must state whether the child is 1st, 2d, 3d, &c., of the parents, and the maiden name of the mother of the child.

J. B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Col
3. *Date of Birth,*	Sept 26/91
4. *Place of Birth, (Street and Number)*	2 Parish Ct
5. *Full Name of Mother.*	Susan Johnson
6. *Mother's Maiden Name,*	Susan Turner
7. *Mother's Birthplace.*	M
8. *Full Name of Father.*	Isaac Johnson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	Jane Woodland
Address,	
Remarks,	

8 9 1 0 0 0 3 7 5 8

PRS J. C. BULANT CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 27th 1896
4. Place of Birth, (Street and Number) 349 Preston St
5. Full Name of Mother, Annie Newton
6. Mother's Maiden Name, Annie Gray.
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Richard Newton
9. Father's Occupation, Coachman.
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, A. Johnson

Address, 1024 Park Ave.

Remarks,

8910003759

third day of each month thereafter during such neglect, and shall recover such penalty by the practitioner in the case of a certificate between the first and third days of each month, or by the person required to make return of the birth of a child to report its birth to the Commissioner of the Board of Health, within the first ten days of each month, or by the person or persons who shall hereafter fail, neglect or refuse to comply with the provisions of this section, and be subject to the fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of~~ the white race)
3. Date of Birth, Sept. 27th 1891.
4. Place of Birth, (Street and Number) No. 38 S. High St
5. Full Name of Mother, Mattie A. Jenkens
6. Mother's Maiden Name. " " Hobart,
7. Mother's Birthplace, Indiana
8. Full Name of Father, Charles C Jenkens.
9. Father's Occupation, Pilot
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Dr. Ridgeway Andrè M.D.

Address, 1123 E. Baltimore St

Remarks,

1 8 9 1 0 0 0 3 7 6 0

...ject to the fine of ten dollars for each offense, to be recovered...

...ed by the proper officer in the District or County in which the birth occurred, and the ...third day of each and every month thereafter, a certificate of the birth of any child ...born within the city during the preceding month; and the said physician or person ...shall, at the same time, report to the said officer the name and residence of the parent or parents of such child, the date of birth, and such other information as may be required by the said officer for the purpose of making a complete record of such birth. Any physician or person required by this section to report the birth of any child who shall fail to comply with the provisions of this section shall be liable to a penalty not exceeding ten dollars for each offense, to be recovered...

...ject to the fine of ten dollars for each offense, to be recovered...

...ED. J. D. GILLAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 33393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT RECEIVED SEP 30 1891 CITY OF BALTIMORE

1. *Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3
2. *(state whether male or female)* Male
3. *Race or Color, (if not of the white race)* Col
4. *Date of Birth,* Sept 27 91
5. *Place of Birth, (Street and Number)* 221 Vincent
6. *Full Name of Mother,* Mary Hines
7. *Mother's Maiden Name,* Mary Johnson
8. *Mother's Birthplace,* Md
9. *Full Name of Father,* Wm Hines
10. *Father's Occupation,* Laborer
11. *Father's Birthplace.* Md

Name of Medical Attendant, or other person who makes this Return. Jane Woolland

Address,

Remarks,

8 9 1 0 0 0 3 7 6 1

third day of each month thereafter, duly signed by the practitioner in charge, the date and place of birth; and shall have such notice blank delivered to him for that purpose. And every practitioner in charge of a case shall, until the child shall occur within the limits of the Commissioners' district, visit the mother at least once every month to ascertain whether the child is living, and shall report the result of such visit to the Commissioners on the first day of the next month thereafter. In case the birth of any child attended upon the mother by a physician or practitioner of midwifery shall occur within the limits of the Commissioners' district, it shall become the duty of such physician or practitioner, if the child be living, to report its birth to the Commissioners on the first day of the next month thereafter. If the physician or practitioner fail to report the birth of any child as herein required, he shall forfeit and pay the sum of ten dollars for each offense, to be recovered as other penalties are recoverable by law. And any person who shall hereafter fail to make the return required by this section shall be subjected to the like penalty.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 1921

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 28th 21
4. Place of Birth, (Street and Number) 755 Vine 21
5. Full Name of Mother,
6. Mother's Maiden Name, Carrie Tumble
7. Mother's Birthplace, Virginia
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. A. Johnson.

Address, 102 Park ave

Remarks,

8910003762

Every birth must be registered by the practicing physician in attendance, or by the parent or other person having charge of the case, within ten days after the birth occurs, and a certificate of the same must be made to the Commissioner of Health. In case there is no physician in attendance upon the mother, immediately after the birth occurs, it shall be the duty of the midwife, or nurse, or other person having charge of the case, within ten days after the birth occurs, to report its birth to the Commissioner of Health, and in case there is no midwife, nurse or other person having charge of the case, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, within ten days after the birth occurs. The certificate required to be made by the physician, midwife, nurse or other person, shall be made on the blank above required, and must be delivered or sent by mail to the Commissioner of Health, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 33545

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd "
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	September 28th " 1891
4. *Place of Birth (Street and Number)*	1651 Hanover st
5. *Full Name of Mother*	Caroline Super
6. *Mother's Maiden Name*	Caroline Hoppe
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	William H. Super
9. *Father's Occupation*	Tinner
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	E. Michaux M. D.
Address	526 S. Sharp st
Remarks	

8 9 1 0 0 0 3 7 6 3

CITY OF BALTIMORE 1891

Therefore, stating distinctly the date of birth, sex, color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 33976.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, September 27. 1891
4. Place of Birth, (Street and Number) 1421 Patapsco. St
5. Full Name of Mother, Lena Cathell
6. Mother's Maiden Name, Lena Bachman
7. Mother's Birthplace, New York
8. Full Name of Father, Charles Cathell
9. Father's Occupation, Boiler maker
10. Father's Birthplace, Baltimore md

Name of ~~Medical~~ Attendant, or other person who makes this Return. Ellenora A. Anderson

Address, 1434. Patapsco. St

Remarks, 1 8 9 1 0 0 0 3 7 6 4

shall schedule shall be delivered, duly signed by the ... and place of birth; and the third day of each and every month to the office of ... Certificate between the first and shall cease without the attendance of a physician or ... case the birth of any child child to report its birth to the Commissioner of Health, ... to any other person required to ... any such person or persons who shall hereafter fail, ... the period above required, and ... subject to the fine of ten (10) dollars for each offence, to ... Sections of this section shall be subject to forfeitures are recoverable.

CITY OF BAL...

...D. MILNEY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-15-56

A 33597

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mattie Marie Hampson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Primipara

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 30th 1891 4 a m

4. Place of Birth, (Street and Number) 1136 W Baltimore St

5. Full Name of Mother, Anabel Hampson

6. Mother's Maiden Name, Anabel Hustes

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Edward Hampson

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, A H Saxton M D

Address, 1136 W Lexington St

Remarks,

1891 0003765

birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the Physician or Midwife in attendance upon the mother, immediately thereafter to report the birth to the Commissioner of Health, in the manner and with the particulars required, and any such person neglecting to report as herein required, shall be subject to a penalty of ten dollars for each offense to be recovered as other fines and forfeitures are recovered.

CITY OF BALTIMORE

RETURN OF A BIRTH A 33578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 Sep
4. Place of Birth, (Street and Number) 1817 Druid St
5. Full Name of Mother, Mary Langley
6. Mother's Maiden Name, Ann King
7. Mother's Birthplace, Irelent
8. Full Name of Father, Mr Langley
9. Father's Occupation, Baltic factory
10. Father's Birthplace, Irelent

Name of Medical Attendant, or other person who makes this Return, Ms Donnelly

Address, 1635 Walsh St

Remarks, Non

1891 0003766

said schedule shall be delivered. duly signed by the principal in the duty of a certificate between the 1st and third day of each and every month to the office of the City Health. In case the birth of any child shall occur while the mother is [illegible] attendance upon the mother [illegible] shall be the duty of the person in charge of such child to report its birth to the Commissioner of Health [illegible] and within the period above mentioned. any such person or persons who shall hereafter fail [illegible] the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 33609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	five
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	30 Sep
4. *Place of Birth, (Street and Number)*	1318 Woodyard St
5. *Full Name of Mother,*	Remine Roeder
6. *Mother's Maiden Name,*	Mandal
7. *Mother's Birthplace,*	Norway
8. *Full Name of Father,*	Conrad Roeder
9. *Father's Occupation,*	Baltimore & O R R
10. *Father's Birthplace,*	Prussia
Name of Medical Attendant, or other person who makes this Return,	Donnelly
Address,	1634 Wash St
Remarks,	

1891 0003767

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...third day of each and every month to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate between the first and ...shall occur without the attendance of a physician or midwife, the parent or parents of such child shall report the birth to the Registrar of Vital Statistics within the period above required, and ...attendance upon the mother. Immediately thereafter, and before the child becomes one week old, the parent or parents of such child shall cause the birth to be registered. And any midwife who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 33600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, Sept 30th 1891
4. Place of Birth, (Street and Number) No 1720 E Madison st
5. Full Name of Mother, Rosa E McGowan
6. Mother's Maiden Name, " " Gage
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, William D McGowan
9. Father's Occupation, Telegrapher
10. Father's Birthplace, Illinois

Name of Medical Attendant, or other person who makes this Return. J Redgway Andrè M.D.

Address, 1123 E Balto st

Remarks,

8 9 1 0 0 0 3 7 6 8

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate in the form prescribed by the Commissioners of Health, stating the name, sex, race or color, and the date and place of birth of each child born during the preceding month, and the name and residence of the parent or parents of such child; and the attendance of a physician or midwife at the birth of any child shall be sufficient to require the certificate to be made by such physician or midwife; and in all other cases the duty of reporting the birth of any child shall devolve upon the parent or parents of such child, or in case of the death or inability of both parents, upon the householder in which such birth occurs; and any such person or persons who shall hereafter neglect or refuse to make such certificate, as required by this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A3360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	1st Sept 1891
4. *Place of Birth, (Street and Number)*	No 1032 Light St
5. *Full Name of Mother.*	Margaretta Kissing
6. *Mother's Maiden Name,*	Kasper
7. *Mother's Birthplace.*	Kent Island Queen Anne Co
8. *Full Name of Father.*	Henry Kissing
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this return.	Elizabeth Gaede
Address,	736 E Fort Ave
Remarks.	

8 9 1 0 0 0 3 7 6 9

Form of any child shall occur without the attendance of a Physician or Midwife, the Parent or Parents of such child shall report its birth to the Commissioner of Health. In the case neither Parent resides within the City, the person in whose house or premises the birth occurs, or person who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 83602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Ward Son

1. *Sex, (state whether male or female)* Both Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 1 19
4. *Place of Birth, (Street and Number)* 917 E Eastman
5. *Full Name of Mother,* Anna M Gleason
6. *Mother's Maiden Name,* Murphy
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Gleason
9. *Father's Occupation.* Steel Molder
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Fred Epping MD

Address, 1 East Lanvale

Remarks,

5 9 1 0 0 0 3 7 7 0

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate between the first and ... shall occur without the attendance of a physician or midwife, the parent or parents, or other person having charge of such child, or in whose house or premises such birth shall occur, shall become the duty of the person or parents of such child, or in whose house or premises such birth shall occur, shall within the period above required, and ... any such person or persons who shall hereafter be convicted of a violation of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, which fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 33603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth*	1st September
4.	*Place of Birth, (Street and Number)*	2122 Bauer St
5.	*Full Name of Mother*	Hedwig Wachsmann
6.	*Mother's Maiden Name*	Hedwig Lambeck
7.	*Mother's Birthplace*	Germany
8.	*Full Name of Father*	Gottlieb Wachsmann
9.	*Father's Occupation*	Carpenter
10.	*Father's Birthplace*	Germany
	Name of Medical Attendant, or other person who makes this Return	Elizabeth Hentz Midwife
	Address	2116 West Pratt St
	Remarks	

8 9 1 0 0 0 3 7 7 1

CITY OF BALTIMORE

1891 J. D. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 1 / 91
4. Place of Birth, (Street and Number) 1928 Christian St
5. Full Name of Mother, Mrs Mary Span Spindler
6. Mother's Maiden Name, "
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo Spindler
9. Father's Occupation, R.R.
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. E. G. Ellenbogen

Address, Union Square

Remarks,

891000377 2

third day of each and every month to the office of Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate between the first and attendance of a physician or midwife, in any case where the birth of any child attendance within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	15th "
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 1-91
4. *Place of Birth, (Street and Number)*	1924 Frederick Ave
5. *Full Name of Mother,*	Mrs Catherine Mueller Linick
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August Linick
9. *Father's Occupation,*	Musician & Instrument Maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	E. E. Ulrich
Address,	Union Square
Remarks,	

8 9 1 0 0 0 3 7 7 3

third day of each and every month to the Registrar of Births and Deaths in the district in which the said birth shall occur without the attendance of a physician or midwife, a certificate between the first and fifteenth days of the month following, stating the day and place of birth, and the sex and color of such child, and the name, residence and occupation of the parents; and in case the birth of any child shall occur with the attendance of a physician or midwife, it shall be the duty of such physician or midwife to make a certificate of the same, and deliver the same to the person or persons required by this section to make a return of such birth, who shall forthwith deliver the same to the Registrar of the district above required, and any such person or persons who shall neglect or refuse to make such return, or to deliver such certificate, as required by this section, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1898. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3/4/66

RETURN OF A BIRTH. A 33606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: JOHN ANDREW BENNETT

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) .....

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 2, 1891
4. Place of Birth, (Street and Number) 1135 Gatter Lane.
5. Full Name of Mother, Lina C. Bennett
6. Mother's Maiden Name, Lounsbury
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John C. Bennett
9. Father's Occupation, Can maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Baltimore Women's

Address, 820 Leadenhall St.

Remarks, 891000 3774

...ch a birth, or who shall have ...ascertaining the full facts concerning each birth, and the ...full name and place of birth, and the ...evidence between the first and ...In case the birth of any child ...person or persons of such ...within the period above required, and ...provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

...ORE J. C. BULLARY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	James Edward Collins 3d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	3d Sept-1911
4. Place of Birth, (Street and Number)	1213 Burrough St
5. Full Name of Mother.	Ella Collins
6. Mother's Maiden Name,	Easling
7. Mother's Birthplace.	Baltimore
8. Full Name of Father.	William J Collins
9. Father's Occupation.	Laborer
10. Father's Birthplace,	Portsmouth Va
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Yarnell
Address.	4362 Fort Ave
Remarks.	GIVEN NAME ADDED 1-25-54

1891000437775

5.32607

...by Printers and stationers.

RETURN OF A BIRTH 33608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	3d Sept 1921
4. Place of Birth, (Street and Number)	1012 Font Ave
5. Full Name of Mother,	Emma Viola Riggs
6. Mother's Maiden Name,	Baltimore
7. Mother's Birthplace,	Thomas Viola
8. Full Name of Father,	Baltimore
9. Father's Occupation,	Baltimore
10. Father's Birthplace,	Elizabeth Yarnell
Name of Medical Attendant, or other Person who makes this Return.	1012 Font Ave
Address,	
Remarks.	8 9 1 0 0 0 3 7 7 6

Nolting & Torsch, City Printers and Stationers.

A 33607

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, September 4th
4. Place of Birth, (Street and Number) Baltimore city No. 1017 Little Stevens
5. Full Name of Mother, Sarah. Rebekah. Tracey
6. Mother's Maiden Name, Sarah. Rebekah. Brown
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, John. Robert. Tracey
9. Father's Occupation, Wood worker
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Bande

Address, 106 Pearce St S. Monas

Remarks, 891000 Sept 1897 M D

month, and shall set forth as far as the same can be [illegible] the full [illegible] each child, if any shall have been conferred) its sex, color, the full name and occupation [illegible] date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner [illegible] certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-1-57

RETURN OF A BIRTH

B 43610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Stanton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 5 1941
4. *Place of Birth, (Street and Number)*	18 E Centre St
5. *Full Name of Mother,*	Maudie Stanton
6. *Mother's Maiden Name,*	Mrs Janet Clarke
7. *Mother's Birthplace,*	Philadelphia
8. *Full Name of Father,*	Ellington L Stanton
9. *Father's Occupation,*	Insurance Agent
10. *Father's Birthplace,*	South Carolina
Name of Medical Attendant, or other person who makes this Return	Dr Hillman
Address,	100 Eutaw St
Remarks,	8910003778

BY THE BOARD OF HEALTH

BY J. H. BULADY & SO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained by the diligence required by this section, the information hereinbefore required. If any physician or midwife in attendance upon a birth shall neglect or refuse to deliver to the parent or person having charge of the mother, at the time of the birth, a blank form of certificate as aforesaid, or shall neglect or refuse to make the report required by this section, he shall forfeit and pay for each offense a sum not exceeding five dollars. In case the birth of any child shall occur without the attendance of a physician or midwife, then the parent or person having charge of such child shall report its birth to the Commissioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then the parent or person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall herein default, shall be subject to the penalties and forfeitures aforesaid.

RETURN OF A BIRTH. A 3361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 5th 1891
4. *Place of Birth, (Street and Number)* 1532 Dalton Ave
5. *Full Name of Mother,* Delilah Mausdorfer
6. *Mother's Maiden Name,* Gaumer
7. *Mother's Birthplace,* Penna
8. *Full Name of Father,* Geo Mausdorfer
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Chas E Faulton

Address, 2100 Druid Hill Ave

Remarks,

1 8 9 1 U 0 0 3 7 7 9

health, and shall set forth as far as the same can be ascertained, the date of each child, if any, that have been previously born to the mother, and the number of such children then living, and the sex of each; and the certificate between the first and second births, and between the second and third births, and so on, shall be delivered, duly signed by the physician or practitioner or midwife, or should no other person be in attendance, then by the father or mother of the child, to the Commissioner of Health. Whenever any child shall die without having had a physician or practitioner or midwife in attendance at its birth, the certificate of such death shall be signed by the father or mother of such child, if of sane mind and able to write, and if neither father nor mother be able to write, then by some person present at such birth, and shall state the cause of such death, as far as can be ascertained, and the number of children previously born to the mother, and the number of such children then living, and the sex of each; and the certificate between the first and second births, and between the second and third births, and so on, shall be delivered, duly signed by the physician or practitioner or midwife, or should no other person be in attendance, then by the father or mother of the child, to the Commissioner of Health. Whenever any child shall die without having had a physician or practitioner or midwife in attendance at its birth, the certificate of such death shall be signed by the father or mother of such child, if of sane mind and able to write, and if neither father nor mother be able to write, then by some person present at such birth, and shall state the cause of such death, as far as can be ascertained, and the number of children previously born to the mother, immediately thereafter it shall become the duty of the person above required, and all persons present at the birth of any child, to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered by other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 7-27-56

RETURN OF A BIRTH. A 33612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	September 5th 1891
4. Place of Birth, (Street and Number)	1024 Edmondson Ave
5. Full Name of Mother,	Mary Virginia Scott.
6. Mother's Maiden Name,	" Patrick.
7. Mother's Birthplace,	" Balto. City. Md.
8. Full Name of Father.	Wm. N. Scott.
9. Father's Occupation,	Furniture &c
10. Father's Birthplace,	Ireland.
Name of Medical Attendant, or other person who makes this Return.	R. J. N. Talbert M.D.
Address,	5-24 Sharp St
Remarks,	

6 9 1 0 0 0 3 7 3 0

CITY OF BALTIMORE

...shall be the duty of the person in charge of any institution, or the agent or other person having charge of any boarding house, hotel, tenement house or other place where any child shall be born, to report the same as far as can be ascertained the full name of each child, if any shall have been christened, the sex, color, date and place of birth; and the full name and occupation of the parents of such child, and the place of birth; and a certificate between the first and fifth day of each month, and shall set forth as far as can be ascertained the full name of each child, if any shall have been christened, the sex, color, date and place of birth; and the full name and occupation of the parents of such child, and the place of birth; and a certificate between the first and fifth day of each month to the office or person appointed by the Board of Health. In case the mother of such child shall die without the attendance of a physician, it shall be the duty of the person in charge of the house or place where such death occurs, or the agent or other person having charge thereof, to report the same to the Commissioner of Health, in writing, within the period above recited. Any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33613.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which [illegible] occurred under his or her care during the
month, and shall set forth as far as the same [illegible] be [illegible] ained [illegible] name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the
said schedule shall be delivered, duly signed by the [illegible] in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* 5th of September
4. *Place of Birth, (Street and Number)* 313 Forest 2the Wilhelm St
5. *Full Name of Mother.* Maria Schmidt
6. *Mother's Maiden Name.* Maria Spentler
7. *Mother's Birthplace.* Germany
8. *Full Name of Father.* John Schmidt
9. *Father's Occupation.* Labor
10. *Father's Birthplace.* Germani

Name of Medical Attendant, or other person who makes this Return. Friederike Keuler Midwife

Address. 2116 West Pratt St

Remarks. 8910003781

J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth*	5th of September
4.	*Place of Birth, (Street and Number)*	2112 Wilkens Ave
5.	*Full Name of Mother*	Cora Speckter
6.	*Mother's Maiden Name*	Cora Meham
7.	*Mother's Birthplace*	Pole
8.	*Full Name of Father*	Levi Speckter
9.	*Father's Occupation*	Cigarmaker
10.	*Father's Birthplace*	Pole
	Name of Medical Attendant, or other person who makes this Return	Friederiche Hoenke M.D.
	Address	2116 West Pratt St
	Remarks	1891000378 2

336

...the full name of each child, if any shall have ...month, and shall set forth as far as the same ... the sex, color, the full name ... shall be delivered to the ... shall occur within the ... child to report its birth ... any such person or ... jected to the fine of ... dollars for each offence.

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 6th
4. Place of Birth, (Street and Number) No 140 W Cross St
5. Full Name of Mother, Anna Winston
6. Mother's Maiden Name, Anna Bernhard
7. Mother's Birthplace, Germany
8. Full Name of Father, Casper Bernhard
9. Father's Occupation, Laborer
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return, Catherine Mundo

Address, 800 Leadenhall St

Remarks,

1891 0003733

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 33616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st.* 2*d.* 3*d.* &*c.*)	3rd
1. *Sex.* (*state whether male or female*)	female
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth.*	6th September
4. *Place of Birth.* (*Street and Number*)	351 Forest Ave.
5. *Full Name of Mother.*	Mina Knauter
6. *Mother's Maiden Name.*	Mina Behn
7. *Mother's Birthplace.*	Germany
8. *Full Name of Father.*	Christian Knauter
9. *Father's Occupation.*	Grocer
10. *Father's Birthplace.*	Germany
Name of Medical Attendant, or other person who makes this Return.	Friedrich Rudolf Wiesner
Address.	1116 Mott Street
Remarks.	

5910003734

WM J C DULANY CO CITY PRINTERS AND STATIONERS

...trar of Vital Statistics, Board of Health, Baltimore ...

Ch...ther, (state whether 1st, 2d, 3d, &c.) Eighteenth 18.

1. Sex, (s... ...h... - male or female) Male

2. Race or C... ...or, (i... not of the white race) White

3. Date of Birth, September 10th 18...

4. Place of Birth, (Street and Number) 2543 Bolton alley

5. Full Name of Mother, Johannah Hilte

6. Mother's Maiden Name, Johannah Schneider

7. Mother's Birthplace, Germany

8. Full Name of Father, Christian Hilte

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible]

...CITY ... STATION

8 9 1 0 0 0 3 7 8 5

A BIRTH. A 33432

… Vital Statistics, Board of Health, Baltimore City.

	Mother, (st… 2d, 3d, &c.)	3
1.	Sex, (state whether m…	Male
2.	Race or Color, (if not of …	White
3.	Date of Birth.	Ap 10
4.	Place of Birth. (Street and …	Thame St. 1635
5.	Full Name of Mother,	Katherin Remus
6.	Mother's Maiden Name,	" Dalevich
7.	Mother's Birthplace,	Poland
8.	Full Name of Father,	August Remus
9.	Father's Occupation,	Labarar
10.	Father's Birthplace,	Poland
	Name of Medical Attendant, or other person who makes this Return,	Mary Krotzka
	Address	806 Ann St.
	…marks,	

1 8 9 1 0 0 0 0 3 7 8 6

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth.	7th Oct 1891
4. Place of Birth, (Street and Number)	1211 Boyle St
5. Full Name of Mother.	Elizabeth Geisweiss
6. Mother's Maiden Name.	Kerr
7. Mother's Birthplace.	Baltimore
8. Full Name of Father.	Louis Geisweiss
9. Father's Occupation.	Laborer
10. Father's Birthplace.	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Gerrell
Address.	413 E Fort Ave
Remarks.	

1891000378 7

CITY OF BALTIMORE

A 33618

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 7 Sept
4. Place of Birth, (Street and Number) No 816 Covington st
5. Full Name of Mother, Maggie Dietz
6. Mother's Maiden Name, Nickel ~~Hetzky~~
7. Mother's Birthplace, Germany
8. Full Name of Father, Adam Dietz
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Bettsenna Wunsch

Address, 808 Leadenhall St

Remarks, 8 9 1 0 0 0 3 7 8 8

...numb, and shall set forth as far as the same can be ascertained, the full names and residence of the parents, the date and place of birth, if any child have been previously born of the same mother, the number of the first and subsequent births, the sex and color, the full name and residence of the physician or midwife present at the birth of any child born alive, and the certificate required by section 6 of this ordinance shall be delivered, duly signed, to the Commissioner of Health, or such other person as he may designate, within ten days after the birth of each and every child born alive, and a like certificate of every stillborn child of the period of gestation of seven months or more shall be delivered as aforesaid within ten days after the birth of such stillborn child; and no burial permit shall be issued for any child born alive or stillborn of the period of gestation of seven months or more, unless the certificate of birth required by this section shall have been first delivered as aforesaid, or unless the Commissioner of Health, in the absence of a physician or midwife, shall be satisfied that the certificate cannot be obtained, and shall himself make such certificate; and any person who shall refuse or neglect to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered, with costs, as other penalties and forfeitures are recoverable

WM J. C. BULLARY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33619.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th September
4. Place of Birth, (Street and Number) Baltimore Md. No. 4 St
5. Full Name of Mother, Minnie Albert
6. Mother's Maiden Name, Minnie [illegible]
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Louis Albert
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Catherine Wingate

Address, 820 Saden hall St

Remarks, 8910003789

CITY OF BALTIMORE 1891

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33670.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
	Name	Anna Popp
1.	*Sex,* (state whether male or female)	female
2.	*Race or Color,* (if not of the white race)	White
3.	*Date of Birth*	7th of February 1890
4.	*Place of Birth,* (Street and Number)	330 Pairan Alley
5.	*Full Name of Mother*	Catharina Popp
6.	*Mother's Maiden Name*	Catharina Wirth
7.	*Mother's Birthplace*	Germany
8.	*Full Name of Father*	Martin Popp
9.	*Father's Occupation*	Paper Carrier
10.	*Father's Birthplace*	Germany
	Name of Medical Attendant, or other person who makes this Return.	Friedericke Kuehn midwife
	Address	216 West Pratt St
	Remarks	1890003790

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33621.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Sept. 8 - 91
4.	*Place of Birth, (Street and Number)*	1501 N. Bond
5.	*Full Name of Mother,*	Jennie Jones
6.	*Mother's Maiden Name,*	" Straughn
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Charles B. Jones
9.	*Father's Occupation,*	Cracker Agent
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A Allwell
	Address,	912 McDonogh
	Remarks,	

6 9 1 0 0 0 3 7 9 1

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5367

1. Name of Child. William J. Taylor
2. No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) First
3. Sex, (state whether male or female) Male
4. Race or Color, (if not of the white race)
5. Date of Birth. Sep - 8 - 91
6. Place of Birth, (Street and Number) 1710 Lancaster
7. Full Name of Mother. Isabelle Edith Taylor
8. Mother's Maiden Name. " " Goggin
9. Mother's Birthplace. Balto
10. Full Name of Father. Wm J. Taylor
11. Father's Occupation. Telegraph Operator
12. Father's Birthplace. Balto
13. Name of Medical Attendant, or other person who makes this Return. Mrs Mary A Allwell
14. Address, 92 McDonogh
15. Remarks,

1891 OCT 2 CITY OF BALTIMORE REGISTER OF VITAL STATISTICS

1 8 9 1 0 0 0 3 7 9 2

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex, the color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered to the Commissioner of Health on the first and third day of each and every month to the office of the Commissioner for the time of the first and third days of each month next ensuing the birth of any child whose name may not have been returned in the schedule next preceding; and the attendant at every birth without the attendance of a physician or practitioner, or in case of the absence of such attendant, the parent of such child, shall report the birth to the Commissioner, and shall deliver to the person or parents of such child with the information required, and any such person or persons who shall hereafter fail to deliver such schedule or to report such birth as required by this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C BULANY CO CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 8-13-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Katherine Hughes

2nd

2. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — Female

1. Sex, (state whether male or female) — Jr.

Race or Color, (if not of the white race) — Sept. 5th 1891

3. Date of Birth, — 1811 Fairmount Ave.

4. Place of Birth, (Street and Number) — Kate Hughes

5. Full Name of Mother, — Laundress

6. Mother's Maiden Name, — Baltimore

7. Mother's Birthplace, — Wm Hughes

8. Full Name of Father. — Ship Builder

9. Father's Occupation, — Baltimore

10. Father's Birthplace, — N. F. Reynolds M.D.

Name of Medical Attendant, or other Person who makes this Return — 2004 St. Paul St.

Address,

Remarks.

1891 0003793

advise at the birth of any child, within the City of Baltimore, and report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full maiden, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CITY REGISTRAR'S OFFICE 1891 SEP 8 PM

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)
2. Race or Color. (If not of the white race)
3. Date of Birth. September 9 1911
4. Place of Birth. (Street and Number) Saint Paul 309
5. Full Name of Mother. Louise Lang
6. Mother's Maiden Name. Louise Lackmann
7. Mother's Birthplace. Germany
8. Full Name of Father. John Lang
9. Father's Occupation. Baker
10. Father's Birthplace. Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Wiesner

Address. 900 Leadenhall St

Remarks.

8 9 1 0 0 0 3 7 9 4

Health. This schedule shall contain a list of the births [illegible] and the full name of each child, (if any shall have been born alive,) the sex and color, the day, month and year of birth, the place of birth, and the full name and occupation of its parents, the date of the marriage of its parents, the number of children born to the present mother, the number now living of such children, the number born alive but now dead, and the number of stillbirths, which have occurred within the year preceding the date of the schedule. The births of any child born alive shall be returned within ten days after birth, and the births of stillborn children within the same time after the occurrence. Every householder in the city, and every person having charge of any hospital or other institution for the reception of the sick, the poor, the aged, the insane, or children, shall report to the Commissioner of Health, in the manner and form prescribed by him, all births which shall occur in the house or institution under his charge, within ten days after the occurrence. Every physician, midwife or other person who shall attend upon any birth shall, within ten days after the occurrence, report the same to the Commissioner of Health, in the manner and form prescribed by him. Any householder, or person having charge of any hospital or other institution, who shall neglect to report any birth occurring in the house or institution under his charge, as required by this section, shall be subject to a fine of five dollars for each offense. Any physician, midwife or other person who shall attend upon any birth, and shall neglect to report the same as required by this section, shall be subject to a fine of ten dollars for each offense. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)		2
1. *Sex.* (state whether male or female)		female
2. *Race or Color.* (if not of the white race)		white
3. *Date of Birth.*		Feb 6 1891
4. *Place of Birth.* (Street and Number)		1625 E Pratt St.
5. *Full Name of Mother.*		Dorothea Lein
6. *Mother's Maiden Name.*		Dorothea Hohmann
7. *Mother's Birthplace.*		Germ
8. *Full Name of Father.*		Jacob Lein
9. *Father's Occupation.*		Store Keeper
10. *Father's Birthplace.*		Germ
Name of Medical Attendant, or other person who makes this Return.		Friederike Hunter Midwife
Address.		2116 West Pratt St
Remarks.		

1 8 9 1 0 0 0 3 7 9 5

Health. This schedule shall contain a list of the births which shall occur in each family during the month next preceding the date of the return, and shall be returned to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the first ten days of each and every month, in the form and manner as herein set forth, as far as the same can be ascertained by reasonable inquiry. Every person required by this section to report births to the Registrar of Vital Statistics, and every person who shall wilfully make a false return of any birth, or who shall neglect to make return thereof within the time prescribed by this section, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births [illegible] his or her care during the month, and shall set forth as far as the same can be [illegible] each child, (if any shall have been conferred) its sex, color, the full name and occup[illegible] and place of birth; and the said schedule shall be delivered, duly signed by the pra[illegible] between the first and third day of each and every month to the office of the Com[illegible] the birth of any child shall occur without the attendance of a physician or pr[illegible] no other person be in attendance upon the mother, immediately thereafter it [illegible] person or parents of such child to report its birth to the Commissioner of Health, in [illegible] period above required, and any such person or persons who shall hereafter fail to c[illegible] of this section shall be subjected to the fine of ten (10) dollars for each offense, to be rec[illegible] and forfeitures are recoverable

RETURN OF A BIRTH.

33796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 52 Sep 9 - 91
4. *Place of Birth, (Street and Number)* 521 N. Patterson Park Ave
5. *Full Name of Mother,* Lizzie Smith
6. *Mother's Maiden Name,* " Whitman
7. *Mother's Birthplace,* N.Y
8. *Full Name of Father,* James H. Smith
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* N.Y

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Allard

Address, 912 McDonogh

Remarks,

1891003796

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

E 33697.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 9th 91
4. Place of Birth, (Street and Number) 547 Columbia Ave
5. Full Name of Mother, Mrs Katie Sylvester Miller
6. Mother's Maiden Name, "
7. Mother's Birthplace, Phila
8. Full Name of Father, John Miller
9. Father's Occupation, Hatter
10. Father's Birthplace, Phila

Name of Medical Attendant, or other person who makes this Return, E. E. Ellenbogen

Address, Lemmon Square

Remarks,

1 8 9 1 0 0 0 3 7 9 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date of birth, and place of birth, and said schedule shall be delivered by the person attending upon the birth, or in case there is no such attendance upon the mother, immediately thereafter, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practical midwife, the mother or nurse of such child shall report its birth to the Commissioner of Health within the period above required, and all persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

No. 33678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Lat

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* 10th of Sept
4. *Place of Birth, (Street and Number)* 705 Bruswick St
5. *Full Name of Mother,* Mrs Elizabeth Smithson
6. *Mother's Maiden Name,* Elizabeth Brown
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Edward Smithson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Catherine Miranda

Address, 800 Leadenhall St

Remarks, 8910003798

register of such birth, and shall enter the same in a book to be kept for that purpose, which shall be open to the inspection of the public at all reasonable hours. This schedule shall contain a blank for the name of each child born alive in his or her care during the month, and shall set forth as far as possible, the date and place of birth, and the name, sex, race or color, and parentage of each child. If any child shall have been born dead, or shall have died before the collection of the return, the fact shall be stated. Every such schedule shall be delivered, duly signed by the midwife, physician or person in charge, to the Registrar of Vital Statistics within ten days after the birth of any child, and a similar schedule for the succeeding month shall be delivered within the first five days of each and every month to the officer succeeding to the duties of the Registrar. Every midwife, physician or person in charge who shall neglect or refuse to make the return required by this section, or who shall make any false statement therein, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars for each offense. And every midwife, physician or person in charge who shall neglect or refuse to report the birth to the Commissioner of Health, in the manner and within the time specified by this section, shall be subject to a penalty of not more than twenty-five dollars for each offense, to be recovered with the costs of suit, in the name of the Mayor and City Council of Baltimore, before any justice of the peace of Baltimore City, upon the information of any person who shall first inform the Commissioner of Health of such neglect or refusal; and every midwife, physician or person in charge who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-2-56

RETURN OF A BIRTH A 33679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex, (state whether male or female)	George Edwin Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Sep 10 - 91
4. Place of Birth, (Street and Number)	420 N. Patterson Park Ave
5. Full Name of Mother,	Annie M. Brummelsie
6. Mother's Maiden Name,	" " Reese
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John H. Brummelsie
9. Father's Occupation,	Painter
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A Allwell
Address,	412 McDonough
Remarks,	

B91U003799

RECEIVED OCT 2 1891 HEALTH DEPT CITY OF BALTIMORE

WM J. D. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 33630.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5

1. Sex. (state whether male or female) Male.
2. Race or Color. (if not of the white race) White
3. Date of Birth. Sept 10/91
4. Place of Birth. (Street and Number) No 935 Beaver St
5. Full Name of Mother. Mrs. Mary Kurtz
6. Mother's Maiden Name. Mary Fickenscher
7. Mother's Birthplace. Balto Md.
8. Full Name of Father. Mr. William H. Kurtz
9. Father's Occupation. Flagman at Balto & Ohio R.R.
10. Father's Birthplace. Middleburg Florida

Name of Medical Attendant, or other person who makes this Return, Baltzazar Mauch

Address, 20 Shadenbalt St

Remarks, 1891000038 00

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33631.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 10-91
4. Place of Birth, (Street and Number) 1418 H Pratt
5. Full Name of Mother, Mrs James Mary Sweeney
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, Frank Sweeney
9. Father's Occupation, R.R.
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. E B Ullrich

Address, Union Square

Remarks,

8 9 1 0 0 0 3 8 0 1

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male twine
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th Sept
4. Place of Birth, (Street and Number) Baltimore 100 Hanover st
5. Full Name of Mother, Catie Goenner
6. Mother's Maiden Name, Catie Lenz
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, August Goenner
9. Father's Occupation, Merchant Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Baltimore Maternity

Address, 800 Lexington St

Remarks,

8910003802

Health. This schedule shall contain a list of the [illegible] with the place of birth of each child born in the [illegible] month, and shall set forth as far as the same can be ascertained, the name, residence, date and place of birth, and the [illegible] of each parent; and shall be signed by the [illegible] or other person who shall have been in attendance upon the mother at the birth of such child. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. D. SULLIVAN CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 33633.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 11th 10.30 a.m.
4. Place of Birth, (Street and Number) 1220 Ruther St.
5. Full Name of Mother, Mrs James Whelen
6. Mother's Maiden Name, Cavanagh
7. Mother's Birthplace, Balto.
8. Full Name of Father, James Whelen
9. Father's Occupation, Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. J. D. Egbert M.D.

Address, 1214 [illegible] Av. Balto.

Remarks, 8910003803

Health. This schedule shall contain a list of the births which [illegible] child; if any shall have month, and shall set forth as far as the same can be ascertained [illegible] place of birth; and the been conferred) its sex, color, the full name and occupation of [illegible] between the first and said schedule shall be delivered, duly signed by the practitioner [illegible] birth of any child third day of each and every month to the office of the Commissioner [illegible] other person of such shall occur without the attendance of a physician or practitioner [illegible] or parents of such attendance upon the mother, immediately thereafter it shall be [illegible] above required, and child to report its birth to the Commissioner of Health. In the [illegible] section shall be subject any such person or persons who shall hereafter fail to comply [illegible] fines are recoverable. jected to the fine of ten (10) dollars for each offense, to be recoverable.

CITY OF BALTIMORE OCT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. E 33634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ....

1. Sex, (state whether male or female) ....
2. Race or Color, (if not of the white race) ....
3. Date of Birth, 11th Sept 25
4. Place of Birth, (Street and Number) Eberhart 1018 -
5. Full Name of Mother, Jennie Schleifer
6. Mother's Maiden Name, Jennie Meister
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas Schleifer
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Bathsena Mauch

Address, 208 Bethesda St

Remarks, ...

8910003804

WM J C BULANY CO CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of all births which shall occur in his or her care during the month, and shall be filled up and delivered to the Registrar of Vital Statistics on the first day of each month, after which date no certificate of any birth which shall have occurred during the month next preceding shall be received, unless the person making the return shall make oath that the same could not be obtained before the time of delivery. Every physician, midwife or other person who shall attend upon the mother, immediately after the birth of any child, shall be required to report its birth to the Commissioner of Health, and in case there be no physician, midwife or other person in attendance, or in case of the absence from the city, or inability of the person or parents of such child to report the same within the period above required, and in case there be no person in attendance, to the report of the birth, the parents of such child shall be required to report the same within ten days after the expiration of the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 33135

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	F.
2. Race or Color, (if not of the white race)	W.
3. Date of Birth.	Sept. 11th 1891
4. Place of Birth, (Street and Number)	1513 E. Madison St.
5. Full Name of Mother,	Ella Stockman
6. Mother's Maiden Name,	Hahn
7. Mother's Birthplace,	Ball.
8. Full Name of Father.	Jas. A. Stockman
9. Father's Occupation.	Book-Binder
10. Father's Birthplace,	Ball.
Name of Medical Attendant, or other Person who makes this Return	H. F. Reynolds M.D.
Address,	2004 St. Paul St.
Remarks,	CHECK CASE ADDED 4-10-52

8 9 1 0 0 0 3 8 0 5

within six days thereafter, stating distinctly the day of birth, sex and color of the child or children born, its or their physical condition, whether born alive or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33636.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th of September
4. Place of Birth, (Street and Number) 2017 Frederick Road
5. Full Name of Mother, Rosalina Mingino
6. Mother's Maiden Name, Rosalina Hofgaard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jacob Mingino
9. Father's Occupation, Saloonkeeper
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return, Frederick Hunderwasser

Address, 116 West Fayette St

Remarks,

8910003806

month and shall set forth the name, sex, color, the day of the month and hour of the day of birth, and the name of the father and mother of such child, and the maiden name of the mother, and such other information as may be required by the Commissioner of Health relative to the birth of such child, as may have been ascertained by him, and shall be signed by the physician, midwife or other person in attendance upon the birth, or in charge of the premises where the birth occurred, or by the parent of such child, and every such physician, midwife or other person who shall refuse or neglect to report the birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter violate any of the provisions of this section shall be subjected to the fine of ten to fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, Sept 12 91
4. Place of Birth, (Street and Number) 13 E Chicken St
5. Full Name of Mother, Mrs Chas Johns Hubbs
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, Aug Hubbs
9. Father's Occupation, Conductor R.R.
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E. B. Ellis M.D.

Address, Union Square

Remarks,

1891 0003807

Health. This schedule shall contain a list of the children born in each house, and shall be returned under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name, sex and color, date and place of birth, and the name, residence and occupation of the parents, and such other information as may be required by the Commissioner of Health. Duplicate blanks will be furnished for the return of any child born elsewhere than in a house, and all births occurring in any house, or elsewhere than in a house, of which no return shall have been made as herein required, shall be reported by the person in charge of such house, or by the undertaker employed to bury the dead therefrom, within the first ten days of the month next following the occurrence of such birth. Only one child shall be returned on each schedule, and only one schedule shall be returned in each month. Every person who shall neglect or refuse to make the return required by this section, or who shall make a false return, shall be liable to a penalty of ten dollars for each and every month to the office of the Commissioner of Health, in the manner directed by the Commissioner of Health, and every person who shall neglect or refuse to make the return required by this section shall be subject to the penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 233638.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. CITY OF BALTIMORE OCT 2 1891

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)		First
1. Sex, (state whether male or female)		Male
2. Race or Color, (if not of the white race)		
3. Date of Birth,		Sep 13-91
4. Place of Birth, (Street and Number)		52 Harford Ave. Est
5. Full Name of Mother,		Alice J. Hall
6. Mother's Maiden Name,		" " Higgins
7. Mother's Birthplace,		Balto
8. Full Name of Father,		Geo. W. Hall
9. Father's Occupation,		Clerk
10. Father's Birthplace,		Balto
Name of Medical Attendant, or other person who makes this Return,		Mrs Mary A Allwell
Address,		92 McDonough
Remarks,		

1891 0003808

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth, as far as the same can be ascertained the full name of each child, if any and have been conferred; its sex, color, date and place of birth; the full name and occupation of its parents, and the date and place of their marriage; and the number of children born to the mother, and the number of such children living. Such return shall be made upon a certificate between the fifth and tenth day of each month, duly signed by the practitioner or midwife in charge, if there was one, and if not, by the father or mother or other person being in attendance upon the birth, and every month to the office of the Commissioner of Health. In case there were no births to report during any month, a return to that effect shall be made to the Commissioner of Health by the person required to make the return of births. The certificate of the person or parents of such child to report to the Commissioner of Health, in the manner and within the time above required, any such person who shall hereafter fail to report as herein required, shall be subject on the first offense to the penalty of ten dollars, and for each subsequent offense to a penalty of twenty dollars, to be recovered as other fines are recoverable

RETURN OF A BIRTH.

A 33639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	One Child
1.	*Sex.* (state whether male or female)	Male
2.	*Race or Color.* (if not of the white race)	White
3.	*Date of Birth.*	July 13th
4.	*Place of Birth.* (Street and Number)	1224 E. Hoffman St.
5.	*Full Name of Mother.*	Annie Gerhardt Forsythe
6.	*Mother's Maiden Name.*	Gerhardt
7.	*Mother's Birthplace.*	Balto. Md.
8.	*Full Name of Father.*	William Howard Forsythe
9.	*Father's Occupation.*	Laborer
10.	*Father's Birthplace.*	Balto. Md.
	Name of Medical Attendant, or other person who makes this Return.	Catherine Munch
	Address,	800 Leadenhall St
	Remarks,	8910003809

Health. This schedule shall contain a list of all births occurring under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name, residence and number of each child, of any sex, born alive, the name and residence of its parents, the date and place of birth, and such other facts as may be required by the Commissioner of Health. It shall be the duty of each physician or midwife who shall have been conferred its sex, color, the thirty signed certificate of birth, and between the first and in the case the birth of any child said schedule shall not every month to the office of the Commissioner of Health, or should no other person, such shall occur without the attendance of a physician or midwife, it shall become the duty of the person required, and attendance upon the mother, to report to the Commissioner of Health the particulars required above. Any physician or midwife who shall neglect to report any birth at which he or she was in attendance, or any person who shall neglect to report any birth of which he or she has knowledge, and which occurs without the attendance of a physician or midwife, shall be subject to the penalties of this section. The Commissioner of Health may require the production of the certificate of birth before any physician or midwife is paid for his or her services, and may withhold the payment thereof until such certificate is produced. Any physician or midwife who shall neglect to report any birth at which he or she was in attendance, or any person who shall neglect to report any birth of which he or she has knowledge, and which occurs without the attendance of a physician or midwife, shall be subject to the fine of ten dollars for each offense. Prosecutions for other fines and forfeitures are recoverable

WM J C BULLARY CO CITY PRINTERS AND STATIONERS

A 33640.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth.*	September 14th 1911
4.	*Place of Birth, (Street and Number)*	# 207 S Monroe St.
5.	*Full Name of Mother.*	Magdalena E. Stumm
6.	*Mother's Maiden Name.*	Gross.
7.	*Mother's Birthplace.*	Balto.
8.	*Full Name of Father.*	Bernard J. Stumm
9.	*Father's Occupation.*	Carpenter
10.	*Father's Birthplace.*	Hanover Prussia
	Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
	Address.	#106 S. Monroe St.
	Remarks.	6910003810

SEC. 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the passage of this Ordinance it shall be the duty of every physician or midwife in attendance upon any case of birth in the City of Baltimore, to report such birth to the Commissioner of Health, on the blank furnished by the Health Department, within ten days after the occurrence of such birth, and in default thereof, such physician or midwife shall forfeit and pay for each and every offence a penalty not exceeding twenty dollars, to be recovered as other penalties are recoverable.

SEC. 2. And be it further ordained, That it shall be the duty of the parent, guardian or other person having charge of any child born in the City of Baltimore, to report such birth to the Commissioner of Health, on the blank furnished by the Health Department, within ten days after the occurrence of such birth, and in default thereof, such parent, guardian or other person shall forfeit and pay for each and every offence a penalty not exceeding twenty dollars, to be recovered as other penalties are recoverable.

SEC. 3. And be it further ordained, That it shall be the duty of the undertaker having charge of the burial of any child, to report such burial to the Commissioner of Health, on the blank furnished by the Health Department, within ten days after the occurrence of such burial, and in default thereof, such undertaker shall forfeit and pay for each and every offence a penalty not exceeding twenty dollars, to be recovered as other penalties are recoverable.

SEC. 4. And be it further ordained, That it shall be the duty of the Commissioner of Health to cause the blanks required by this Ordinance to be printed and distributed to the persons required to report births and burials, and to cause the provisions of this Ordinance to be enforced.

SEC. 5. And be it further ordained, That no certificate of burial shall be issued by the Commissioner of Health, or by any undertaker, for any child, unless the birth of such child shall have been reported as required by this Ordinance, or unless the Commissioner of Health shall be satisfied that such birth has been reported to the Commissioner of Health, or to the Registrar of Vital Statistics, by some person required by this Ordinance to report such birth, and in default thereof, such undertaker shall forfeit and pay for each and every offence a penalty not exceeding twenty dollars, to be recovered as other penalties are recoverable.

SEC. 6. And be it further ordained, That no certificate of burial shall be issued by the Commissioner of Health, or by any undertaker, for any child, unless the birth of such child shall have been reported as required by this Ordinance, or unless the Commissioner of Health shall be satisfied that such birth has been reported to the Commissioner of Health, or to the Registrar of Vital Statistics, by some person required by this Ordinance to report such birth, and in default thereof, such undertaker shall forfeit and pay for each and every offence a penalty not exceeding twenty dollars, to be recovered as other penalties are recoverable.

SEC. 7. And be it further ordained, That it shall be the duty of the Commissioner of Health to cause the provisions of this Ordinance to be enforced, and to prosecute all persons who shall violate the same, or any part thereof, and all fines collected for such violations shall be paid into the City Treasury.

SEC. 8. And be it further ordained, That if any section, sentence or clause of this Ordinance shall be declared unconstitutional or void, the remaining sections, sentences and clauses shall not be affected thereby, but shall remain in full force and effect.

SEC. 9. And be it further ordained, That all Ordinances or parts of Ordinances inconsistent with the provisions of this Ordinance be and the same are hereby repealed.

SEC. 10. And be it further ordained, That this Ordinance shall take effect from the date of its passage.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33641.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15th Sept 1891
4. *Place of Birth, (Street and Number)* 425 Exchange St
5. *Full Name of Mother,* Mary Elizabeth Blanchard
6. *Mother's Maiden Name,* Lilly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Blanchard
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this return. Elizabeth Yeade

Address, 436 E Fort Ave

Remarks,

8 9 1 0 0 0 3 8 1 1

...Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 33647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 15th 1891
4. Place of Birth, (Street and Number) 800 William St.
5. Full Name of Mother, Bertha Elizabeth Hughes.
6. Mother's Maiden Name, " " Tall.
7. Mother's Birthplace, Dorchester Co. Md.
8. Full Name of Father, Wm B. Hughes.
9. Father's Occupation, machinist.
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return. R. J. N. Tall. M.D.

Address, 524 Sharp St.

Remarks,

8910003812

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

33603

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Thirteenth
	Sex, (state whether male or female)	Female
	Race or Color, (if not of the white race)	
	Date of Birth,	Sept 16-91
4.	*Place of Birth, (Street and Number)*	430 E. Lanvale
5.	*Full Name of Mother,*	Emma J. Reiley
6.	*Mother's Maiden Name,*	" " Johns
7.	*Mother's Birthplace,*	Balto.
8.	*Full Name of Father,*	Wm H. Reiley
9.	*Father's Occupation,*	Painter
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary E Allwell
	Address,	912 McDonogh
	Remarks,	

B 9 1 0 0 0 3 8 1 3

CITY OF BALTIMORE MOR. 1891

month, and shall set forth in his or her the same can be ascertained the full name of each child, if any, that may have been born alive of such mother, and not reported at a previous return, the sex and color of such child, and the time of birth of the first and each succeeding child, and the name of the physician or midwife, if any, present at the birth; and shall deliver, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or person in charge of such child shall report the particulars required above to the Commissioner of Health, in the form of a certificate, and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines under ordinances are recoverable

BW J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

E 336

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth. Feb 16 - 91
4. Place of Birth, (Street and Number) 2042 Mura St
5. Full Name of Mother. Mary. Miller
6. Mother's Maiden Name. " Fourson
7. Mother's Birthplace. Balto.
8. Full Name of Father. John Miller
9. Father's Occupation. Stonemason
10. Father's Birthplace. Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Worrell

Address, 912 McDonogh

Remarks,

8910003814

Rules and Regulations.

Third, And shall set forth in the 4th, 5th, 6th, 7th, 8th, 9th and 10th lines of each blank, (if any shall have been conferred) its sex, color, the full names and occupations of its parents, and the time and place of its birth; and the said return shall be delivered, duly signed and verified, to the office of the Registrar of Births, and the said officer shall every month so file the same, and preserve the records thereof, and the said officer shall, upon the attendance upon the confinement of a physician or midwife, cause the birth of such child to be reported to him by the attendant, and in case there be no attendance upon the confinement of the mother, or in case of the death of such child before the expiration of the time limited for the return thereof, the parent or parents of such child shall report its birth to the Commissioner thereafter in person or by writing, as aforesaid, within twenty days after the birth of such child; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be collected before the Mayor or any Justice of the Peace, and all fines and forfeitures are recoverable

RECEIVED FEB 17 1891 REGISTRAR OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33640.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 16, 1891
4. *Place of Birth, (Street and Number)*	1302 Lee
5. *Full Name of Mother,*	Margaret B Parlett
6. *Mother's Maiden Name,*	Adams
7. *Mother's Birthplace,*	Washington D C
8. *Full Name of Father,*	Wood G Parlett
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore County
Name of Medical Attendant, or other person who makes this Return.	Dr Opie
Address,	Druid Hill Ave
Remarks,	

8910003815

696. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33646.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. nd.
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	September 12. 1891.
4.	*Place of Birth, (Street and Number)*	Gerson Lane near Franklin St.
5.	*Full Name of Mother,*	Lizzie Abergeheun.
6.	*Mother's Maiden Name,*	Lizzie Fischbach.
7.	*Mother's Birthplace,*	Baltimore.
8.	*Full Name of Father,*	Henry Abergeheun.
9.	*Father's Occupation,*	Maker of Instruments. (Dental)
10.	*Father's Birthplace,*	Wolfgruben Hessen. Germany.
	Name of Medical Attendant, or other person who makes this Return.	Catherine Mc Nulty
	Address,	220 Leadenhall St.
	Remarks,	

8 9 1 0 0 0 3 8 1 6

month, and shall set forth, as far as the same is known, the full name of each child, of any, shall have been conferred, the exact date and place of birth, the name and residence of the attendant, if there was one present at the birth, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the proper person, to the keeper of the office of the Commissioner of Health. In the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother at the birth of such child, it shall be the duty of the mother of such child to report its birth to the Commissioner of Health, in writing and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULLARY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 11-12-52

RETURN OF A BIRTH

8364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Ludovina Louise Mann

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 19th 1891

4. Place of Birth, (Street and Number) 444 N. Fourth St.

5. Full Name of Mother, Ellen Mann

6. Mother's Maiden Name, Ellen Watt

7. Mother's Birthplace, Edinburgh, Scotland

8. Full Name of Father, James Mann

9. Father's Occupation, Stone cutter

10. Father's Birthplace, Edinburgh, Scotland

Name of Medical Attendant, or other person who makes this Return. Chas C. Stewart M.D.

Address, 120 W. 4th St.

Remarks,

1 8 9 1 0 0 0 3 8 1 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...set forth as far as the same can be ascertained by diligent inquiry, the full name, sex, color, date and place of birth, and the parentage of each child born alive in said city, and the full name, residence and occupation of the parents of each such child, and the number of children born to such parents, and the number now living; and shall state whether the mother was married at the birth of each child, and the date of such marriage, and the name of the husband; and shall also state the full name, residence and occupation of the physician, midwife or other person in attendance at each birth. In case the mother of any child shall be unmarried, the name, residence and occupation of the father of such child, if the same can be ascertained by diligent inquiry, shall be entered in the record of such birth. In case there was no physician, midwife or other person in attendance at the birth, the parent or parents required to report such birth shall state the reason why. Such report shall be made in writing on a blank to be furnished for that purpose by the Registrar of Vital Statistics, and shall be signed by the parent or parents of such child, if able to do so, and shall be delivered or mailed to the office of the Registrar within ten days after the birth. In case the parents or either of them shall be unable to report the birth as herein required, the physician, midwife or person in attendance upon the mother, immediately after the birth, shall report the same in writing to the Registrar of Vital Statistics, in the manner and within the period above required, and such report shall be sufficient to comply with the provisions of this section. Any physician, midwife or person in attendance at any birth who shall neglect or refuse to report such birth as herein required, shall be subject to a fine of not more than one hundred dollars for each offense; and any such person or parent who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

33658

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex,* (state whether male or female)	Female
2. *Race or Color,* (if not of the white race)	
3. *Date of Birth,*	19th Sept 1911
4. *Place of Birth,* (Street and Number)	1009 E Fort Ave
5. *Full Name of Mother.*	Sophia Calliedes
6. *Mother's Maiden Name,*	Sepulveda
7. *Mother's Birthplace.*	Baltimore
8. *Full Name of Father,*	Charles E Calliedes
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Carroll Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Yarnell
Address.	1956 E Fort Ave
Remarks.	8910003818

...Mayor & City Council, by Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth. 19th Sept 1891

4. Place of Birth, (Street and Number) 732 E Fort Ave

5. Full Name of Mother. Annie Gerhardt

6. Mother's Maiden Name, Hinnard

7. Mother's Birthplace. Germany

8. Full Name of Father. Ferdinand Gerhardt

9. Father's Occupation. Seaman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Gerade

Address, 732 E Fort Ave

Remarks. 6 9 1 0 0 0 3 8 1 9

list of the births which have occurred (if any shall have been so occurred) in his district during the preceding week, with such name and description of its parents, and such other particulars as are required to be ascertained. Date and place of birth, and the name and residence of the practitioner, if in case the parents, or either of them, shall be dead, or shall be unable from illness or other cause to make such return, then the same shall be made by the occupier of the house in which the birth shall have occurred, and in case there shall be no occupier of such house, then by the person in charge of the house in which the birth shall have occurred, and in case there shall be no person in charge of such house, then by the nearest relative of the child present in the city at the time of the birth, and in case there shall be no relative of the child present in the city, then by the person present at the birth, and in case the birth shall take place in a public institution, then by the officer in charge thereof, and in case the birth shall take place in a boarding house, then by the keeper thereof, and in case the birth shall take place in a hotel, then by the proprietor thereof. In case the child shall be born dead, or shall die before the return is made, the fact shall be stated in the return. In case the mother shall have been delivered of a child out of the city, and shall have returned with such child within ten days after the birth, the return shall be made as in case of births in the city. Any person who shall neglect to make such return, or who shall refuse to answer such questions as may be put to him touching any birth which he is required to return, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Guggenheimer & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 23650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 1 19-91
4. Place of Birth, (Street and Number) 202 6 Stricker St
5. Full Name of Mother, Mrs Carrie Bates Hood
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md
8. Full Name of Father, Harry Hood
9. Father's Occupation, R.R.
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E. E. Illmer

Address, Lincoln Square

Remarks,

18910003820

...enacted that the first Tuesday in April, eighteen hundred and seventy-nine, and every year thereafter, shall be the day for the election of a Register of Vital Statistics for the City of Baltimore, who shall hold his office for the term of two years from the first Monday in May next after his election, and until his successor shall be duly elected and qualified; and the Governor of this State, by and with the advice and consent of the Senate, shall appoint the first Register of Vital Statistics for the City of Baltimore, who shall hold his office until the first Monday in May, eighteen hundred and eighty-one, and until his successor shall be duly elected and qualified; and every Register of Vital Statistics for the City of Baltimore, elected or appointed as aforesaid, shall receive a certificate of his election or appointment from the Board of Health of the City of Baltimore, and shall, before entering upon the duties of his office, take the oath prescribed by the Constitution of this State, and shall give bond to the State of Maryland, with security to be approved by the Board of Health of the City of Baltimore, in the penal sum of five thousand dollars, conditioned for the faithful performance of the duties of his office, and for the delivery to his successor in office of all the books, papers and documents appertaining to the same; which bond shall be deposited with the Comptroller of the State of Maryland, and shall be sued for and recovered in the name of the State of Maryland, for the use of the City of Baltimore, in case of the breach of any of the conditions thereof.

SEC. 2. And be it enacted, That it shall be the duty of the Register of Vital Statistics for the City of Baltimore, to ascertain at the first visit, which shall be made within one month after the birth of each child, if any shall have been conferred) its sex, color, full name, date and place of birth, and the full name of each parent, and to enter the same in a book to be kept for that purpose, which shall be delivered, duly signed and certified, by the person making the entry, or should no other person be present, by the mother's nurse, physician or midwife, to the Register of Vital Statistics, who shall make such visit and entry; and every Register of Vital Statistics for the City of Baltimore, elected or appointed as aforesaid, shall receive a certificate of his election or appointment from the Board of Health of the City of Baltimore, and shall, before entering upon the duties of his office, take the oath prescribed by the Constitution of this State, and shall give bond to the State of Maryland, with security to be approved by the Board of Health of the City of Baltimore, in the penal sum of five thousand dollars, conditioned for the faithful performance of the duties of his office, and for the delivery to his successor in office of all the books, papers and documents appertaining to the same; which bond shall be deposited with the Comptroller of the State of Maryland, and shall be sued for and recovered in the name of the State of Maryland, for the use of the City of Baltimore, in case of the breach of any of the conditions thereof.

SEC. 3. And be it enacted, That it shall be the duty of the Register of Vital Statistics for the City of Baltimore, to ascertain at the first visit, which shall be made within one month after the birth of each child, if any shall have been conferred) its sex, color, full name, date and place of birth, and the full name of each parent, and to enter the same in a book to be kept for that purpose, which shall be delivered, duly signed and certified, by the person making the entry, or should no other person be present, by the mother's nurse, physician or midwife, to the Register of Vital Statistics, who shall make such visit and entry; and every Register of Vital Statistics for the City of Baltimore, elected or appointed as aforesaid, shall receive a certificate of his election or appointment from the Board of Health of the City of Baltimore, and shall, before entering upon the duties of his office, take the oath prescribed by the Constitution of this State, and shall give bond to the State of Maryland, with security to be approved by the Board of Health of the City of Baltimore, in the penal sum of five thousand dollars, conditioned for the faithful performance of the duties of his office, and for the delivery to his successor in office of all the books, papers and documents appertaining to the same; which bond shall be deposited with the Comptroller of the State of Maryland, and shall be sued for and recovered in the name of the State of Maryland, for the use of the City of Baltimore, in case of the breach of any of the conditions thereof.

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SEC. 26. And be it enacted, That it shall be the duty of the Register of Vital Statistics for the City of Baltimore, to ascertain at the first visit, which shall be made within one month after the birth of each child, if any shall have been conferred) its sex, color, full name, date and place of birth, and the full name of each parent, and to enter the same in a book to be kept for that purpose, which shall be delivered, duly signed and certified, by the person making the entry, or should no other person be present, by the mother's nurse, physician or midwife, to the Register of Vital Statistics, who shall make such visit and entry; and every Register of Vital Statistics for the City of Baltimore, elected or appointed as aforesaid, shall receive a certificate of his election or appointment from the Board of Health of the City of Baltimore, and shall, before entering upon the duties of his office, take the oath prescribed by the Constitution of this State, and shall give bond to the State of Maryland, with security to be approved by the Board of Health of the City of Baltimore, in the penal sum of five thousand dollars, conditioned for the faithful performance of the duties of his office, and for the delivery to his successor in office of all the books, papers and documents appertaining to the same; which bond shall be deposited with the Comptroller of the State of Maryland, and shall be sued for and recovered in the name of the State of Maryland, for the use of the City of Baltimore, in case of the breach of any of the conditions thereof.

SEC. 27. And be it enacted, That it shall be the duty of the Register of Vital Statistics for the City of Baltimore, to ascertain at the first visit, which shall be made within one month after the birth of each child, if any shall have been conferred) its sex, color, full name, date and place of birth, and the full name of each parent, and to enter the same in a book to be kept for that purpose, which shall be delivered, duly signed and certified, by the person making the entry, or should no other person be present, by the mother's nurse, physician or midwife, to the Register of Vital Statistics, who shall make such visit and entry; and every Register of Vital Statistics for the City of Baltimore, elected or appointed as aforesaid, shall receive a certificate of his election or appointment from the Board of Health of the City of Baltimore, and shall, before entering upon the duties of his office, take the oath prescribed by the Constitution of this State, and shall give bond to the State of Maryland, with security to be approved by the Board of Health of the City of Baltimore, in the penal sum of five thousand dollars, conditioned for the faithful performance of the duties of his office, and for the delivery to his successor in office of all the books, papers and documents appertaining to the same; which bond shall be deposited with the Comptroller of the State of Maryland, and shall be sued for and recovered in the name of the State of Maryland, for the use of the City of Baltimore, in case of the breach of any of the conditions thereof.

SEC. 28. And be it enacted, That it shall be the duty of the Register of Vital Statistics for the City of Baltimore, to ascertain at the first visit, which shall be made within one month after the birth of each child, if any shall have been conferred) its sex, color, full name, date and place of birth, and the full name of each parent, and to enter the same in a book to be kept for that purpose, which shall be delivered, duly signed and certified, by the person making the entry, or should no other person be present, by the mother's nurse, physician or midwife, to the Register of Vital Statistics, who shall make such visit and entry; and every Register of Vital Statistics for the City of Baltimore, elected or appointed as aforesaid, shall receive a certificate of his election or appointment from the Board of Health of the City of Baltimore, and shall, before entering upon the duties of his office, take the oath prescribed by the Constitution of this State, and shall give bond to the State of Maryland, with security to be approved by the Board of Health of the City of Baltimore, in the penal sum of five thousand dollars, conditioned for the faithful performance of the duties of his office, and for the delivery to his successor in office of all the books, papers and documents appertaining to the same; which bond shall be deposited with the Comptroller of the State of Maryland, and shall be sued for and recovered in the name of the State of Maryland, for the use of the City of Baltimore, in case of the breach of any of the conditions thereof.

SEC. 29. And be it enacted, That it shall be the duty of the Register of Vital Statistics for the City of Baltimore, to ascertain at the first visit, which shall be made within one month after the birth of each child, if any shall have been conferred) its sex, color, full name, date and place of birth, and the full name of each parent, and to enter the same in a book to be kept for that purpose, which shall be delivered, duly signed and certified, by the person making the entry, or should no other person be present, by the mother's nurse, physician or midwife, to the Register of Vital Statistics, who shall make such visit and entry; and every Register of Vital Statistics for the City of Baltimore, elected or appointed as aforesaid, shall receive a certificate of his election or appointment from the Board of Health of the City of Baltimore, and shall, before entering upon the duties of his office, take the oath prescribed by the Constitution of this State, and shall give bond to the State of Maryland, with security to be approved by the Board of Health of the City of Baltimore, in the penal sum of five thousand dollars, conditioned for the faithful performance of the duties of his office, and for the delivery to his successor in office of all the books, papers and documents appertaining to the same; which bond shall be deposited with the Comptroller of the State of Maryland, and shall be sued for and recovered in the name of the State of Maryland, for the use of the City of Baltimore, in case of the breach of any of the conditions thereof.

SEC. 30. And be it enacted, That it shall be the duty of the Register of Vital Statistics for the City of Baltimore, to ascertain at the first visit, which shall be made within one month after the birth of each child, if any shall have been conferred) its sex, color, full name, date and place of birth, and the full name of each parent, and to enter the same in a book to be kept for that purpose, which shall be delivered, duly signed and certified, by the person making the entry, or should no other person be present, by the mother's nurse, physician or midwife, to the Register of Vital Statistics, who shall make such visit and entry; and every Register of Vital Statistics for the City of Baltimore, elected or appointed as aforesaid, shall receive a certificate of his election or appointment from the Board of Health of the City of Baltimore, and shall, before entering upon the duties of his office, take the oath prescribed by the Constitution of this State, and shall give bond to the State of Maryland, with security to be approved by the Board of Health of the City of Baltimore, in the penal sum of five thousand dollars, conditioned for the faithful performance of the duties of his office, and for the delivery to his successor in office of all the books, papers and documents appertaining to the same; which bond shall be deposited with the Comptroller of the State of Maryland, and shall be sued for and recovered in the name of the State of Maryland, for the use of the City of Baltimore, in case of the breach of any of the conditions thereof.

SEC. 31. And be it enacted, That it shall be the duty of the Register of Vital Statistics for the City of Baltimore, to ascertain at the first visit, which shall be made within one month after the birth of each child, if any shall have been conferred) its sex, color, full name, date and place of birth, and the full name of each parent, and to enter the same in a book to be kept for that purpose, which shall be delivered, duly signed and certified, by the person making the entry, or should no other person be present, by the mother's nurse, physician or midwife, to the Register of Vital Statistics, who shall make such visit and entry; and every Register of Vital Statistics for the City of Baltimore, elected or appointed as aforesaid, shall receive a certificate of his election or appointment from the Board of Health of the City of Baltimore, and shall, before entering upon the duties of his office, take the oath prescribed by the Constitution of this State, and shall give bond to the State of Maryland, with security to be approved by the Board of Health of the City of Baltimore, in the penal sum of five thousand dollars, conditioned for the faithful performance of the duties of his office, and for the delivery to his successor in office of all the books, papers and documents appertaining to the same; which bond shall be deposited with the Comptroller of the State of Maryland, and shall be sued for and recovered in the name of the State of Maryland, for the use of the City of Baltimore, in case of the breach of any of the conditions thereof.

SEC. 32. And be it enacted, That it shall be the duty of the Register of Vital Statistics for the City of Baltimore, to ascertain at the first visit, which shall be made within one month after the birth of each child, if any shall have been conferred) its sex, color, full name, date and place of birth, and the full name of each parent, and to enter the same in a book to be kept for that purpose, which shall be delivered, duly signed and certified, by the person making the entry, or should no other person be present, by the mother's nurse, physician or midwife, to the Register of Vital Statistics, who shall make such visit and entry; and every Register of Vital Statistics for the City of Baltimore, elected or appointed as aforesaid, shall receive a certificate of his election or appointment from the Board of Health of the City of Baltimore, and shall, before entering upon the duties of his office, take the oath prescribed by the Constitution of this State, and shall give bond to the State of Maryland, with security to be approved by the Board of Health of the City of Baltimore, in the penal sum of five thousand dollars, conditioned for the faithful performance of the duties of his office, and for the delivery to his successor in office of all the books, papers and documents appertaining to the same; which bond shall be deposited with the Comptroller of the State of Maryland, and shall be sued for and recovered in the name of the State of Maryland, for the use of the City of Baltimore, in case of the breach of any of the conditions thereof.

SEC. 33. And be it enacted, That it shall be the duty of the Register of Vital Statistics for the City of Baltimore, to ascertain at the first visit, which shall be made within one month after the birth of each child, if any shall have been conferred) its sex, color, full name, date and place of birth, and the full name of each parent, and to enter the same in a book to be kept for that purpose, which shall be delivered, duly signed and certified, by the person making the entry, or should no other person be present, by the mother's nurse, physician or midwife, to the Register of Vital Statistics, who shall make such visit and entry; and every Register of Vital Statistics for the City of Baltimore, elected or appointed as aforesaid, shall receive a certificate of his election or appointment from the Board of Health of the City of Baltimore, and shall, before entering upon the duties of his office, take the oath prescribed by the Constitution of this State, and shall give bond to the State of Ma

RETURN OF A BIRTH.

A 33661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 20th 1891
4. Place of Birth, (Street and Number) 1831 Vernon Court
5. Full Name of Mother, Christiene Lehne
6. Mother's Maiden Name, Christine Kiser
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles F. Lehne
9. Father's Occupation, Blacksmith Helper
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Annie Lindner,

Address, 1106 E. Monroe St.

Remarks,

1891 0003821

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been born dead or shall have died before the making of such return,) the full name and occupation of the parents of such child, the date of birth, and the place of birth, and the name of the physician or midwife present at the birth, and the name and residence of the person or parents of such child to whom such birth occurred; and such return shall be delivered, duly signed by the person required to make the same, to the Registrar of Vital Statistics, at the office of the Commissioner of Health, in the city of Baltimore, within the first and third days of each calendar month next after the birth of any child whose birth is required to be returned; and the Registrar of Vital Statistics shall not receive or record any such return which shall not contain all the information above required, and shall not be delivered within the time above limited, unless the person or persons making such return shall make oath that the same is true to the best of his knowledge and belief, and that he has used due diligence to procure the information and make the return within the time above limited; and any such person or persons who shall neglect or refuse to make such return, or to make oath to the same, as above required, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 33652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* Sep 20 - 91
5. *Place of Birth, (Street and Number)* 1222 Mc Elderry
6. *Full Name of Mother,* Susan Minnick
7. *Mother's Maiden Name,* " Link
8. *Mother's Birthplace,* Balto
9. *Full Name of Father,* Thomas C. Minnick
10. *Father's Occupation,* Musician
    Father's Birthplace, Balto
    Name of Medical Attendant, or other person who makes this Return, Ma Mary A. Allwell
    Address, 912 Mc Donogh
    Remarks,

1891 OCT 2 CITY OF BALTIMORE

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RETURN OF A BIRTH. 33603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, September 30th 1891
4. Place of Birth, (Street and Number) 622 Light st cor York St
5. Full Name of Mother, Martha Victorine Risley
6. Mother's Maiden Name, Martha Victorine Potzaber
7. Mother's Birthplace, Paris France
8. Full Name of Father, Octavius White Risley
9. Father's Occupation, Barber
10. Father's Birthplace, Wilmington N. C.

Name of Medical Attendant, or other person who makes this Return, Catherine Mensch

Address, 800 Leadenhall St

Remarks, 6910003823

month, and shall set forth as far as the same can be ascertained the full name and occupation of the parents of such child, the date and place of birth, and the full name and occupation of the person making the return, and the date of such return. Any person who shall refuse or neglect to make such return within the time prescribed by this section, or who shall make a certificate which is false in any material particular, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars for each and every offense. In case the attendant upon the birth be other than a physician or midwife, it shall be the duty of the parent or parents of such child to make such return, and in case of the neglect or refusal of both parents to make such return, then the occupier of the house in which such birth shall occur shall be required to make such return, and in case of the neglect or refusal of any person required to make such return, to make the same within the time prescribed, the Commissioner of Health is hereby authorized to appoint a competent person to make such return, who shall be entitled to receive from the City Register a fee of twenty-five cents for each birth registered. Any person who shall refuse or neglect to comply with the provisions of this section, or who shall make a certificate which is false in any material particular, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars for each and every offense. In case the attendant upon the birth be other than a physician or midwife, it shall be the duty of the parent or parents of such child to make such return, and in case of the neglect or refusal of both parents to make such return, then the occupier of the house in which such birth shall occur shall be required to make such return, and in case of the neglect or refusal of any person required to make such return, to make the same within the time prescribed, the Commissioner of Health is hereby authorized to appoint a competent person to make such return, who shall be entitled to receive from the City Register a fee of twenty-five cents for each birth registered. Any person who shall refuse or neglect to comply with the provisions of this section, or who shall make a certificate which is false in any material particular, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars for each and every offense, to be recovered as other fines and forfeitures are recoverable and shall be paid into the City Treasury. [illegible] the Health Department, and shall be attached to the Return of Birth to which it relates, and be subjected to the same penalties.

WM J C SULLIVAN CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

B 3363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

5910003824

CITY OF BALTIMORE 1951

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) the sex, color and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the informant or person making the return, at the office of the Commissioner of Health, on the first and third day of each and every month to the office of the Commissioner of Health, as aforesaid, or should no other person be in attendance upon the office on either of said days, then on the next succeeding day. Any physician or person who shall neglect or refuse to report the birth of any child to the Commissioner of Health, as aforesaid, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH. 4236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.		of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
2.	Sex. (state whether male or female)	Female
3.	Race or Color. (if not of the white race)	
4.	Date of Birth.	Sept 1st 1891
5.	Place of Birth. (Street and Number)	342 30 Ave Woodberry
6.	Full Name of Mother.	Mary A. K. Deatrick
7.	Mother's Maiden Name.	Mary A. K. Everhart
8.	Mother's Birthplace.	Carroll Co Md.
9.	Full Name of Father.	Edmund Lawson Deatrick
10.	Father's Occupation.	Pastor of Trinity Reformed Church
	Father's Birthplace.	Penna.
	Name of Medical Attendant, or other person who makes this Return.	Geo. N. Shower M.D.
	Address.	123 30 Ave Woodberry Balt
	Remarks.	Full name of child - Anna Marguerite Deatrick

CITY OF BALTIMORE 1891

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Penalty. Any person who shall neglect to report the birth of any child, as required by this ordinance, within the time prescribed, or who shall refuse to answer any question put to him by the Registrar of Vital Statistics, or his duly authorized agent, touching any matter about which information is required by this ordinance, or who shall knowingly give false information, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five dollars nor more than twenty dollars for each offense.

Duty of Physician or Midwife. It shall be the duty of the physician or midwife in attendance upon any birth to report the same to the Registrar of Vital Statistics within the time prescribed by this ordinance, and in default thereof such physician or midwife shall be liable to the penalty prescribed in the preceding section.

Duty of Parents. In case there is no physician or midwife in attendance upon the birth of any child, it shall be the duty of the parents of such child to report the same to the Registrar of Vital Statistics within the time prescribed by this ordinance, and in default thereof they shall be liable to the penalty prescribed in the preceding section.

Duty of Householder. In case the parents of any child shall not have resided at the place of birth of such child for ten days next preceding the birth of such child, it shall be the duty of the householder in the house in which such birth occurred to report the same to the Registrar of Vital Statistics within the time prescribed by this ordinance, and in default thereof such householder shall be liable to the penalty prescribed in the preceding section.

Duty of Undertaker. It shall be the duty of any undertaker who shall bury the body of any child for which no certificate of birth has been registered, to report the name of such child, if any shall have been given, the sex, color, the full name and residence of the parents, the date and place of birth, and the number of such child, if it be not the first child born to such parents, to the Registrar of Vital Statistics within the time prescribed by this ordinance, and in default thereof such undertaker shall be liable to the penalty prescribed in the preceding section.

Duty of Sexton. It shall be the duty of the sexton of any burial ground or cemetery in which the body of any child is buried, without the attendance of a physician or midwife, to report the same to the Registrar of Vital Statistics within the time prescribed by this ordinance, and in default thereof such sexton shall be liable to the penalty prescribed in the preceding section.

Duty of Coroner. It shall be the duty of the coroner to report to the Registrar of Vital Statistics the name of every child upon which he may hold an inquest, and in default thereof he shall be liable to the penalty prescribed in the preceding section.

Duty of Other Persons. In case the parents, or either of them, shall neglect or refuse to report the birth of any child, as required by this ordinance, it shall be the duty of any other person having knowledge of the facts to report the same to the Registrar of Vital Statistics within the time prescribed by this ordinance, and in default thereof such person shall be liable to the penalty prescribed in the preceding section.

Duty of Midwife. It shall be the duty of any midwife who shall hereafter fail to comply with the requirements of this ordinance in any particular, to report the same to the Registrar of Vital Statistics, and in default thereof such midwife shall be liable to any such person as would be liable for the same offense, to be recovered as other penalties are recoverable by law.

Fees. The fee of ten cents shall be paid to the Registrar of Vital Statistics for each certificate of birth registered by him, and the fee of ten cents shall be paid to the Registrar of Vital Statistics for each certificate of birth issued by him.

Penalty. Any person who shall neglect to report the birth of any child, as required by this ordinance, within the time prescribed, or who shall refuse to answer any question put to him by the Registrar of Vital Statistics, or his duly authorized agent, touching any matter about which information is required by this ordinance, or who shall knowingly give false information, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five dollars nor more than twenty dollars for each offense.

RETURN OF A BIRTH

No. 33656.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 1st 1891
4. Place of Birth, (Street and Number) 161 Falsroad ave
5. Full Name of Mother, Susie Hunter Rusel
6. Mother's Maiden Name,
7. Mother's Birthplace, Harford Co Md
8. Full Name of Father, Harry Hunter
9. Father's Occupation, Paper hanger
10. Father's Birthplace, Balt- City Md

Name of Medical Attendant, or other person who makes this Return. Mary a Martin

Address, 76 Birch hill Mount Hermon Md

Remarks,

8 9 1 0 0 0 3 8 2 6

...shall be ascertained, it shall and may be lawful for any person having knowledge of the facts, to make complaint of such neglect or refusal to the Commissioner of Health, and the said Commissioner of Health is hereby authorized and empowered to appoint any person or persons he may deem proper, to ascertain the facts relating to the birth of any child for which a certificate has not been returned, and to make return thereof in the manner required of the attending physician or midwife; and the person or persons so appointed shall be entitled to receive from the City Register the same fees as are allowed by law for the return of births by the attending physician or midwife; and the said fees shall be paid by the parent or parents, guardian or other person having the control of such child, upon the certificate of the Commissioner of Health; and any person or persons who shall refuse or neglect to pay the said fees, upon demand, shall be liable to the same penalty as is provided for the neglect or refusal to make return of births by the attending physician or midwife. And it shall be the duty of the Commissioner of Health to cause the provisions of this section to be enforced, and to prosecute all violations thereof. And it shall be the duty of the Commissioner of Health to cause the provisions of this section to be enforced, and to prosecute all violations thereof.

SEC. 2. And be it enacted, That it shall be the duty of the Commissioner of Health to cause to be printed blank forms of certificates, in accordance with the provisions of this ordinance, and to furnish the same to the attending physicians and midwives, and to such other persons as may be required to make return of births, and to the City Register; and the said Commissioner of Health shall cause to be printed on the said blank forms the penalties imposed by this ordinance for neglect or refusal to make return of births, and shall cause the said blank forms to be distributed to the said physicians, midwives and other persons, and to the City Register, as far as the same can be ascertained. It shall and may be lawful for any person having knowledge of the facts, to make complaint of such neglect or refusal to the Commissioner of Health, and the said Commissioner of Health is hereby authorized and empowered to appoint any person or persons he may deem proper, to ascertain the facts relating to the birth of any child for which a certificate has not been returned, and to make return thereof in the manner required of the attending physician or midwife; and the person or persons so appointed shall be entitled to receive from the City Register the same fees as are allowed by law for the return of births by the attending physician or midwife; and the said fees shall be paid by the parent or parents, guardian or other person having the control of such child, upon the certificate of the Commissioner of Health; and any person or persons who shall refuse or neglect to pay the said fees, upon demand, shall be liable to the same penalty as is provided for the neglect or refusal to make return of births by the attending physician or midwife. And it shall be the duty of the Commissioner of Health to cause the provisions of this section to be enforced, and to prosecute all violations thereof.

SEC. 3. And be it enacted, That it shall be the duty of the Commissioner of Health to cause to be printed blank forms of certificates, in accordance with the provisions of this ordinance, and to furnish the same to the attending physicians and midwives, and to such other persons as may be required to make return of births, and to the City Register; and the said Commissioner of Health shall cause to be printed on the said blank forms the penalties imposed by this ordinance for neglect or refusal to make return of births, and shall cause the said blank forms to be distributed to the said physicians, midwives and other persons, and to the City Register, as far as the same can be ascertained. It shall and may be lawful for any person having knowledge of the facts, to make complaint of such neglect or refusal to the Commissioner of Health, and the said Commissioner of Health is hereby authorized and empowered to appoint any person or persons he may deem proper, to ascertain the facts relating to the birth of any child for which a certificate has not been returned, and to make return thereof in the manner required of the attending physician or midwife; and the person or persons so appointed shall be entitled to receive from the City Register the same fees as are allowed by law for the return of births by the attending physician or midwife; and the said fees shall be paid by the parent or parents, guardian or other person having the control of such child, upon the certificate of the Commissioner of Health; and any person or persons who shall refuse or neglect to pay the said fees, upon demand, shall be liable to the same penalty as is provided for the neglect or refusal to make return of births by the attending physician or midwife. And it shall be the duty of the Commissioner of Health to cause the provisions of this section to be enforced, and to prosecute all violations thereof.

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SEC. 21. And be it enacted, That it shall be the duty of the Commissioner of Health to cause to be printed blank forms of certificates, in accordance with the provisions of this ordinance, and to furnish the same to the attending physicians and midwives, and to such other persons as may be required to make return of births, and to the City Register; and the said Commissioner of Health shall cause to be printed on the said blank forms the penalties imposed by this ordinance for neglect or refusal to make return of births, and shall cause the said blank forms to be distributed to the said physicians, midwives and other persons, and to the City Register, as far as the same can be ascertained. It shall and may be lawful for any person having knowledge of the facts, to make complaint of such neglect or refusal to the Commissioner of Health, and the said Commissioner of Health is hereby authorized and empowered to appoint any person or persons he may deem proper, to ascertain the facts relating to the birth of any child for which a certificate has not been returned, and to make return thereof in the manner required of the attending physician or midwife; and the person or persons so appointed shall be entitled to receive from the City Register the same fees as are allowed by law for the return of births by the attending physician or midwife; and the said fees shall be paid by the parent or parents, guardian or other person having the control of such child, upon the certificate of the Commissioner of Health; and any person or persons who shall refuse or neglect to pay the said fees, upon demand, shall be liable to the same penalty as is provided for the neglect or refusal to make return of births by the attending physician or midwife. And it shall be the duty of the Commissioner of Health to cause the provisions of this section to be enforced, and to prosecute all violations thereof.

SEC. 22. And be it enacted, That it shall be the duty of the Commissioner of Health to cause to be printed blank forms of certificates, in accordance with the provisions of this ordinance, and to furnish the same to the attending physicians and midwives, and to such other persons as may be required to make return of births, and to the City Register; and the said Commissioner of Health shall cause to be printed on the said blank forms the penalties imposed by this ordinance for neglect or refusal to make return of births, and shall cause the said blank forms to be distributed to the said physicians, midwives and other persons, and to the City Register, as far as the same can be ascertained. It shall and may be lawful for any person having knowledge of the facts, to make complaint of such neglect or refusal to the Commissioner of Health, and the said Commissioner of Health is hereby authorized and empowered to appoint any person or persons he may deem proper, to ascertain the facts relating to the birth of any child for which a certificate has not been returned, and to make return thereof in the manner required of the attending physician or midwife; and the person or persons so appointed shall be entitled to receive from the City Register the same fees as are allowed by law for the return of births by the attending physician or midwife; and the said fees shall be paid by the parent or parents, guardian or other person having the control of such child, upon the certificate of the Commissioner of Health; and any person or persons who shall refuse or neglect to pay the said fees, upon demand, shall be liable to the same penalty as is provided for the neglect or refusal to make return of births by the attending physician or midwife. And it shall be the duty of the Commissioner of Health to cause the provisions of this section to be enforced, and to prosecute all violations thereof.

SEC. 23. And be it enacted, That it shall be the duty of the Commissioner of Health to cause to be printed blank forms of certificates, in accordance with the provisions of this ordinance, and to furnish the same to the attending physicians and midwives, and to such other persons as may be required to make return of births, and to the City Register; and the said Commissioner of Health shall cause to be printed on the said blank forms the penalties imposed by this ordinance for neglect or refusal to make return of births, and shall cause the said blank forms to be distributed to the said physicians, midwives and other persons, and to the City Register, as far as the same can be ascertained. It shall and may be lawful for any person having knowledge of the facts, to make complaint of such neglect or refusal to the Commissioner of Health, and the said Commissioner of Health is hereby authorized and empowered to appoint any person or persons he may deem proper, to ascertain the facts relating to the birth of any child for which a certificate has not been returned, and to make return thereof in the manner required of the attending physician or midwife; and the person or persons so appointed shall be entitled to receive from the City Register the same fees as are allowed by law for the return of births by the attending physician or midwife; and the said fees shall be paid by the parent or parents, guardian or other person having the control of such child, upon the certificate of the Commissioner of Health; and any person or persons who shall refuse or neglect to pay the said fees, upon demand, shall be liable to the same penalty as is provided for the neglect or refusal to make return of births by the attending physician or midwife. And it shall be the duty of the Commissioner of Health to cause the provisions of this section to be enforced, and to prosecute all violations thereof.

SEC. 24. And be it enacted, That it shall be the duty of the Commissioner of Health to cause to be printed blank forms of certificates, in accordance with the provisions of this ordinance, and to furnish the same to the attending physicians and midwives, and to such other persons as may be required to make return of births, and to the City Register; and the said Commissioner of Health shall cause to be printed on the said blank forms the penalties imposed by this ordinance for neglect or refusal to make return of births, and shall cause the said blank forms to be distributed to the said physicians, midwives and other persons, and to the City Register, as far as the same can be ascertained. It shall and may be lawful for any person having knowledge of the facts, to make complaint of such neglect or refusal to the Commissioner of Health, and the said Commissioner of Health is hereby authorized and empowered to appoint any person or persons he may deem proper, to ascertain the facts relating to the birth of any child for which a certificate has not been returned, and to make return thereof in the manner required of the attending physician or midwife; and the person or persons so appointed shall be entitled to receive from the City Register the same fees as are allowed by law for the return of births by the attending physician or midwife; and the said fees shall be paid by the parent or parents, guardian or other person having the control of such child, upon the certificate of the Commissioner of Health; and any person or persons who shall refuse or neglect to pay the said fees, upon demand, shall be liable to the same penalty as is provided for the neglect or refusal to make return of births by the attending physician or midwife. And it shall be the duty of the Commissioner of Health to cause the provisions of this section to be enforced, and to prosecute all violations thereof.

SEC. 25. And be it enacted, That it shall be the duty of the Commissioner of Health to cause to be printed blank forms of certificates, in accordance with the provisions of this ordinance, and to furnish the same to the attending physicians and midwives, and to such other persons as may be required to make return of births, and to the City Register; and the said Commissioner of Health shall cause to be printed on the said blank forms the penalties imposed by this ordinance for neglect or refusal to make return of births, and shall cause the said blank forms to be distributed to the said physicians, midwives and other persons, and to the City Register, as far as the same can be ascertained. It shall and may be lawful for any person having knowledge of the facts, to make complaint of such neglect or refusal to the Commissioner of Health, and the said Commissioner of Health is hereby authorized and empowered to appoint any person or persons he may deem proper, to ascertain the facts relating to the birth of any child for which a certificate has not been returned, and to make return thereof in the manner required of the attending physician or midwife; and the person or persons so appointed shall be entitled to receive from the City Register the same fees as are allowed by law for the return of births by the attending physician or midwife; and the said fees shall be paid by the parent or parents, guardian or other person having the control of such child, upon the certificate of the Commissioner of Health; and any person or persons who shall refuse or neglect to pay the said fees, upon demand, shall be liable to the same penalty as is provided for the neglect or refusal to make return of births by the attending physician or midwife. And it shall be the duty of the Commissioner of Health to cause the provisions of this section to be enforced, and to prosecute all violations thereof.

SEC. 26. And be it enacted, That it shall be the duty of the Commissioner of Health to cause to be printed blank forms of certificates, in accordance with the provisions of this ordinance, and to furnish the same to the attending physicians and midwives, and to such other persons as may be required to make return of births, and to the City Register; and the said Commissioner of Health shall cause to be printed on the said blank forms the penalties imposed by this ordinance for neglect or refusal to make return of births, and shall cause the said blank forms to be distributed to the said physicians, midwives and other persons, and to the City Register, as far as the same can be ascertained. It shall and may be lawful for any person having knowledge of the facts, to make complaint of such neglect or refusal to the Commissioner of Health, and the said Commissioner of Health is hereby authorized and empowered to appoint any person or persons he may deem proper, to ascertain the facts relating to the birth of any child for which a certificate has not been returned, and to make return thereof in the manner required of the attending physician or midwife; and the person or persons so appointed shall be entitled to receive from the City Register the same fees as are allowed by law for the return of births by the attending physician or midwife; and the said fees shall be paid by the parent or parents, guardian or other person having the control of such child, upon the certificate of the Commissioner of Health; and any person or persons who shall refuse or neglect to pay the said fees, upon demand, shall be liable to the same penalty as is provided for the neglect or refusal to make return of births by the attending physician or midwife. And it shall be the duty of the Commissioner of Health to cause the provisions of this section to be enforced, and to prosecute all violations thereof.

SEC. 27. And be it enacted, That it shall be the duty of the Commissioner of Health to cause to be printed blank forms of certificates, in accordance with the provisions of this ordinance, and to furnish the same to the attending physicians and midwives, and to such other persons as may be required to make return of births, and to the City Register; and the said Commissioner of Health shall cause to be printed on the said blank forms the penalties imposed by this ordinance for neglect or refusal to make return of births, and shall cause the said blank forms to be distributed to the said physicians, midwives and other persons, and to the City Register, as far as the same can be ascertained. It shall and may be lawful for any person having knowledge of the facts, to make complaint of such neglect or refusal to the Commissioner of Health, and the said Commissioner of Health is hereby authorized and empowered to appoint any person or persons he may deem proper, to ascertain the facts relating to the birth of any child for which a certificate has not been returned, and to make return thereof in the manner required of the attending physician or midwife; and the person or persons so appointed shall be entitled to receive from the City Register the same fees as are allowed by law for the return of births by the attending physician or midwife; and the said fees shall be paid by the parent or parents, guardian or other person having the control of such child, upon the certificate of the Commissioner of Health; and any person or persons who shall refuse or neglect to pay the said fees, upon demand, shall be liable to the same penalty as is provided for the neglect or refusal to make return of births by the attending physician or midwife. And it shall be the duty of the Commissioner of Health to cause the provisions of this section to be enforced, and to prosecute all violations thereof.

SEC. 28. And be it enacted, That it shall be the duty of the Commissioner of Health to cause to be printed blank forms of certificates, in accordance with the provisions of this ordinance, and to furnish the same to the attending physicians and midwives, and to such other persons as may be required to make return of births, and to the City Register; and the said Commissioner of Health shall cause to be printed on the said blank forms the penalties imposed by this ordinance for neglect or refusal to make return of births, and shall cause the said blank forms to be distributed to the said physicians, midwives and other persons, and to the City Register, as far as the same can be ascertained. It shall and may be lawful for any person having knowledge of the facts, to make complaint of such neglect or refusal to the Commissioner of Health, and the said Commissioner of Health is hereby authorized and empowered to appoint any person or persons he may deem proper, to ascertain the facts relating to the birth of any child for which a certificate has not been returned, and to make return thereof in the manner required of the attending physician or midwife; and the person or persons so appointed shall be entitled to receive from the City Register the same fees as are allowed by law for the return of births by the attending physician or midwife; and the said fees shall be paid by the parent or parents, guardian or other person having the control of such child, upon the certificate of the Commissioner of Health; and any person or persons who shall refuse or neglect to pay the said fees, upon demand, shall be liable to the same penalty as is provided for the neglect or refusal to make return of births by the attending physician or midwife. And it shall be the duty of the Commissioner of Health to cause the provisions of this section to be enforced, and to prosecute all violations thereof.

SEC. 29. And be it enacted, That it shall be the duty of the Commissioner of Health to cause to

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sep. 1 1891.
4. Place of Birth, (Street and Number) 520 S. Luzern St
5. Full Name of Mother, Louise Stump
6. Mother's Maiden Name, Meyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Stump
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who forwards this Return, Mary Steine

Address, 1427 E Fayette St.

Remarks, 8910003827

month and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, date and place of birth, and the full name, color, age, birthplace and occupation of its parents, the date of their marriage, the date since the first and last confinement, and the number of children born to the mother previously, distinguishing between the first and subsequent births, and the number of such children living at the time of making such report; in case the birth of any child shall occur within the limits of a public institution, the officer or person in charge thereof shall cause the birth of any child so born therein to be reported as aforesaid; and in case the birth of any child shall occur without the limits of such institution, the duty of reporting such birth shall devolve upon the father, mother, householder, or nurse, in the order named, and shall be performed within the period above required, and shall contain the attendance of a physician or midwife, if any, and if not, the name of the person having charge of the mother, and the name and residence of the person making the report; and the provisions of this section shall be subject to the penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by such person or persons who shall hereafter fail, neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 2d

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth.* Sept. 1st 1891
4. *Place of Birth*, (*Street and Number*) 1433 Washington Ave.
5. *Full Name of Mother*, Emma C. S. Hoare
6. *Mother's Maiden Name*, Carson
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Wm. A. Hoare Jr.
9. *Father's Occupation*, Moulder
10. *Father's Birthplace*, England

Name of Medical Attendant, or other person who makes this Return. H. W. Webner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor

1 8 9 1 0 0 0 3 8 2 8

[illegible] month, and shall set forth as far as the same can be ascertained [illegible] date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents [illegible] a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in [illegible] Health. In case the birth of any child third day of each and every month to the office of the Commissioner [illegible] midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 33659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

6 9 1 0 0 0 3 8 2 9

...J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-23-56

RETURN OF A BIRTH

No. 33660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Lillian Gretlow Fall 1 Fourth
1. Sex, (State whether male or female)	Female.
2. Race or color, (if not of the white race)	
3. Date of Birth,	Sept. 2nd - 1891
4. Place of Birth, (Street and Number)	813 Light St.
5. Full Name of Mother,	Nona Fall.
6. Mother's Maiden Name,	" Davis.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Fall.
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	C. A. Lewis.
Address,	602 Cathedral St.
Remarks,	8910003830

month, and shall set forth as far as the same can be ascertained the date of birth, and the name, sex, color, and place of birth of each child, and the full name and occupation of the parents. Every person who shall neglect or refuse to make such report in the manner and within the time above specified, or who shall make any false report, shall be liable to a penalty of ten dollars for each offense. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in charge of the house in which such birth occurs, or if there be no person in charge of such house, then of the nearest relative present at such birth, or of the person having charge of such child, to report its birth to the Commissioner of Health, under the penalties above provided. Every physician or midwife who shall hereafter attend upon any case of birth shall report the same to the Commissioner of Health, under the penalties above provided. Any such person or persons who shall hereafter refuse or neglect to make such report shall be subjected to the fine of ten dollars for each offense, to be recovered as debts and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS & STATIONERS

RETURN OF A BIRTH. A 33661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Julia Madeline Altwater

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2d Septbr 82
4. Place of Birth, (Street and Number) S. Castle Str 321
5. Full Name of Mother, Kathe Altwater
6. Mother's Maiden Name, Kannauer
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Altwater
9. Father's Occupation, Porter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bickler

Address, 225 S. Washington Str.

Remarks, GIVEN NAME ADDED. 1-9-52

891000383 1

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Sept 2d
4. Place of Birth, (Street and Number) #1152 Shields Alley
5. Full Name of Mother, Mary E. Horner
6. Mother's Maiden Name, " " Holliday
7. Mother's Birthplace, Dorchester Co Md
8. Full Name of Father, Henry E. Horner
9. Father's Occupation, Laborer
10. Father's Birthplace, Fredericksburg Va

Name of Medical Attendant, or other person who makes this Return. Thos S. Huck

Address, #647 West Lafayette Ave

Remarks,

8910003832

Health. This certificate is to be filled out by the attendant at the birth, if there be one, and if not, by the nearest relative present, or by the householder, or the manager of the institution where the birth occurred, as far as the same can be ascertained. The certificate shall be filled out before the child is named, and the full name and occupation of its parents shall be given. The certificate before the first and third day of each and every month, a list or schedule of all births which may have occurred within the city during the preceding month, and which have not been reported to him, and shall include in such schedule the name, sex, color, date and place of birth, and the full name and residence of the parents of each child, as required in the certificate hereinbefore provided for. Every person who shall neglect or refuse to report to the Commissioner of Health any birth at which he was present, or of which he had notice, as required by this section, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars for each offense, to be recovered as other such fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 33663.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 2. 1891.
4. *Place of Birth, (Street and Number)* 122 N. High St
5. *Full Name of Mother.* Pauline Kaplan
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Louis Kaplan
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilia Bernstein

Address, 122 S. Exeter St.

Remarks, 8910003833

Every child born alive in the State of Maryland shall be registered within ten days after its birth, and the full name of each child, if any shall have been conferred, shall be entered; and the full name and occupation of its parents, the date and place of birth, and the said information shall be delivered, duly signed by the person making the entry, to the parent, guardian or other person having the custody of any child within ten days after the birth of such child, and every person who shall refuse or neglect to deliver such information, or shall deliver false information, shall forfeit and pay for every such offence a sum not exceeding ten dollars; and every person in attendance upon a birth, and every undertaker or other person who shall inter or remove the body of any child found dead or alleged to have been born dead, without a certificate of birth or burial permit, as hereinafter provided for, shall forfeit and pay for every such offence a sum not exceeding fifty dollars; and every physician or midwife who shall neglect or refuse to report, as hereinafter required, any case coming within his or her knowledge, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J C BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

No. 33164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth*	2nd September 28 — Poultry St
4.	*Place of Birth, (Street and Number)*	28 Poultry St
5.	*Full Name of Mother*	Fanny Maud
6.	*Mother's Maiden Name*	Fant Wright
7.	*Mother's Birthplace*	Baltimore
8.	*Full Name of Father*	Frank Maud
9.	*Father's Occupation*	Blacksmith
10.	*Father's Birthplace*	Baltimore
	Name of Medical Attendant, or other person who makes this Return	C A Tully
	Address	1828 Light St
	Remarks	Doing well

1 8 9 1 0 0 0 3 8 3 4

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33665.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex. (state whether male or female)* female
2. *Race or Color. (if not of the white race)* White
3. *Date of Birth.* 2nd September
4. *Place of Birth. (Street and Number)* 1261 Battery Ave
5. *Full Name of Mother.* Mary G. Grushaper
6. *Mother's Maiden Name.* Mary G. Miller
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father.* Joseph B Grushaper
9. *Father's Occupation.* Cigar Maker
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other person who makes this Return. E A Tully

Address. 1828 Light St

Remarks. Doing well

1 8 9 1 0 0 0 3 8 3 5

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

Sex, (state whether male or female) Boy

Race or Color, (if not of the white race) White

Date of Birth, 2th September 89

Place of Birth, (Street and Number) S. Chester Str. No. 539.

5. Full Name of Mother, Theresia Sinkenbring

6. Mother's Maiden Name, Sinn

7. Mother's Birthplace, Germania

8. Full Name of Father, Henry Sinn

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Wm Bichler

Address, 235 S Washington Str.

Remarks,

1891000383

CITY OF BALTIMORE 1891

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 3366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* Boy
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 1st Septr. 89'
5. *Place of Birth, (Street and Number)* S. Bond St. 606
6. *Full Name of Mother,* Dorothea Schuler
7. *Mother's Maiden Name,* " Schafer
8. *Mother's Birthplace,* Balto.
9. *Full Name of Father,* Charles Schuler
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bickles

Address, 225 S. Wolfe Town Pl.

Remarks, 8910003837

HEALTH DEPT. CITY OF BALTIMORE 2 OCT 3 1889

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33668.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 2 1891
4. Place of Birth, (Street and Number) St James Hotel Balto.
5. Full Name of Mother, Hattie Hughes
6. Mother's Maiden Name,
7. Mother's Birthplace, Mobile Alabama
8. Full Name of Father, Theodore Hughes
9. Father's Occupation, Merchant
10. Father's Birthplace, Mobile Alabama

Name of Medical Attendant, or other person who makes this Return. [illegible] M D

Address, Charles & Centre Sts

Remarks, 1 8 9 1 0 0 0 3 8 3 8

month, and shall set forth as far as the same can be ascertained the full name of [illegible] child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, and the place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the [illegible] between the first and third day of each and every month to the office of the Commissioner [illegible] birth of any child shall occur without the attendance of a physician or practitioner [illegible] other person be in attendance upon the mother, immediately thereafter it shall become the duty of [illegible] or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-14-51

RETURN OF A BIRTH.

33669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lola Bell Patterson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth. Sept. 3rd 1891

4. Place of Birth, (Street and Number) Plymouth Ave. West Woodberry

5. Full Name of Mother. Elsie Margaret Patterson

6. Mother's Maiden Name. Elsie Margaret Klinefelter

7. Mother's Birthplace. York Co. Pa.

8. Full Name of Father. Joseph Henry Patterson

9. Father's Occupation. Tool maker

10. Father's Birthplace. Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower M.D.

Address. 123 3rd ave. Woodberry, Balt.

Remarks.

8910003839

HEALTH DEPT. CITY OF BALTIMORE 1891

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 33670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3-d
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	Colored
3.	*Date of Birth*	Sept 3-
4.	*Place of Birth, (Street and Number)*	126 William St
5.	*Full Name of Mother*	Maggie Langville
6.	*Mother's Maiden Name*	N Thomas
7.	*Mother's Birthplace*	Dorchester Co
8.	*Full Name of Father*	William Langville
9.	*Father's Occupation*	Carpenter
10.	*Father's Birthplace*	City
	Name of Medical Attendant, or other person who makes this Return	Dr Bond Jno
	Address	571 Hanover St
	Remarks	

1891000 3840

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 33671.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2d

1. Sex. (state whether male or female) female
2. Race or Color. (if not of the white race) white
3. Date of Birth. September 3. 1891.
4. Place of Birth. (Street and Number) 1431 Gough str
5. Full Name of Mother. Lina Cohn
6. Mother's Maiden Name.
7. Mother's Birthplace. Europe
8. Full Name of Father. Harris Cohn
9. Father's Occupation. Tailor
10. Father's Birthplace. Europe

Name of Medical Attendant, or other person who makes this Return. Mrs L. Bernstein

Address. 122 S. Exeter st

Remarks.

8910003841

month, and shall set forth as far as the same can be ascertained, the name, sex, color, the full name of each parent, and the date of birth of each child, of any shall have been conferred) its sex, color, the full name of the parents, and the date of birth; and the said schedule shall be delivered by the physician or midwife in attendance between the first and tenth days of every month to the office of the Commissioner of Health. In case the latter of such child is born without the attendance of a physician or midwife, then it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and such report shall contain such information as may be required by the Commissioner of Health. Any of the persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 33677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	3rd Sept
4. *Place of Birth, (Street and Number)*	814 N. Gay st
5. *Full Name of Mother,*	Annie Koelter
6. *Mother's Maiden Name,*	" Hehn
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William Kroetz
9. *Father's Occupation,*	Musician
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Groome
Address,	940 N. Gay st
Remarks,	6910003842

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said return shall be signed by the attending physician or midwife, if there be one in attendance, and if not, by the father or mother of such child, or the householder of the house where such child was born, or the owner or agent of such house, if the same be not occupied by the father or mother of such child. Such return shall be made within the first ten days after the expiration of the month in which such child was born, and every physician or midwife who shall neglect to make such return as aforesaid shall forfeit and pay for every such neglect the sum of ten dollars, and it shall be the duty of the person or parents of such child, or householder, in which such child was born, or owner or agent of such house, to see that such return is made as aforesaid, and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

No. 33673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	3rd September
4. *Place of Birth, (Street and Number)*	1201 William St
5. *Full Name of Mother*	Lizzie Wise
6. *Mother's Maiden Name*	Lizzie Klemmidt
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Henry Wise
9. *Father's Occupation*	Baker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other person who makes this Return	E A Gully
Address	1825 Light St
Remarks	Living well

1 8 9 1 0 0 0 3 8 4 3

month, and shall set forth as far as may be the full name and occupation of the parents of the child, and the place of birth, and the number of children born to the mother, including the child last born, and the number of such children living; and in case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the parent or parents of such child to report the same within the time and in the manner required by this section. Any person who shall neglect or refuse to make such report as is required by this section, or who shall make a false report, shall be guilty of a misdemeanor, and shall thereafter forfeit to the use of the City of Baltimore the sum of ten (10) dollars, to be recovered, with costs, by action of debt in the name of the Mayor and City Register before any justice of the peace of the city, upon the information of any person who will sue for the same; and it shall be the duty of the Commissioner of Health, in connection with the provisions of this section, to see that the child is registered as aforesaid, and to enforce the penalties for neglect or refusal to register the same. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 33672

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd child
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	3 rd September
4.	*Place of Birth, (Street and Number)*	1521 Light St
5.	*Full Name of Mother,*	Anna Fahy
6.	*Mother's Maiden Name,*	Anna Castle
7.	*Mother's Birthplace,*	Ireland
8.	*Full Name of Father,*	John Fahy
9.	*Father's Occupation,*	Saloon Keeper
10.	*Father's Birthplace,*	Ireland
	Name of Medical Attendant, or other person who makes this Return,	E A Fahy
	Address,	1528 Light St
	Remarks,	Hang well

8910003844

month, and shall set forth, as far as the same can be ascertained, the name and residence of the parent or parents of such child, the date and place of birth, and such other particulars as may be required by the Commissioner of Health; and the said Registrar shall be entitled to receive from the person who shall have been empowered by the Commissioner of Health to collect the same, the fee of ten cents for each and every birth so reported to his office; and the said Registrar shall be allowed the sum of ten cents for each and every certificate of birth issued by him, which fees shall be paid by the Commissioner of Health out of any moneys appropriated for the purpose. And it shall be the duty of every physician or practitioner of midwifery, in attendance upon the confinement of any woman, to report to the Registrar of Vital Statistics, in the manner and within the time above specified, the birth of any child which he may have attended during its birth or subsequent thereto; and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Name of Child.	W Nelson Beale
	No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2
1.	Sex. (state whether male or female)	Male
2.	Race or Color. (if not of the white race)	
3.	Date of Birth.	Sep 3 — 1891
4.	Place of Birth. (Street and Number)	1411 N. Bond St.
5.	Full Name of Mother.	Jessie B. Beale
6.	Mother's Maiden Name.	Nelson
7.	Mother's Birthplace.	Virginia
8.	Full Name of Father.	William H. W. (Beale) Beale
9.	Father's Occupation.	Cigar Maker
10.	Father's Birthplace.	Virginia
	Name of Medical Attendant, or other person who worked this Case.	Mary Stein
	Address.	1427 E Pratt St.
	Remarks.	1891 0003845

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

32676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 d September 1891
4. Place of Birth, (Street and Number) S. Washington Ave. 21
5. Full Name of Mother, Maggie Gille
6. Mother's Maiden Name, Leity
7. Mother's Birthplace, Balto.
8. Full Name of Father, Peter Gille
9. Father's Occupation, Tailor
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mrs. Bichler

Address, 235 S. Washington Ave

Remarks,

1 8 9 1 0 0 0 3 8 4 6

CITY OF BALTIMORE 1891

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 23677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* [illegible] 1891
4. *Place of Birth, (Street and Number)* [illegible] St. 3
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father.* Oney Clark
9. *Father's Occupation.* Laborer
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, 8 9 1 0 0 0 3 8 4 7

8M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 4th 191
4. *Place of Birth, (Street and Number)*	St. Vincents Inf. Asy.
5. *Full Name of Mother,*	Maggie Shee
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Not known
9. *Father's Occupation,*	Both "
10. *Father's Birthplace,*	" "
Name of Medical Attendant, or other person who makes this Return.	C. A. Kline M.D.
Address,	1520 Druid Hill Ave
Remarks,	

8 9 1 0 0 0 3 8 4 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

3365D

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 4, 1891.
4. Place of Birth, (Street and Number) 231 S. Eden St.
5. Full Name of Mother, Fanny Goldstein
6. Mother's Maiden Name, Europe
7. Mother's Birthplace, Kopnis
8. Full Name of Father, Goldstein
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. Cecilie Bornstein

Address, 122 S. Exeter St.

Remarks, 1891U003849

WM J C DULANY CO CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the name and occupation of each parent, the color, the date and place of birth, and the number of children of the mother, and whether born alive or dead, and such other information as may be required by the Commissioner of Health to carry out the provisions of this section. Every case of stillbirth after the fifth month of gestation shall be reported in like manner. Every death of a child under one year of age shall be reported within twenty-four hours after death, and before burial or removal from the city, to the Registrar of Vital Statistics, and a burial permit issued by him before interment can be made. Every case of sickness which may result in death within one week, and which has been under the observation or treatment of a physician, midwife or nurse, shall be reported to the Registrar of Vital Statistics within twenty-four hours after the first visit, and every death occurring in any house or tenement shall be reported to the Registrar of Vital Statistics within twenty-four hours after death. Every undertaker or other person who shall bury or remove a dead body for interment or removal from the city, or who shall have charge of the interment or removal of any dead body, shall before such interment or removal, obtain a permit therefor from the Registrar of Vital Statistics, and shall deliver such permit to the sexton or other person in charge of the burial ground or crematory before such interment can be made therein. Every person who shall violate any of the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered as other fines are recoverable in the name of the State of Maryland for the use of the Board of Health of Baltimore City. Every physician who shall neglect or refuse to report the births to which he was in attendance, as required by this section, shall forfeit and pay for each offense a sum not exceeding ten (10) dollars, to be recovered as other fines are recoverable in the name of the State of Maryland for the use of the Board of Health of Baltimore City. Every person required to report births who shall neglect or refuse to report the same within the time specified, shall forfeit and pay such person a sum not exceeding ten (10) dollars for each offense, to be recovered as other fines are recoverable in the name of the State of Maryland for the use of the Board of Health of Baltimore City.

RETURN OF A BIRTH. 33679.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept. 14

4. *Place of Birth, (Street and Number)* 125 Kenyon Ave

5. *Full Name of Mother,* Eva E. [illegible]

6. *Mother's Maiden Name,* " Slate

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* George [illegible]

9. *Father's Occupation,* Stone Mason

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address,

Remarks, Metropolitan

1891 U 003850

month and shall set forth as far as the same can be [illegible] No [illegible] name of each child [illegible] it may shall have been conferred the [illegible] full name and occupation [illegible] as parents, the date and place of birth, and the said act/scientific shall be delivered [illegible] the [illegible] and the third day of each and every month in the office of the [illegible] the [illegible] certificate between the [illegible] shall [illegible] without the attendance of a physician [illegible] the [illegible] attendance [illegible] certificate [illegible] In case the birth of any child child to report its birth to the [illegible] shall become [illegible] the [illegible] pay such person or persons who shall hereafter fill [illegible] jected to the fine of ten (10) dollars, for each offense, to [illegible] recovered in the [illegible] sections of this section shall be subject to the penalties and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3781.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th child
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	4 th September
4.	*Place of Birth, (Street and Number)*	459 E Cross St
5.	*Full Name of Mother,*	Mary Carmines
6.	*Mother's Maiden Name,*	Mary Sumyers
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	William Carmines
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	C A Tull
	Address,	18 29 Light St.
	Remarks,	Hang well

8910003851

CITY OF BALTIMORE 1891

month and shall set forth as far as the same can be ascertained the full name and exact place of birth, and the number of children born to the mother, and the number now living, and the number dead, and the number of males and females, and the color, the full name and residence of the physician, midwife or other person in attendance upon the mother, if there was such person, and if not, the reason why no such person was in attendance; and the physician, midwife or other person in attendance upon the mother shall, within ten days after the birth of any child, deliver to the person required by this section to report the birth of such child a certificate containing the information required to be reported by him, and shall forfeit for each offense the sum of ten dollars; and the person or persons who shall hereafter refuse or neglect to report the birth of any child as herein required, or who shall refuse or neglect to procure a certificate of birth from the physician, midwife or other person in attendance upon the mother, as herein required, or who shall refuse or neglect to deliver such certificate to the person required by this section to report the birth of such child, shall forfeit for each offense the sum of ten dollars; and the person or persons who shall hereafter refuse or neglect to report the birth of any child to the Commissioner of Health, or who shall refuse or neglect to procure a certificate of birth from the physician, midwife or other person in attendance upon the mother, as herein required, or who shall refuse or neglect to deliver such certificate to the person required by this section to report the birth of such child, shall forfeit for each offense the sum of ten dollars; and forfeitures are recoverable

PH J. G. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

32687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first child
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	11th September
4.	*Place of Birth, (Street and Number)*	1525 N Charles St
5.	*Full Name of Mother,*	Louisa K Hartman
6.	*Mother's Maiden Name,*	Louisa K Kuhland
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	James Edward Hartman
9.	*Father's Occupation,*	Car Conductor
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	E A Tully
	Address,	1808 Light St
	Remarks,	Home addr

8910003852

month, and shall set forth as far as the same can be ascertained, the name and place of birth, and the name, age and residence of the parents of such child, and the number of children born to such mother, and the number now living, and shall state whether the birth of any child has been concealed, and if so, which child; and every midwife, or other person who shall attend upon any woman in labor, shall, within ten days after the birth of any child by her delivered, make a certificate containing the particulars required to be registered touching such birth, and every month transmit the same to the office of the Registrar of Vital Statistics, or should no other person be in attendance, the duty of making such certificate and transmitting the same to the Registrar shall devolve upon the parent or parents of such child. In the manner and within the period of time prescribed in this section shall be entered, registered or returned, shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

ANN J. C. DULANY CO CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name [illegible] (if any) shall have been conferred) its sex, color, the full name and occupation [illegible] place of birth; and the said schedule shall be delivered, duly signed by the practitioner [illegible] certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 33653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 4th 1891
4. *Place of Birth, (Street and Number)* Buren Dorm St
5. *Full Name of Mother,* Kate Martin
6. *Mother's Maiden Name,* ~~Hannah Martin~~ Riley
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Hugh Martin
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. J. H. Vauff [illegible]

Address, Charles & Centre Sts

Remarks, 8910003853

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

33654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex,* (*state whether male or female*) Male

2. *Race or Color.* (*if not of the white race*) white

3. *Date of Birth,* September 5, 1891

4. *Place of Birth,* (*Street and Number*) 322 Union ave.

5. *Full Name of Mother,* Annie Louisa Gartside

6. *Mother's Maiden Name,* Bounds

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* Daniel Smith Gartside

9. *Father's Occupation,* Moulder

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 6910003854

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 33685.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Sept 5th 1891
4.	*Place of Birth, (Street and Number)*	1828 Byrd St.
5.	*Full Name of Mother,*	Annie L. Schafer
6.	*Mother's Maiden Name,*	Grauling
7.	*Mother's Birthplace,*	Balto. City
8.	*Full Name of Father,*	Leonard Schafer
9.	*Father's Occupation,*	Saloon
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return.	R. C. Lee
	Address,	N.W. cor Hanover St & Barre
	Remarks,	8910003855

month, and shall set forth as far as the same can be asce[illegible] the [illegible] name of [illegible] child, if any shall have been conferred, its sex, color, the full name and occupation [illegible] parent[illegible] date a[illegible] place of birth; and the said schedule shall be delivered, duly signed by the practitioner [illegible] the form of a certificate between the first and third day of each and every month to the office of the Commi[illegible] [illegible] In [illegible] the birth of any child shall occur without the attendance of a physician or practi[illegible] midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall [illegible] person or parents of such child to report its birth to the Commissioner of Health, in the [illegible] period above required, and any such person or persons who shall hereafter fail to comply [illegible] of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

CITY OF BALTIMORE 1891

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. No. 33186.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 5, 1889
4. *Place of Birth, (Street and Number)* 1647 Carey st
5. *Full Name of Mother,* Sarah Kearney
6. *Mother's Maiden Name,* Sarah Cunningham
7. *Mother's Birthplace,* Harford Co Md
8. *Full Name of Father,* John E. Kearney
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return. Thos S. Keller

Address, 2022 Wilkens Ave

Remarks, 8910003856

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 5 1891

4. Place of Birth, (Street and Number) 21 Hilton st 2nd

5. Full Name of Mother. Margaret Dunleavy

6. Mother's Maiden Name, Margaret Lee

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George H. Dunleavy

9. Father's Occupation. Laborer

10. Father's Birthplace, about 1863 Ireland

Name of Medical Attendant, or other person who makes this Return. Dr. Wilkens

Address. 20 22 Wilkens Ave

Remarks, B 9 1 0 0 0 3 8 5 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health, and shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth, and the full name, residence, age and occupation of its parents; and the number of children born to the mother, and the number of such children now living; and the number of such children born first and the number born since the last return; and the number of children born dead. Such return shall be delivered, duly filled out, to the Registrar of Vital Statistics at the office of the Board of Health, in the City of Baltimore, within ten days after the birth has occurred, and said return shall be signed by the practitioner in attendance, or, if there shall be no such practitioner in attendance upon the birth, then by the mother, father, or householder in whose house the birth occurred; and every practitioner of medicine or midwifery who shall be in attendance upon any birth in the City of Baltimore, and every person who shall assume the office of such practitioner or midwife in any such case, shall be required, and it shall be his duty to make such return as is required by this section to be made by the practitioner in attendance upon the birth. Any person who shall refuse or neglect to make such return as is required by this section, or who shall make a false return of any birth, or who shall refuse or neglect to register any birth as required by the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, or who shall violate any of the provisions of this section, shall be guilty of a misdemeanor upon conviction thereof in the Criminal Court of Baltimore, and shall be punished by a fine of not less than five dollars nor more than fifty dollars for each offense. Any midwife who shall neglect or refuse to make the return of birth required by this section, within the time prescribed by the rules and regulations of the Board of Health, shall forfeit to the City of Baltimore the sum of one dollar for each child to rejection or persons who shall hereafter fail to be registered as directed by this section, to be recovered as other debts are recoverable. any such the fine of ten (10) dollars for each offense, to be recovered as other debts are recoverable. ject to the fine of ten (10) dollars for each offense, to be recovered as other debts are recoverable.

RETURN OF A BIRTH. A 33(88.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 5, 1891
4. *Place of Birth, (Street and Number)*	1141 Leadenhall St.
5. *Full Name of Mother,*	Mary L. Morgenthaler
6. *Mother's Maiden Name,*	Mary Stemmer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John H. Morgenthaler
9. *Father's Occupation,*	~~Painter~~ Driver
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. K. Casbeer
Address,	2132 E. Madison St.
Remarks,	Druid Hill

8 9 1 0 0 0 3 8 5 8

Health, and shall set forth as far as the same can be ascertained, the full name and place of birth; and the name, color, the full name and place of birth of the father and mother of any child born alive, and the name, color, and residence of the person or persons in attendance at the birth, or if no other person be in attendance upon the mother, immediately thereafter, the name, color, and residence of such person as shall have been employed to attend upon the mother after the birth of the child; and the person or persons in attendance upon the mother, immediately thereafter, shall be required to report the birth to the office of the Registrar of Vital Statistics within ten days after the birth of any such child to report its birth to the Board of Health as aforesaid, and any person or persons who shall hereafter neglect or refuse to make such report shall be subjected to the fine of ten (10) dollars for each offense. The penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

3-26-89

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 5th Septbr. 89
4. Place of Birth, (Street and Number) E. Seaotte Str. 119
5. Full Name of Mother, Kathe Smith
6. Mother's Maiden Name, " Schmidt
7. Mother's Birthplace, Baltt.
8. Full Name of Father, Frederick Schmidt
9. Father's Occupation, workman
10. Father's Birthplace, Baltt.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bichler

Address, 235 E Washington St

Remarks, 89 I U 0 0 3 8 5 9

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

A 33690

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 6, 1891.
4. Place of Birth, (Street and Number) 324 Dolwood ave.
5. Full Name of Mother, Alice Indiana Yeager.
6. Mother's Maiden Name, Brooks.
7. Mother's Birthplace, Md.
8. Full Name of Father. William Yeager.
9. Father's Occupation, Cigar maker.
10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return. Edw. H. Nicholson M.D.

Address, 291 Chestnut ave.

Remarks, 8910003860

...shall set forth as far as the same ... the full name and ... of each child, of any ... and the ... date and place when the first child ... certificate the birth of any ... he is ... other facts of such ... person ... required, and ... within the period ... section shall be liable. ... recovered as other fines and forfeitures are recovered.

...month, and ... ascertained) its sex, ... and ... shall ... ascertained, duly signed ... and ... such ... shall ... upon the ... Commissioner ... fail to report its birth ... any such person ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 53691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept. 6th 1891
4. Place of Birth, (Street and Number)	809 N. Mount St.
5. Full Name of Mother,	Katie Hammen
6. Mother's Maiden Name,	Slyder
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Philip Hammen
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	H. W. Hebner M.D.
Address,	723 N. Lombard St.
Remarks,	Natural Labor.

1 0 0 0 3 8 6 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1/st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	6th Sept 1891
4. *Place of Birth, (Street and Number)*	1607 N Bond st
5. *Full Name of Mother,*	Alice Deal
6. *Mother's Maiden Name,*	Kirby
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Edward Deal
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	1940 N Gay st
Remarks,	8910003862

month, and shall set forth as far as the same can be ascertained the date and place of birth, and the name, color, and full name and occupation of the parents of each child born during the month next preceding; and the said return shall be delivered, duly signed by the physician or midwife in attendance at the birth, or in case there shall be no such physician or midwife in attendance, by the father or mother of such child, to the office of the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required by the provisions of this section to make the return, then the return of such birth shall be made by the occupier of the premises where the birth occurred, and shall be delivered at the office of the Commissioner of Health within the first ten days of each and every month to the officer or person appointed to receive the same. If the return of any birth shall occur without the attendance of a physician or midwife, the return shall be made immediately thereafter if it shall become the duty of the person or persons required to make the return to make the same after the expiration of the first ten days of the month, and shall set forth as far as the same can be ascertained the date and place of birth, and the name, color, and full name and occupation of the parents of each child born during the month next preceding; and the said return shall be delivered, duly signed by the physician or midwife in attendance at the birth, or in case there shall be no such physician or midwife in attendance, by the father or mother of such child, to the office of the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required by the provisions of this section to make the return, then the return of such birth shall be made by the occupier of the premises where the birth occurred, and shall be delivered at the office of the Commissioner of Health within the first ten days of each and every month to the officer or person appointed to receive the same. If the return of any birth shall occur without the attendance of a physician or midwife, the return shall be made immediately thereafter if it shall become the duty of the person or persons required to make the return to make the same after the expiration of the first ten days of the month, and shall set forth as far as the same can be ascertained the date and place of birth, and the name, color, and full name and occupation of the parents of each child born during the month next preceding; and the said return shall be delivered, duly signed by the physician or midwife in attendance at the birth, or in case there shall be no such physician or midwife in attendance, by the father or mother of such child, to the office of the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section shall be subject to a penalty of ten dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 4th April
4. Place of Birth, (Street and Number) 1 Light St
5. Full Name of Mother, Louisa Becker
6. Mother's Maiden Name, Louisa Wagner
7. Mother's Birthplace, Germany
8. Full Name of Father, John C. Becker
9. Father's Occupation, Boarding House
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. S. Fitchmiller

Address, 1 S. Light St.

Remarks,

8 9 1 0 0 0 3 8 6 3

BY J. D. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 6th Septbr 1891
4. Place of Birth, (Street and Number) Boyer St. 2213
5. Full Name of Mother, Katie Killed
6. Mother's Maiden Name, " Jursch
7. Mother's Birthplace, Germania
8. Full Name of Father, Joseph Killed
9. Father's Occupation, Laborer
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mrs. Bickley

Address, 225 E. Washington St

Remarks,

1891000 3864

...health, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, the full name and occupation of parents, the date and place of birth, and the sex and color of each child, as specified by the foregoing table of this section. Such certificate between the first and third day of each and every month, in case any birth shall occur without the attendance of a physician or midwife, the certificate shall be made by the nearest relative or other person present at the birth, or in attendance upon the mother, immediately thereafter. Any person who shall neglect or refuse to make any such return or certificate within the period above required, and any such person who shall make any false return or certificate, or who shall violate any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-6-52

A 33640

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Howard ~~Morris~~ ~~Cole~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~ 2nd

1. Sex, (state whether male or female) Male
2. Race or Color. (if not of the white race) White
3. Date of Birth, Sept 6. 1891
4. Place of Birth, (Street and Number) 927 N. Calvert St
5. Full Name of Mother, Bessie Cole
6. Mother's Maiden Name, Rusia
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, William R. Cole
9. Father's Occupation, Insurance Broker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, J. H. Hearn M.D.

Address, Charles & Centre sts

Remarks,

8910003865

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Sept 7th 1891
4.	*Place of Birth, (Street and Number)*	# 836 Sharp St.
5.	*Full Name of Mother,*	Annie May Mitchell
6.	*Mother's Maiden Name,*	Arrildt
7.	*Mother's Birthplace,*	Balto. City
8.	*Full Name of Father,*	Milton E. Mitchell
9.	*Father's Occupation,*	Gilder
10.	*Father's Birthplace,*	Balto. City
	Name of Medical Attendant, or other person who makes this Return,	R. C. Lee
	Address,	Hanover St.
	Remarks,	8910003866

month and shall set forth as far as the same can be ascertained the full name and residence of the parents, the date and place of birth, and the sex, color, the full name and occupation of the father, and the maiden name of the mother, immediately thereafter it shall become the duty of the person who shall have been conferred in any case of birth, and the said schedule shall be delivered, duly signed by the practitioner or person in charge, to the Commissioner of Health, within the first and third day of each and every month to the office of the Commissioner of Health, or in default thereof, or if any false statement be willfully made in any such schedule, the person so offending shall be deemed guilty of a misdemeanor upon the conviction thereof shall be punished by a fine not exceeding one hundred dollars, or by imprisonment in the city jail not exceeding ninety days, or by both such fine and imprisonment, in the discretion of the court. The parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to report such birth within the time above required shall be subject to the fine of ten dollars, to be recovered as aforesaid. All fines are recoverable

OF VITAL STATISTICS

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 23697.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Phillip Francis Brunner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child

1. Sex, (state whether male or female) male,
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 September
4. Place of Birth, (Street and Number) 1135 William St
5. Full Name of Mother, Mary Brunner
6. Mother's Maiden Name, Mary Junker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Brunner
9. Father's Occupation, Collector for Bar Brunner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E A Tully

Address, 1828 Light St.

Remarks, Doing well

8910003867

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September 8 91
4. Place of Birth, (Street and Number)	1120 Gay door
5. Full Name of Mother,	Mary Thomas
6. Mother's Maiden Name,	Barthold.
7. Mother's Birthplace,	Pennsylvania
8. Full Name of Father,	Theodore Thomas
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson
Address,	726 E. Pusta to.
Remarks,	8 9 1 0 0 0 3 8 6 8

6M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 8th 1891
4. *Place of Birth, (Street and Number)* 326 N. Fremont St
5. *Full Name of Mother,* Minnie Schroeffer
6. *Mother's Maiden Name,* " " " Buckhardt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Godfrey Schroeffer
9. *Father's Occupation,* Lay Preacher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Minnie Graf

Address, 206 N. Schroder St

Remarks,

8 9 1 0 0 0 3 8 6 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same [illegible] ascertained [illegible] the date and place of birth; and the
been conferred its sex, color, the full name and occupation of its parents [illegible] the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in the [illegible] Health. In case the birth of any child
third day of each and every month to the office of the Commissioner of [illegible], or should no other person be in
shall occur without the attendance of a physician or [illegible] the duty of the person or parents of such
attendance upon the mother, immediately thereafter it shall become the duty of the period above required, and
child to report its birth to the Commissioner of Health [illegible] within the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 12 & 13th

1. Sex, (state whether male or female) Male & female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 9 the 1891

4. Place of Birth, (Street and Number) 501 Oxford St

5. Full Name of Mother, Mary Knell

6. Mother's Maiden Name, " Bucher

7. Mother's Birthplace, Balto City

8. Full Name of Father, Georg Knell

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Balto Md

Name of Medical Attendent, or other person who makes this Return. Mrs M. Maurnel Midwife

Address, 923 Penna av

Remarks,

1 8 9 1 0 0 0 3 8 7 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33701.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 9 1891
4. *Place of Birth, (Street and Number)*	196 James Alley
5. *Full Name of Mother,*	Bennie Behrens
6. *Mother's Maiden Name,*	Bennie Bowers
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Behrens
9. *Father's Occupation,*	Tanner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. R. Caskey
Address,	213 E. Heath St
Remarks,	Dowg Hall

8 9 1 0 0 0 3 8 7 1

CITY OF BALTIMORE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 9th 1891
4. Place of Birth, (Street and Number) 585 Ramsey St.
5. Full Name of Mother, Elizabeth Ebbert
6. Mother's Maiden Name, Young
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Ebbert
9. Father's Occupation, Tinner
10. Father's Birthplace, Balto Co. Md

Name of Medical Attendant, or other person who makes this Return. H. W. Webner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor

6 1 0 0 0 3 8 7 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	9 September
4. *Place of Birth, (Street and Number)*	428 Mohaga St. 428 Mohaga St.
5. *Full Name of Mother,*	Ella Shaw
6. *Mother's Maiden Name,*	Ella Mangdam
7. *Mother's Birthplace,*	Prince Georges Co
8. *Full Name of Father,*	Frank Shaw
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	C.A. Tully
Address,	1525 Light St
Remarks,	Living well

1 8 9 1 0 0 0 3 8 7 3

month, and shall set forth as far as the same can be ascertained the day, hour and place of birth, and the name and residence of the parents, and such other particulars as may be required by the Commissioner of Health. The Registrar shall keep a record of the births reported to him, and shall report to the Commissioner of Health, in the manner and within the period prescribed by the Commissioner of Health, the births which have been conferred in his district during the preceding month, and shall make such other returns as may be required by the Commissioner of Health. The Registrar shall receive no fee for the registration of any child born within his district, but he shall be entitled to receive from the parent or parents of such child the sum of twenty-five cents for each certificate issued by him. Any person who shall refuse or neglect to report the birth of any child as required by this section, or should any other person be in charge of such child or in attendance at its birth neglect or refuse to report the same, shall be subject to a penalty of ten dollars, to be recovered as other fines and forfeitures are recoverable by law.

MM J. D. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 38704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ethel St. Clair League

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, 9 September 1892

Place of Birth, (Street and Number) Johnson St

5. Full Name of Mother, Annie League

6. Mother's Maiden Name, Annie Sterling

7. Mother's Birthplace, Germany Maryland

8. Full Name of Father, Howard A League

9. Father's Occupation, Ship Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. E. A. Tully

Address, GIVEN NAME ADDED 2-26-54 1908 Light St.

Remarks, L. W. Young M.D.

1891000387 4

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 9 1891
4. *Place of Birth, (Street and Number)* McHenry Hospital
5. *Full Name of Mother,* Bessie M.
6. *Mother's Maiden Name,* Bessie M. Lee
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father,* Edward A. Hellman
9. *Father's Occupation.* Bar Worker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mar. Dr. Neuy

Address, 2022 Fallsway

Remarks,

8 9 1 0 0 0 3 8 7 5

month and shall set forth as far as the same can be ascertained, the [illegible] been conferred) the sex, the full name and occupation of the parents, the date and place of birth, and the full name and residence of the person or midwife in attendance at the birth; and the said schedule shall be delivered to the registrar of births and deaths of the district in which the child was born, within the first ten days of each and every month, and shall be signed by the person or midwife in attendance at the birth. In case the birth of any child shall occur without the attendance of a physician or midwife, or if the certificate between the child to report its birth to the registrar immediately thereafter as herein required, and the duty of the person so neglecting to report the birth of such child shall be the same as if he were in attendance upon the mother at the time of its birth. Any person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child.
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Sept 10 — 1891.
4.	*Place of Birth, (Street and Number)*	957 Sharp st.
5.	*Full Name of Mother,*	Jesina Schueler
6.	*Mother's Maiden Name,*	Manings
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Adolph Schueler
9.	*Father's Occupation,*	Butcher
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return.	J. Lohrasser Midwife.
	Address,	1032 Hanover st
	Remarks.	8910003876

1911 J. C. BULANY CO CITY PRINTERS AND STATIONERS.

This is to certify that the above is a correct return of a birth which occurred in the house or on the premises designated, to the best of my knowledge and belief. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the father, or in his absence, the mother, or other person having knowledge of the birth, or of the person or parents of such child, to report the same within the time and in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 10 th 1891
4. Place of Birth, (Street and Number) 304 Wilson st
5. Full Name of Mother. Rosa Shindler
6. Mother's Maiden Name, Le Rödor
7. Mother's Birthplace, Bavaria
8. Full Name of Father. Alois Shindler
9. Father's Occupation. Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendent, or other person who makes this Return. Wm N. Maxwell

Address, 923 Penna ave

Remarks,

1891 0003877

Health. This section is to be filled up by the Physician or Midwife in attendance at the birth, or by the householder, or owner of the premises where the birth occurs, or by the parent of the child, in the order named. Name of child must be given if it has been registered. If sex, color, the full name and occupation of parents, date and place of birth, and the full maiden name of the mother, are not given in this certificate, a certificate between the first and third day of each month, will be delivered, duly signed by the Registrar, stating the reason why the same cannot be given, and shall occur without the attendance of a physician, the parent or householder shall report the particulars of the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother. Immediately thereafter the Commissioner of Health shall become the informant as to such birth, and shall report the particulars thereof to the Registrar of Vital Statistics. Any person who shall neglect or refuse to perform any duty required of him by this section, or who shall wilfully make any false statement as to any of the particulars required to be reported, shall be subject to the fine of ten (10) dollars for each offense. All fines and forfeitures under this section shall be sued for and recovered by the State's Attorney in the name of the State of Maryland, before any justice of the peace of Baltimore City, and when collected shall be paid into the City Treasury. Penalties and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 337 08

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth.* Sep. 10 – 1891
4. *Place of Birth, (Street and Number)* 1532 Eastern Av.
5. *Full Name of Mother.* Anna Schlegel
6. *Mother's Maiden Name.* Bonnet
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father.* George Schlegel
9. *Father's Occupation.* Letter Carrier
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.

Remarks, 1 8 9 1 0 0 0 3 8 7 8

Wm. J. C. Dulany Co. City Printers and Stationers

RETURN OF A BIRTH.

A 33704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 16 1890
4. Place of Birth, (Street and Number) 112 E. Randall St
5. Full Name of Mother, Emma Francis Hooper
6. Mother's Maiden Name, Francis Emma Hood.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Geo. Washington Hooper
9. Father's Occupation, Government Employee
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. C. A. Talley

Address,

Remarks,

8910003879

Note 1. It shall be the duty of the father, mother, householder, or other person having charge of any child born in this city, and the physician, midwife, or other person in attendance upon the mother at the birth of such child, to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

Note 2. It shall be the duty of the physician, midwife, or other person in attendance upon the mother, immediately after the birth of any child, to deliver to the person or parents of such child, or to the householder in which such birth occurs, a circular containing the rules and regulations of the Board of Health relative to the registration of births, and any such person who shall neglect or refuse to deliver it shall become subject to the penalty prescribed in Note 1.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Sept. 11 — 1891
4.	*Place of Birth, (Street and Number)*	213 N. Gay St.
5.	*Full Name of Mother,*	Anna Knoche
6.	*Mother's Maiden Name,*	Wittich
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Fred. Knoche
9.	*Father's Occupation,*	Saloon-Keeper
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Mary Stein
	Address,	1427 E Pratt St
	Remarks,	

1891000 3880

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 11, 1891.
4. Place of Birth, (Street and Number) 114 Cedar ave.
5. Full Name of Mother, Sarah Elizabeth Lilsinger
6. Mother's Maiden Name, Brown.
7. Mother's Birthplace, West Va.
8. Full Name of Father, Charles Edward Lilsinger.
9. Father's Occupation, Plasterer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1891 0003881

wm. j. c. dulany & co., city printers and stationers.

GIVEN NAME ADDED 1-28-59

RETURN OF A BIRTH

33717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lula M. Rink

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	12th Sept 1891
4. Place of Birth, (Street and Number)	217 S Hanover st
5. Full Name of Mother,	Ella Rink
6. Mother's Maiden Name,	" Stevens
7. Mother's Birthplace,	Balto
8. Full Name of Father,	William Rink
9. Father's Occupation,	Porter
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 W. Bay st
Remarks,	

1 6 9 1 0 0 0 3 8 8 2

CITY REGISTRAR

month, and shall set forth, as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the full name of each child of which the mother has been delivered, and whether born alive or dead; and the name and residence of the attendant upon the birth. In case the birth of any child shall occur without the attendance of a physician or person authorized by law to report its birth to the Commissioner hereafter [illegible] the duty of the mother, or in case of her inability, of the person in charge of the house or place where such birth occurs, to report the same to the Commissioner as aforesaid, and with the particulars required; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Female White
3. Date of Birth,	September 12. 1891
4. Place of Birth, (Street and Number)	St. Vincents Inf. Asy.
5. Full Name of Mother,	Mary Dallow
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Not known
9. Father's Occupation.	"
10. Father's Birthplace,	"
Name of Medical Attendant, or other person who makes this Return.	A. A. Theine M. D.
Address,	1520 Druid Hill Ave
Remarks,	

6 9 1 0 0 0 3 8 8 3

month, and shall set forth as far as the same can be ascertained, the name, sex, color, date and place of birth, and the usual occupation of the parents of the child. One date and place of birth shall be given between the first and fifth of each month, and every month to the office of the Registrar of Vital Statistics, or should no other person be required by the Board of Health to make such Return, in case the birth of any child shall occur without the attendance of a physician, then the duty of making such Return shall become the duty of the person or persons in attendance upon the mother; and the Commissioner of Health in the manner and within the time required, and such child to report the same to the Commissioner of Health, in the manner and within the time required, and such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. All fines and forfeitures are recoverable.

CITY OF BALTIMORE

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 337/14.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3-d
	Sex, (state whether male or female)	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth*	Sept 12
4.	*Place of Birth, (Street and Number)*	932 So Mulberry St
5.	*Full Name of Mother*	Lillie Krutz
6.	*Mother's Maiden Name*	" Schultz
7.	*Mother's Birthplace*	Md
8.	*Full Name of Father*	Chas. E. Krutz
9.	*Father's Occupation*	Book-Keeper
10.	*Father's Birthplace*	Md
	Name of Medical Attendant, or other person who makes this Return	J. C. Bucall M.D
	Address	371 Hanover St
	Remarks	1891000388 4

RECEIVED OCT 10 1891 CITY REGISTRAR OF VITAL STATISTICS BALTIMORE, MD.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), the sex, color, the full name and residence of the parents, the date and place of birth, and the name and residence of the physician, midwife or other person in attendance at the birth of any child. Said schedule shall be delivered to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth, the physician or person in charge of the case shall report the birth to the Commissioner of Health, in the manner and within the period hereinbefore specified. Any physician or person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth. September 12. 1891.
4. Place of Birth, (Street and Number) # 242 S. Eden St
5. Full Name of Mother. Rosa Goldmann
6. Mother's Maiden Name.
7. Mother's Birthplace. Europe
8. Full Name of Father. Julius Goldmann
9. Father's Occupation,
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this Return, Hos C. Bernstein

Address, 122 S. Exeter St

Remarks,

1 8 9 1 0 0 0 3 8 8 5

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 12. 19
4. *Place of Birth, (Street and Number)*	St. Vincents Inf. Asy.
5. *Full Name of Mother,*	Genevieve Walter
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Not known
9. *Father's Occupation,*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return.	S. A. Shuman M D
Address,	1520 Druid Hill Ave
Remarks,	

8 9 1 0 0 0 3 8 8 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained, the full name and place of birth, and the full name and occupation of the parents, the date and place of the marriage of the parents, and the number of children born to the mother, including the child for which a certificate is required, and the number now living. In case the birth of any child shall occur after the attendance of a physician upon the mother has ceased, it shall be the duty of such attendant to report its birth to the Commissioner of Health within the period above mentioned. In case the birth of any child occurs without the attendance of a physician, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above mentioned. And it shall be the duty of the Commissioner of Health to require the production of such proof of the facts required to be reported as he may deem necessary. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 8-3-36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lillie Irene Griffith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September 12 1911
4. Place of Birth, (Street and Number)	Baltimore Md 1230
5. Full Name of Mother,	Minnie Griffith
6. Mother's Maiden Name,	Minnie Schumacher
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	William J Griffith
9. Father's Occupation,	Painter
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Dr A Kelly
Address,	2218 Madison Ave
Remarks,	8910003887

month, and shall set forth as far as the same can be ascertained, the name, sex, color, date and place of birth, and the name, residence and occupation of each parent of every child born alive within the city during the preceding month, and shall deliver the said schedule to the office of the Commissioner of Health, in the City Hall, on the first Monday in the month next succeeding; and in the event of the non-attendance of a physician or person authorized by this section to make the return required, and the failure of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section, it shall become and shall be the duty of the mother, immediately after the birth of such child, to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 33718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. OCT 30 1891 CITY OF BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept 12 1891

4. Place of Birth, (Street and Number) 1624 Division st

5. Full Name of Mother, Katie Fulton

6. Mother's Maiden Name, Orten

7. Mother's Birthplace, Baltimore

8. Full Name of Father. Charles Fulton

9. Father's Occupation. Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. J. H. [illegible] M.D.

Address, [illegible]

Remarks, 8 9 1 0 0 0 3 8 8 8

...month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33719.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 12, 1891
4. *Place of Birth, (Street and Number)*	1102 Leadenhall St.
5. *Full Name of Mother,*	Lula Willis
6. *Mother's Maiden Name,*	Lula Lucas
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James E. Willis
9. *Father's Occupation,*	House Painter
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	M R Caskey
Address,	213 E. Heath St
Remarks,	Dang Well

1 8 9 1 0 0 0 3 8 8 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same [illegible] the full name of each child, if any shall have been conferred, its sex, color, the full name [illegible] of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed [illegible] thereafter in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 33770

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* 13 September
4. *Place of Birth. (Street and Number)* 245 [illegible]
5. *Full Name of Mother.* Mary [illegible]
6. *Mother's Maiden Name.* [illegible]
7. *Mother's Birthplace.* Balto
8. *Full Name of Father.* Fred. [illegible]
9. *Father's Occupation.* [illegible]
10. *Father's Birthplace.* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs. [illegible] E Livingston

Address,

Remarks,

1 8 9 1 0 0 0 3 8 9 0

J. C. Gulany Co. City Printers and Stationers

RETURN OF A BIRTH. A 33721.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth, as far as the same can be ascertained, the full name of each child of such mother (if more than one have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the person in charge of the house in which such birth occurs, or the nearest relative present, or the attendant upon the mother, immediately thereafter to report the birth to the Commissioner of Health, and it shall be the duty of the person in charge of the house in which such birth occurs, or the nearest relative present, or the attendant upon the mother, immediately thereafter to report the birth to the Commissioner of Health, and it shall be the duty of the parent of such child to report as birth to the Commissioner of Health within the period above required, and such report shall contain the information required to be given by physicians of this section shall be subjected to the fine of ten dollars for each offense, recoverable as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colo
3. *Date of Birth*	Feb 13th 1891
4. *Place of Birth, (Street and Number)*	1021 N. Linalaga St
5. *Full Name of Mother*	Clara Bufel
6. *Mother's Maiden Name*	" " " Stewart
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	William Bufel
9. *Father's Occupation*	Barber
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return	Mrs. Minnie Graf
Address	906 N. Schroeder St
Remarks	

CITY OF BALTIMORE 1891 FEB 21

8 9 1 0 0 0 3 8 9 1

WM J C DULANY CO CITY PRINTERS AND STATIONERS

337

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be a[illegible] each child, (if any shall have been conferred) its sex, color, the full name and occup[illegible] the [illegible] and place of birth; and the said schedule shall be delivered, duly signed by the pr[illegible] to [illegible] form of a certificate between the first and third day of each and every month to the office of th[illegible]issioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery [illegible] should no other person be in attendance upon the mother, immediately thereafter it [illegible] become [illegible] duty [illegible] person or parents of such child to report its birth to the Commissioner of Health. [illegible] period above required, and any such person or persons who shall hereafter fail to c[illegible] of this section shall be subjected to the fine of ten (10) dollars for each offense, to be re[illegible] and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 of Sept 1891
4. *Place of Birth, (Street and Number)* 418 Robert Street City
5. *Full Name of Mother,* Ida Simon
6. *Mother's Maiden Name,* Ida Wollstein
7. *Mother's Birthplace,* Liegnitz Shlesien Germany
8. *Full Name of Father,* Henry Simon
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Marienwerder West Prusia Germany

Name of Medical Attendant, or other person who makes this Return. Lina Lang

Address, ~~#~~ 1477 Garrett Ave Locust Point

Remarks,

1891000 3892

[illegible] CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. No. 33723.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th child
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	13th September
4.	*Place of Birth, (Street and Number)*	201 Hamburger St
5.	*Full Name of Mother,*	Kate Carroll
6.	*Mother's Maiden Name,*	Kate Sutton
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	John Carroll
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	E A Tully
	Address,	1829 Light St
	Remarks,	Living well

8910003893

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	5-Th
	Sex, (*state whether male or female*)	Male
	Race or Color, (*if not of the white race*)	White
3.	*Date of Birth*,	Sept 13 Th 1891
4.	*Place of Birth*, (*Street and Number*)	1030 Ridgely St
5.	*Full Name of Mother*,	Rosena Shailoh Gauer
6.	*Mother's Maiden Name*,	Batto
7.	*Mother's Birthplace*,	Aug Co Shailoh Wood Warne
8.	*Full Name of Father*,	Batto
9.	*Father's Occupation*,	R.C. Priest
10.	*Father's Birthplace*,	Hanover St
	Name of Medical Attendant, or other person who makes this Return,	
	Address,	
	Remarks,	8910003894

CITY OF BALTIMORE 1891

Births must be registered within ten days from date of birth, and the certificate must be signed by the physician in attendance, if there was one. If there was no physician in attendance, then the certificate may be signed by the parent, householder, or other person having knowledge of the facts. The certificate must state the full name and occupation of its parents, the date and place of birth, the sex and color of the child, the full name and occupation of the person making the return, and the number of children born to the mother, including the present birth, and whether the first, second, third, or other child. No certificate shall be delivered, duly signed by the practitioner in the first month of any child's life, unless the certificate of birth shall have been registered, and every month to the office of the practitioner of midwifery in attendance upon any birth which shall occur without the attendance of a physician, until the certificate of birth shall have been registered, and all neglect or refusal to register births within the time specified in this section shall be subject to the penalty of ten dollars for each offense, to be recovered as other debts are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 33726.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, [illegible]

4. Place of Birth, (Street and Number) [illegible]

5. Full Name of Mother, [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, [illegible]

8. Full Name of Father, [illegible]

9. Father's Occupation, [illegible]

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, 8 9 1 0 0 0 3 8 9 5

month, and shall set forth as far as the same can be ascertained, the name of each child, if any shall have been conferred) its sex, color, the day signed by the mother, and the date and place of birth, and the said child shall not every month to the office of the Registrar, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the time of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same c[illegible]
been conferred) its sex, color, the full name and [illegible] the date and place of birth; and the
said schedule shall be delivered, duly signed by the [illegible] the form of a certificate between the first and
third day of each and every month to the office of the [illegible] of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

E 33726.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1407 N [illegible] st
4. *Place of Birth, (Street and Number)* 1409 E Preston
5. *Full Name of Mother,* Mary Reddy
6. *Mother's Maiden Name,* " Murphy
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Reddy
9. *Father's Occupation,* Pipe Moulder
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groone

Address, 940 N. Gay st

Remarks,

8910003896

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 13927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 14 sept.
4. Place of Birth, (Street and Number) 910 Sterling st
5. Full Name of Mother, Margarete Franke Schirmer
6. Mother's Maiden Name,
7. Mother's Birthplace, Germania
8. Full Name of Father, Benedict Franke
9. Father's Occupation, carpenter
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 E. East Ave.

Remarks, 6 9 1 0 0 0 3 8 9 7

CITY REGISTRAR

WM J C DULANY CO CITY PRINTERS AND STATIONERS

Numbers and Names to be set forth in full. No. 10. The Name of the Medical Attendant or other person who shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the Commissioner of Health. To ease the birth of any child third day of each and every month, a schedule containing the particulars required by this section to be attendance upon the mother immediately thereafter, the Registrar shall furnish the proper blank for the child) to report its birth to the Commissioner of Health within the period above required, and any such person who shall neglect or refuse to report such birth as herein required, shall be subjected to the fine of ten (10) dollars for each offense. (As approved Feb. 5th, 1894.)

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	2
1. *Sex.* (*state whether male or female*)	boy
2. *Race or Color.* (*if not of the white race*)	
3. *Date of Birth.*	16 Sept.
4. *Place of Birth.* (*Street and Number*)	909 Bida st
5. *Full Name of Mother.*	Marie Thalmann
6. *Mother's Maiden Name.*	Thobbell
7. *Mother's Birthplace.*	Balt.
8. *Full Name of Father.*	Thurmann Thalmann
9. *Father's Occupation.*	Salesman
10. *Father's Birthplace.*	Balt.
Name of Medical Attendant, or other person who makes this Return.	Anna Walter
Address.	928 N. East Av.
Remarks.	8 9 1 0 0 0 3 8 9 8

month, and shall set forth as far as the same can be ascertained by reasonable inquiry, the information required by the several columns of said certificate; and the said midwife shall be delivered, duly signed by the midwife making the same, to the parent, guardian or other person having charge of such child, within ten days after the birth of such child; and every midwife who shall neglect or refuse to make and deliver such certificate as aforesaid, or who shall make any false certificate of any birth, shall forfeit and pay for every such offence a sum not exceeding Twenty Dollars, to be recovered, with costs of suit, in the name of the People of the State of Maryland, for the use of the City of Baltimore, before any court having jurisdiction thereof. And the said midwife shall set forth as far as the same can be ascertained by reasonable inquiry, the information required by the several columns of said certificate; and the said midwife shall be delivered, duly signed by the midwife making the same, to the parent, guardian or other person having charge of such child, within ten days after the birth of such child; and every midwife who shall neglect or refuse to make and deliver such certificate as aforesaid, or who shall make any false certificate of any birth, shall forfeit and pay for every such offence a sum not exceeding Twenty Dollars, to be recovered, with costs of suit, in the name of the People of the State of Maryland, for the use of the City of Baltimore, before any court having jurisdiction thereof. And the said midwife shall set forth as far as the same can be ascertained by reasonable inquiry, the information required by the several columns of said certificate; and the said midwife shall be delivered, duly signed by the midwife making the same, to the parent, guardian or other person having charge of such child, within ten days after the birth of such child; and every midwife who shall neglect or refuse to make and deliver such certificate as aforesaid, or who shall make any false certificate of any birth, shall forfeit and pay for every such offence a sum not exceeding Twenty Dollars, to be recovered, with costs of suit, in the name of the People of the State of Maryland, for the use of the City of Baltimore, before any court having jurisdiction thereof. And the said midwife shall set forth as far as the same can be ascertained by reasonable inquiry, the information required by the several columns of said certificate; and the said midwife shall be delivered, duly signed by the midwife making the same, to the parent, guardian or other person having charge of such child, within ten days after the birth of such child; and every midwife who shall neglect or refuse to make and deliver such certificate as aforesaid, or who shall make any false certificate of any birth, shall forfeit and pay for every such offence a sum not exceeding Twenty Dollars, to be recovered, with costs of suit, in the name of the People of the State of Maryland, for the use of the City of Baltimore, before any court having jurisdiction thereof. And the said midwife shall set forth as far as the same can be ascertained by reasonable inquiry, the information required by the several columns of said certificate; and the said midwife shall be delivered, duly signed by the midwife making the same, to the parent, guardian or other person having charge of such child, within ten days after the birth of such child; and every midwife who shall neglect or refuse to make and deliver such certificate as aforesaid, or who shall make any false certificate of any birth, shall forfeit and pay for every such offence a sum not exceeding Twenty Dollars, to be recovered, with costs of suit, in the name of the People of the State of Maryland, for the use of the City of Baltimore, before any court having jurisdiction thereof. And the said midwife shall set forth as far as the same can be ascertained by reasonable inquiry, the information required by the several columns of said certificate; and the said midwife shall be delivered, duly signed by the midwife making the same, to the parent, guardian or other person having charge of such child, within ten days after the birth of such child; and every midwife who shall neglect or refuse to make and deliver such certificate as aforesaid, or who shall make any false certificate of any birth, shall forfeit and pay for every such offence a sum not exceeding Twenty Dollars, to be recovered, with costs of suit, in the name of the People of the State of Maryland, for the use of the City of Baltimore, before any court having jurisdiction thereof. And the said midwife shall set forth as far as the same can be ascertained by reasonable inquiry, the information required by the several columns of said certificate; and the said midwife shall be delivered, duly signed by the midwife making the same, to the parent, guardian or other person having charge of such child, within ten days after the birth of such child; and every midwife who shall neglect or refuse to make and deliver such certificate as aforesaid, or who shall make any false certificate of any birth, shall forfeit and pay for every such offence a sum not exceeding Twenty Dollars, to be recovered, with costs of suit, in the name of the People of the State of Maryland, for the use of the City of Baltimore, before any court having jurisdiction thereof. And the said midwife shall set forth as far as the same can be ascertained by reasonable inquiry, the information required by the several columns of said certificate; and the said midwife shall be delivered, duly signed by the midwife making the same, to the parent, guardian or other person having charge of such child, within ten days after the birth of such child; and every midwife who shall neglect or refuse to make and deliver such certificate as aforesaid, or who shall make any false certificate of any birth, shall forfeit and pay for every such offence a sum not exceeding Twenty Dollars, to be recovered, with costs of suit, in the name of the People of the State of Maryland, for the use of the City of Baltimore, before any court having jurisdiction thereof.

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33729.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 14th Sept
4. Place of Birth, (Street and Number) 21 Belair ave
5. Full Name of Mother, Catherine Ebert
6. Mother's Maiden Name, " Barth
7. Mother's Birthplace, Germany
8. Full Name of Father, John Ebert
9. Father's Occupation, Beer Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Gerome

Address, 940 N. Gay st

Remarks, 8911003899

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 3/31/30

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15th September
4. Place of Birth, (Street and Number) 1502 Light St.
5. Full Name of Mother, Anna Stembler
6. Mother's Maiden Name, Anna Kenula
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Stembler
9. Father's Occupation, Car Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E A Tully

Address, 1202 Light St

Remarks, Home well

18910003900

AN ACT to provide for the registration of births and deaths in Baltimore City, and to repeal Section 1 of Article 12 of the Code of Public Local Laws of Baltimore City, title "Health," sub-title "Vital Statistics," as enacted by Chapter 123 of the Acts of 1898, and all supplements thereto.

SECTION 1. Be it enacted by the People of Maryland, That it shall be the duty of every physician, midwife or other person in attendance upon any birth occurring in Baltimore City, to cause the birth of any child born alive to be registered, and to make a return thereof to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and shall set forth as far as he or she can ascertain the same, the full name of each parent, residence and place of birth, and the usual occupation of the father, the full name of the child, residence and place of birth, and the hour, month and day of the birth, and whether the child was born alive or dead, and such other information as may be required by the printed blanks furnished by the Registrar of Vital Statistics, and the said midwife, physician or other person shall be entitled to receive from the Registrar of Vital Statistics, for each certificate of birth he delivered, duly signed by the parent, the certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician, midwife or other person, then it shall be the duty of the parent or parents of such child, or the person with whom such child may be living, to cause the birth of such child to be registered, and to make a return thereof to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

SEC. 2. And be it enacted, That Section 1 of Article 12 of the Code of Public Local Laws of Baltimore City, title "Health," sub-title "Vital Statistics," as enacted by Chapter 123 of the Acts of 1898, and all supplements thereto, be and the same is hereby repealed.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	September 15, 1891.
4. *Place of Birth, (Street and Number)*	212 Carroll St.
5. *Full Name of Mother,*	Salina Margaret Williams
6. *Mother's Maiden Name,*	Edrington.
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	Robert Foster Williams
9. *Father's Occupation,*	Cotton Mill Operative.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	B 910003901

month, and shall set forth as far as the ... of its ... the date and the hour of birth, (or if delivered dead, the hour of delivery), the sex, color, the full name, residence, and birthplace of the parents, and the name and residence of the physician or midwife (if any) present at the birth; and in case the birth of any child shall not be reported within the time above required, it shall be the duty of the person or persons required to report the birth of such child to the office of the Registrar of Vital Statistics, or should no other person or persons be required to report such birth, it shall be the duty of the midwife, physician or other person who shall attend upon the mother, immediately after the birth of such child, to report its birth to the said Registrar of Vital Statistics; and any person who shall neglect or refuse to make the report herein required, as aforesaid, within the time above specified, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female Bertha
2. Race or Color, (if not of the white race)
3. Date of Birth, 15 of Sept 1891
4. Place of Birth, (Street and Number) 1471 Garrett Ave Locust Point
5. Full Name of Mother, Luisa Sauter
6. Mother's Maiden Name, Luisa Maag
7. Mother's Birthplace, Kemmikon Switzerland
8. Full Name of Father, Joseph Sauter
9. Father's Occupation, Stevedore
10. Father's Birthplace, Regenburg Oberpfalz Germany

Name of Medical Attendant, or other person who makes this Return. Lina Lang

Address, 1477 Garrett Ave Locust Point

Remarks,

1 8 9 1 0 0 0 3 9 0 2

months, and shall set forth so far as the same can be ascertained, the sex, color, the full name and surname, and place of birth; and the been conferred) his sex, color, the full name and surname, and place of birth; and the ... of a certificate between the first and said date, the Health Officer shall require ... of faith. In case the birth of any child ... or other person ... shall all occur without the attendance of a physician or ... the city of the person or parents of such attendance upon the mother, immediately ... Health, in the manner and ... above required, and shall forthwith report to the Commissioner of Health, in the ... the particulars required, and ... shall hereafter fail to comply ... the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered ... ; and all fines and forfeitures are recoverable.

WM. J. C. DULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 33733.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 15th 1891
4. Place of Birth, (Street and Number) 828. Calvert st
5. Full Name of Mother, Josephine Tilley
6. Mother's Maiden Name, Boyce
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Martin Tilley
9. Father's Occupation, Carrier
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. H. Carter

Address, 1800 W. Baltimore st.

Remarks,

8 9 1 0 0 0 3 9 0 3

mouth, and shall set forth as far as the same can be ascertained by diligent inquiry, the full name, sex, color, the full names of the parents, the date and place of birth; and the said schedule shall be delivered to the person in attendance at the birth (if there be such person) at the time of registering the birth of each child. If any child be born without the attendance of a physician, midwife or other person, then the parent or parents of such child shall report the birth within the period above required, and shall deliver a schedule as above provided, to the Registrar of Vital Statistics, who shall thereupon issue a certificate of birth, which shall be prima facie evidence in all courts of this State. Any person who shall hereafter fail to report the birth of any child as herein required, or who shall refuse or neglect to deliver a schedule as above provided, shall be guilty of a misdemeanor, and upon conviction thereof shall be liable to a penalty of not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 13-th 1891
4. Place of Birth, (Street and Number) 23-34 David Hill Avenue (Est
5. Full Name of Mother, Mrs Selena May Flowers
6. Mother's Maiden Name, Selena May Huntington
7. Mother's Birthplace, Williamsport, Penna.
8. Full Name of Father, Louis Burton Flowers
9. Father's Occupation, (Carpenter)
10. Father's Birthplace, Bel Air Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

8910003904

wm J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twins

1. Sex, (state whether male or female) Girls
2. Race or Color, (if not of the white race) white
3. Date of Birth, 16th Septbr. 191
4. Place of Birth, (Street and Number) S. Linwood Ave. 410
5. Full Name of Mother, Anni Geichner
6. Mother's Maiden Name, Kipp
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frederick Kipp
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrg. Bickle

Address, 235 S. Washington St.

Remarks, 6910003905

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33736.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 4th Septbr. 91
4. *Place of Birth, (Street and Number)* Bank Str. 1733
5. *Full Name of Mother,* Karolina Leimbach
6. *Mother's Maiden Name,* " Erbes
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Peter Leimbach
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return, Mrs. Bichler

Address, 235 S. Washington St.

Remarks,

T 6910003906

Wm. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 & 1 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17th September

4. Place of Birth, (Street and Number) No 835 Hanover St

5. Full Name of Mother. Annie Heine

6. Mother's Maiden Name, Annie Miller

7. Mother's Birthplace. Baltimore

8. Full Name of Father. Henry J. Heine

9. Father's Occupation. Driver

10. Father's Birthplace. Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs. Fuller

Address, 1129 Light St

Remarks. Living Well

8910003907

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 1-14-5-7

RETURN OF A BIRTH

33138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

James Wales Calvert 3rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 17 / 91
4. Place of Birth, (Street and Number) 2114 W. Fayette St.
5. Full Name of Mother. Mrs Calvert
6. Mother's Maiden Name, Caton
7. Mother's Birthplace, Baltimore
8. Full Name of Father. Bishop Calvert
9. Father's Occupation,
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M H Carter MD

Address, 1800 W. Balto St

Remarks,

1891 0003908

month, and shall set forth as far as the same can be ascertained by reasonable inquiry, the name of each child, if any, that has been conferred; its sex, color, the full name and residence of its parents, the date of birth, and such other facts as may be required by said schedule shall be delivered, duly signed by the person making the same, to the Commissioner of Health. In case the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of a city where there is no resident physician in attendance upon the mother, immediately thereafter, it shall be the duty of the person who shall have charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense. All fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Youth child
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	17th September
4.	*Place of Birth, (Street and Number)*	1703 Olivia Lane
5.	*Full Name of Mother,*	Louisa Walters
6.	*Mother's Maiden Name,*	Louisa Ernstine
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Otto Walters
9.	*Father's Occupation,*	Tailor
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	E. A. Duffy
	Address,	1525 Eight St
	Remarks,	Harwood

1891000 3909

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

born alive, the sex, color, the full name and occupation of the parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the physician or person in attendance at the birth, to the person required by this section to make the return of such birth, within the period above required; and every physician or person in attendance at the birth who shall neglect or refuse to deliver such certificate shall forfeit and pay for each offense a sum not exceeding twenty dollars, to be recovered as other fines and forfeitures are recoverable by law. And it shall be the duty of the Commissioner of Health to comply with the provisions of this section, and the said Commissioner may appoint such agents as he may deem necessary for the purpose of procuring the information required by this section; and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. L 33740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 12th Septbr. 91
4. Place of Birth, (Street and Number) S. Castle Str. 113
5. Full Name of Mother, Annie Welte
6. Mother's Maiden Name, " Pfeifer
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Welte
9. Father's Occupation, Painter
10. Father's Birthplace, Pittsburg (Pa.)

Name of Medical Attendant, or other person who makes this Return. Mrs Biehler

Address, 235 S Washington St.

Remarks, 8910003910

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

S 33761.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 18 sept.
4. Place of Birth, (Street and Number) 1307 Dallas st.
5. Full Name of Mother, Anna M. Priest
6. Mother's Maiden Name, = = Lambert
7. Mother's Birthplace, Balt.
8. Full Name of Father, Constantin Priest
9. Father's Occupation, brewer
10. Father's Birthplace, Germanie

Name of Medical Attendant or other person who makes this Return, Anna Walter

Address, 928 N. Central Av.

Remarks, 8910003911

month, and shall act forth as far as the same or any part thereof may be applicable to each child born in this State, and the
been conferred) his sex, color, the full name of the father and mother, their residence and place of birth, and the
said child, if living, or if dead, the cause of death, and the time and place of burial. The certificate to be filed in the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician, midwife or nurse, it shall be the duty of the person or parents of such
child to report the said birth to the Commissioner of Health within the period above required, and
such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH... 33782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 17, 1891
4. *Place of Birth, (Street and Number)* Rumsey st 714
5. *Full Name of Mother,* Anna M. Muskgrave
6. *Mother's Maiden Name,* Annie Collins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry E. Muskgrave
9. *Father's Occupation,* Brickmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm. S. [illegible]

Address, 2022 Wilkens Ave

Remarks,

1 8 9 1 0 0 0 3 9 1 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

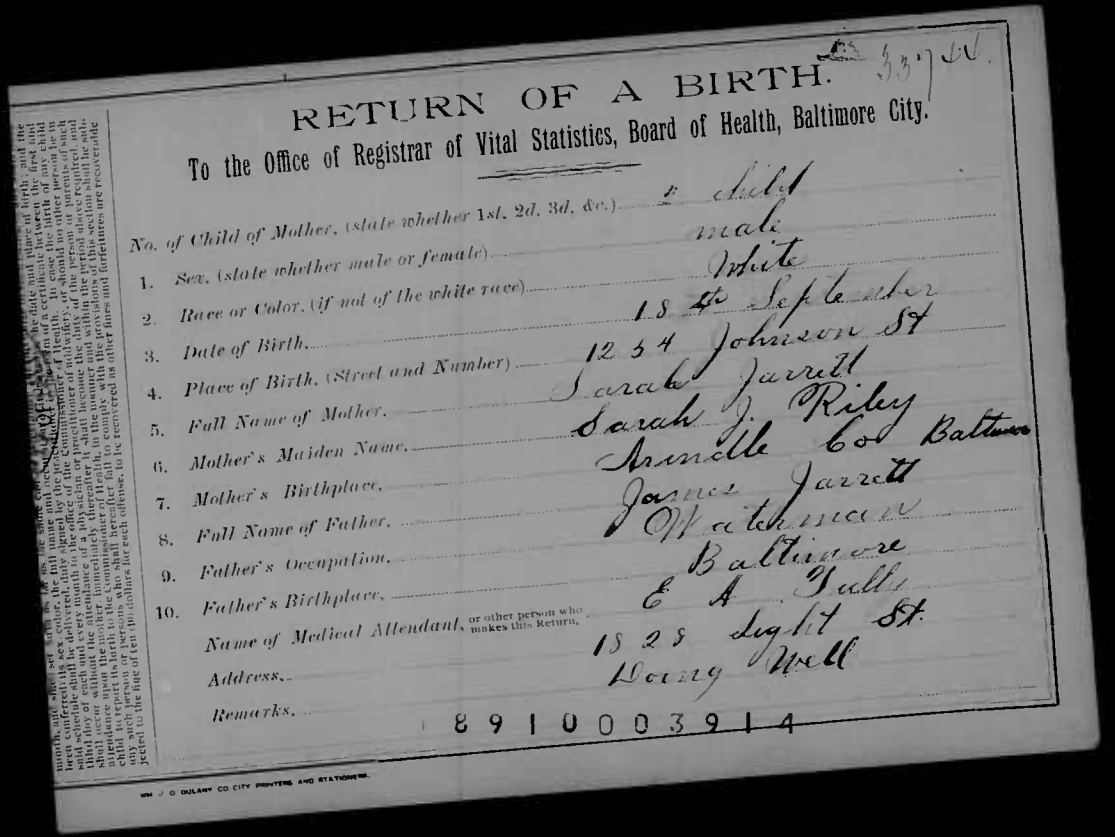
RETURN OF A BIRTH 33743.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	18 Sept
4. *Place of Birth, (Street and Number)*	620 N. McKim st
5. *Full Name of Mother,*	Mary Oneil
6. *Mother's Maiden Name,*	" Fallon
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Patrick Oneil
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Broome
Address,	1940 N. Gay st
Remarks,	8 9 1 0 0 0 3 9 1 3

month, and shall set forth as far as the same can be [illegible] the [illegible] and place of birth, and the [illegible] and shall [illegible] of its parents, the [illegible] certificate between the first and [illegible] conferred) its sex, color, the [illegible] signed by the [illegible] case the birth of any child said schedule shall be [illegible] every month to the office of the [illegible] shall [illegible] child under the age of [illegible] without the attendance of a physician or [illegible] attendance upon the mother, the [illegible] Child to report the [illegible] pay such [illegible] jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 3372

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	18th September
4. Place of Birth, (Street and Number)	1234 Johnson St
5. Full Name of Mother	Sarah Jarrett Riley
6. Mother's Maiden Name	Sarah Jane Riley
7. Mother's Birthplace	Bundle Co Baltimore
8. Full Name of Father	James Jarrett
9. Father's Occupation	Watchman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other person who makes this Return,	E A Fulle
Address	1828 Light St
Remarks	Doing Well

891000 3914

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 33745.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Fourth child
1.	*Sex,* (state whether male or female)	male
2.	*Race or Color.* (if not of the white race)	White
3.	*Date of Birth*	18th September
4.	*Place of Birth.* (Street and Number)	1200 Light St
5.	*Full Name of Mother*	Anna Hawkins
6.	*Mother's Maiden Name*	Anna E Fanning
7.	*Mother's Birthplace*	Baltimore
8.	*Full Name of Father*	James E Hawkins
9.	*Father's Occupation*	Grocer
10.	*Father's Birthplace*	Annapolis County
	Name of Medical Attendant, or other person who makes this Return.	E A Tully
	Address	1525 Light St
	Remarks	Harmwell

8 9 1 0 0 0 3 9 1 5

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 13716.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th (w)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 18th 1891

4. Place of Birth, (Street and Number) 3100 O'Donnell St.

5. Full Name of Mother, Margaret (K'Ellum) Kellam

6. Mother's Maiden Name, Margaret James

7. Mother's Birthplace, Maryland

8. Full Name of Father, Albert (K'ellum) Kellam

9. Father's Occupation, Conductor (Railroad)

10. Father's Birthplace, Penn.

Name of Medical Attendant, or other Person who makes this Return. D. W. Jones

Address, 3119 O'Donnell St.

Remarks, 8 9 1 0 0 0 3 9 1 6

CITY OF BALTIMORE

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	19th Sep
4. *Place of Birth, (Street and Number)*	1234 Jackson
5. *Full Name of Mother,*	Catherine Miller
6. *Mother's Maiden Name,*	" Fred
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Michael Miller
9. *Father's Occupation,*	Beer Brewer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Dr Julie Groome
Address,	940 W. Gay st
Remarks,	8910003917

month, and shall set forth so far as the same can be ascertained, the name and place of birth; and the name, residence, sex, color, the full name and occupation of the father, the date and place of birth, and the full maiden name of the mother of each child born alive, and the number of the child of the mother, whether first, second, third or other, counting in the order of births; and the said schedule shall be delivered, duly signed by the physician or midwife, or other person who shall attend the birth, to the Registrar of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance who shall be required to make the return, then the father or mother of such child shall make the return, immediately thereafter, if he shall become the duty of the person or persons with whom the mother may be at the time of the birth of the child, or in whose house or premises the birth shall occur, to report its birth to the Commissioner of Health, in the manner and within the time specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 6337 18.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	19 Sept
4. *Place of Birth, (Street and Number)*	1522 E Eager st
5. *Full Name of Mother,*	Teatia Schaaf
6. *Mother's Maiden Name,*	" Muiglae
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Charles Schaaf
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julie Groome
Address,	1401 E. Eager st
Remarks,	+ 6 9 1 0 0 0 3 9 1 8

month, and will set forth as far as the same can be ascertained the date and place of birth; and the name, sex, color, the full name and the place of birth of the parents of each child born alive within the limits of Baltimore City. In case the birth of any child shall occur without the limits of Baltimore City, but the mother and child shall be brought into Baltimore City before the return of such birth is required, such birth shall be returned in the city. The words "Male" or "Female" shall be written in full. The date and place of birth of each child born alive within the limits of Baltimore City, should no other return of such birth be required, shall be returned to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the third day of each and every month. When the mother shall become the subject of the Physician's attendance of a physician at the birth of a child, such physician shall report its birth to the Commissioner of Health, the name and residence of the mother immediately thereafter, and in default of such report, or any part thereof, the person who shall neglect or refuse to supply any of the information required by this section shall be subject to the fine of ten dollars for each offense. Sections 535 to 537 of the Code of Public Local Laws and Ordinances of Baltimore City, relating to the registration of births, and the penalties and forfeitures are recoverable before any justice of the peace of Baltimore City.

REGISTRAR OF VITAL STATISTICS BOARD OF HEALTH BALTIMORE CITY

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth. 19 Sept.
4. Place of Birth, (Street and Number) 1323 Dallas st.
5. Full Name of Mother. Pauline Weller
6. Mother's Maiden Name. Eberbar
7. Mother's Birthplace. Germany
8. Full Name of Father, Charles Weller
9. Father's Occupation. Taylor
10. Father's Birthplace. Germany

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address. Geo. N. Carl, Av.

Remarks. 8911000 3919

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33750.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.	*Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	4th child
2.	*Sex, (state whether male or female)*	female
3.	*Race or Color, (if not of the white race)*	white
4.	*Date of Birth*	19 September
5.	*Place of Birth, (Street and Number)*	200 West St
6.	*Full Name of Mother*	Mary Kaufman
7.	*Mother's Maiden Name*	Mary Himmelstein
8.	*Mother's Birthplace*	Germany
9.	*Full Name of Father*	Georg Kaufman
10.	*Father's Occupation*	Hack Driver
	Father's Birthplace	Germany
	Name of Medical Attendant, or other person who makes this Return	E A Valby
	Address	1525 Light St.
	Remarks	Living well

8910003920

CITY OF BALTIMORE 1891

wm J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 33751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 1st [illegible]
4. *Place of Birth, (Street and Number)* [illegible] Constitution St
5. *Full Name of Mother,* Mrs [illegible] Henry
6. *Mother's Maiden Name,* Mrs [illegible] Cox
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible] Henry
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs [illegible] Cook

Address, [illegible] High St.

Remarks,

1891 0003921

[illegible] J. D. DULANY CO. CITY PRINTERS AND STATIONERS

[illegible] been conferred) its sex, color, the full name and occupation of its parents, its date and place of birth, and the [illegible] shall be delivered, duly signed by the person in charge of such information between the first and [illegible] third day of each and every month to the office of the Commissioner of Health, in case the birth of any child [illegible] shall occur without the attendance of a physician or midwife, or should no other person be in [illegible] attendance, then the mother, father, or householder of the house in which such birth occurs, shall be required [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required; and [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 33702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 29 91
4. *Place of Birth, (Street and Number)*	607 So Broadway
5. *Full Name of Mother,*	A. Lee Gregory
6. *Mother's Maiden Name,*	A. B. Brooking
7. *Mother's Birthplace,*	MD
8. *Full Name of Father,*	O. F. Gregory
9. *Father's Occupation,*	Druggist
10. *Father's Birthplace,*	Georgia
Name of Medical Attendant, or other person who makes this Return	J. H. Robinson MD
Address,	726 E. Pratt St.
Remarks,	8910003922

HEALTH DEPT. BALTIMORE MD. 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 33763.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 9th Eighteen hundred & Ninety nine
4. Place of Birth, (Street and Number) 513 St Mary's ct, Balto Md
5. Full Name of Mother, Epistiana Kleba
6. Mother's Maiden Name, Epistiana Kuss
7. Mother's Birthplace, Balto Co. Md.
8. Full Name of Father, Thaer Stocker Kleba
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto. City Md.

Name of Medical Attendent, or other person who makes this Return, Mrs W. Maune (Midwife)

Address, 923 Penna Ave

Remarks,

1 8 9 9 1 0 0 0 3 9 2 3

month and shall set forth as far as the same ... of its issuance, the date and place of birth ... and the ... been conferred its sex, color, the full name ... said schedule shall be delivered, duly signed ... shall ... third day of each and every month ... shall ... attendance upon the mother immediately ... child to report its birth to the Commissioner of ... any such person by personal ... jected to the fine of ten (10) dollars ... each offense. All ... recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 33764.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 19th 1891
4. Place of Birth, (Street and Number) 816 Edmondson Ave
5. Full Name of Mother, Mrs Cord Hampson
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. W. Cord
9. Father's Occupation, Boxmaker
10. Father's Birthplace, N. Carolina

Name of Medical Attendant, or other person who makes this Return, M. H. Carter M.D.

Address, 1800 W. Fayette St.

Remarks, 1891 0003924

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20th September 891
4. Place of Birth, (Street and Number) Hyde Str. 1018
5. Full Name of Mother, Lidya Stoll
6. Mother's Maiden Name, Gebhard
7. Mother's Birthplace, Germania
8. Full Name of Father, Konrad Stoll
9. Father's Occupation, Baecker
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return. Mrs Richter

Address, 235 S. Washington Str.

Remarks, 1 8 9 1 0 0 0 3 9 2 5

1918 J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

33/36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	20th Sept (91
4. Place of Birth (Street and Number),	Rear 1st Main Baltimore Ave
5. Full Name of Mother,	Mary Louisa Ford
6. Mother's Maiden Name,	Bull
7. Mother's Birthplace,	Baltimore Co
8. Full Name of Father,	Emanuel Ford
9. Father's Occupation,	Laborer
10. Father's Birthplace,	A. A Co Maryland
Name of Medical Attendant, or other person who makes this Return.	Mrs Rachel A Tyler
Address,	524 Cannon r
Remarks,	Balto Md

1891000 3926

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 33757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 29th Sept
4. Place of Birth, (Street and Number) 812 N. Bond st
5. Full Name of Mother, Sophia Young
6. Mother's Maiden Name, Kreger
7. Mother's Birthplace, Balto
8. Full Name of Father, Edward Young
9. Futher's Occupation. Cigar Maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groome

Address, 1940 N. Gay st

Remarks, 8 9 1 0 0 0 3 9 2 7

WM. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33758.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 20
4. Place of Birth, (Street and Number) 1021 N Mount st Baltimore
5. Full Name of Mother, Annie K Melville
6. Mother's Maiden Name, Annie K Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles H Melville
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Maria Jones

Address, 1337 Whatcoat St

Remarks,

1 8 9 1 0 0 0 3 9 2 8

month, and shall set out a copy of the same; and if the same city, the full name and occupation of the parents, the date and place of birth; and the person officiating as such physician or midwife shall certify in writing to the Commissioner of Health the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife, to the proper officer within ten days after the birth; and if any child born in this city shall not within the first week after its birth have been returned as aforesaid, then the physician or midwife who shall have attended upon the mother at the birth of such child shall, within the first week after the third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall continue to report the births occurring in each month as above directed, and if any such physician or midwife shall neglect or refuse to make any report required by this section, he shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 20. 91
4. *Place of Birth, (Street and Number)*	775 So. Sharp St.
5. *Full Name of Mother,*	Sara Calder
6. *Mother's Maiden Name,*	Sara Gibbs
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	D. M. Calder
9. *Father's Occupation,*	News Agent
10. *Father's Birthplace,*	Pa
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson M.D.
Address,	716 E. Preston St.
Remarks,	

8 9 1 0 0 0 3 9 2 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

3370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth.*	Sept. 20 21
4. *Place of Birth.* (*Street and Number*)	925 William st.
5. *Full Name of Mother.*	Theresa Boch
6. *Mother's Maiden Name,*	" Zink
7. *Mother's Birthplace.*	" Germany
8. *Full Name of Father.*	Joseph Boch
9. *Father's Occupation.*	Baker
10. *Father's Birthplace.*	Germany
Name of Medical Attendant, or other Person who makes this Return	C. L. Broadenton
Address.	418 S. Paca st.
Remarks.	8910003930

any name shall have been registered, its sex, color, the full name of the parents, the day and place of its birth, and the name, if given, only signed by the attending physician or midwife, in the form of a certificate, or other person in attendance upon the mother at the birth of such child, or the father or mother of such child, if present, or the householder or owner of the premises where such birth occurred, within five days after the birth of such child, or the undertaker who shall first be employed to bury such child, if buried within the period of ten days after its birth, and before any burial permit shall be issued, shall report the same to the Board of Health, in the manner and form as directed by the Board, and any person who shall refuse or neglect to report as aforesaid, or who shall report any false information, or who shall neglect or refuse to comply with the provisions of this subtitle within the time prescribed, shall be liable to a penalty of not less than five dollars nor more than twenty dollars for each offense, to be recovered as other fines and penalties are recoverable.

[illegible] & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3391 61.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth. September 20. 1896.
4. Place of Birth, (Street and Number) 206 Little Gough St
5. Full Name of Mother. Annie Goodman
6. Mother's Maiden Name.
7. Mother's Birthplace. Europe
8. Full Name of Father. Isaac Goodman
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter st

Remarks.

8910003931

956 J. C. BULLANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex. (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. 4th 20th 1891
4. Place of Birth. (Street and Number) 928 N. Lexington St
5. Full Name of Mother. Maggie Donelly
6. Mother's Maiden Name, " " Beyer
7. Mother's Birthplace. Baltimore Md
8. Full Name of Father. John Donelly
9. Father's Occupation, Barber
10. Father's Birthplace. Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Annie Ryan

Address. 206 N. Schroder St

Remarks.

8 9 1 0 0 0 3 9 3 2

CITY OF BALTIMORE 1891

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	26th of September
4. *Place of Birth, (Street and Number)*	2004 N. Monroe
5. *Full Name of Mother,*	Josephina Hagemann
6. *Mother's Maiden Name,*	Josephina Cramer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Hagemann
9. *Father's Occupation,*	Cigarmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Residente Woodbridge
Address,	2116 West Pratt St.
Remarks,	8910003933

WM. J. O. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth.
2. Sex, (state whether male or female)	Male
3. Race or Color, (if not of the white race)	White
4. Date of Birth,	September 23
5. Place of Birth, (Street and Number)	Baltimore 1643 Norris st
6. Full Name of Mother,	Mattie Zalsburger
7. Mother's Maiden Name,	Mattie Baldin
8. Mother's Birthplace,	Baltimore md
9. Full Name of Father,	George Zalsburger
10. Father's Occupation,	Painter
11. Father's Birthplace,	Baltimore
12. Name of Medical Attendant, or other person who makes this Return.	Mrs. Dr. A. Scarborough
Address,	[illegible] West Pratt st
Remarks,	8910003934

00 . CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 20. 1891
4. Place of Birth, (Street and Number) 119 Williamson St
5. Full Name of Mother, Sabra Tailor
6. Mother's Maiden Name, Sabra Ray
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Tom Tailor
9. Father's Occupation, Arab
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. F. Eastney

Address, 2133 Peal St, Longwill

Remarks, 1891003935

month, and shall set forth as far as the same can be as[illegible] and place of birth; and the
been conferred) its sex, color, the full name and occup[illegible] certificate between the first and
said schedule shall be delivered, duly signed by the p[illegible] In case the birth of any child
third day of each and every month to the office of th[illegible] should no other person be in
shall occur without the attendance of a physician or [illegible] person or parents of such
attendance upon the mother, immediately thereafter it sh[illegible] period above required, and
child to report its birth to the Commissioner of Health [illegible] of this section shall be sub-
any such person or persons who shall hereafter fail to [illegible] and forfeitures are recoverable.
jected to the fine of ten (10) dollars for each offense, to be

OCT 1891 CITY OF BALT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 2327/66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 20, 1891.
4. Place of Birth, (Street and Number) 241 Falls Road.
5. Full Name of Mother, Glencoza Brooks.
6. Mother's Maiden Name, Connolly.
7. Mother's Birthplace, Md.
8. Full Name of Father, Eugene Widerman Brooks.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Cleveland ave.

Remarks, 8910003936

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

E 33767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 21st Sept 1891

4. Place of Birth, (Street and Number) 512 Clement St

5. Full Name of Mother, Mary C Kindustown

6. Mother's Maiden Name, Tyler

7. Mother's Birthplace. Washington D C.

8. Full Name of Father. Henry C Kindustown

9. Father's Occupation. Tea maker

10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Yuill

Address, 436 E Fort ave

Remarks. 1891000393 7

Printing Ink for Printers and Stationers.

RETURN OF A BIRTH. A 33768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 21 91
4. Place of Birth, (Street and Number) No 165 W Henrietta St
5. Full Name of Mother, Mary Guntermann
6. Mother's Maiden Name, Mary Miller
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, F Guntermann
9. Father's Occupation, Furniture Dealer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Murphy

Address, 800 Leadenhall St

Remarks,

1 89 1 00 03938

month, and shall set forth as far as he can the full name and occupation of the father, and the full maiden name of the mother of the child, and the time and place of birth; and the said Registrar shall keep a register of the returns received, and shall enter therein the first and family name of each child, the sex, color, the full name and occupation of the parents, the residence, the time and place of birth, and the number in the family of each child born to the parents between the first and third day of each month in the office of the Commissioners of Health. And no other person shall receive the birth of any child without the attendance of a physician or midwife, [illegible] shall no other person be in attendance upon the mother, immediately thereafter, [illegible] the person in charge of such house shall report the birth to the Registrar of the district in which the house is situated, such report to be made within twenty-four hours after the birth, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 130 Sept 2 1891 HEALTH DEPARTMENT BALTIMORE

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) First.
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, Sept 21/91
5. Place of Birth, (Street and Number) 1304 Wm
6. Full Name of Mother, Effie E. Owen
7. Mother's Maiden Name, do Michael
8. Mother's Birthplace, Cal
9. Full Name of Father, Clarence E. Owen
10. Father's Occupation, Brakeman
Father's Birthplace, Md.
Name of Medical Attendant, or other person who makes this Return. E Dorsey Ellis M.D.
Address, 915 Lights st
Remarks, I think the child was born about two wks before term

1 0 0 0 3 9 3 9

Every birth shall be registered as required by law, and the name of each child, if any shall have been given, and the name and occupation of its parents, the second place of birth; and the month, and shall set forth as far as the same can be ascertained, the full name, sex, color, the date and place of birth; and the name and occupation of the physician or midwife, or other person in attendance at the birth, and the cause of the stillbirth. In case the child be born dead, a certificate between the 1st and 5th day of each month to the Commissioner of Health, stating the number of stillbirths which have occurred during the preceding month, and the cause of each stillbirth. In case the child be born dead, a certificate shall be delivered to the undertaker or other person in charge of the burial, and a duplicate thereof shall be delivered within the first day of each month to the Commissioner of Health, stating the number of stillbirths which have occurred during the preceding month, and the cause of each stillbirth. In the manner aforesaid, and shall be subject to the same penalties as are recoverable. Every physician or midwife who shall attend upon the mother, and every undertaker who shall bury any child, shall be required to comply with the provisions of this section, and every such person who shall refuse or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

A 33770.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 21. 1891.
4. Place of Birth, (Street and Number) 100 Market space
5. Full Name of Mother, Hanne Levy
6. Mother's Maiden Name, Rappaport
7. Mother's Birthplace, Europe
8. Full Name of Father, Abraham Levy
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cacilie Bernstein

Address, 122 S. Exeter str

Remarks, 1891000 3940

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33771.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 21. 1894.
4. Place of Birth, (Street and Number) 917 Eastern Ave.
5. Full Name of Mother, Susie Votta
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Votta
9. Father's Occupation,
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter St

Remarks,

8910003941

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

E. 33717

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 K.
		Mädchen
1.	*Sex, (state whether male or female)*	Weiß
2.	*Race or Color, (if not of the white race)*	21 September.
3.	*Date of Birth.*	1615 S. Thames St.
4.	*Place of Birth, (Street and Number)*	Anni Vorlikovská
5.	*Full Name of Mother.*	Anny Kurkovská
6.	*Mother's Maiden Name.*	Tjeland
7.	*Mother's Birthplace.*	Joseph Vorlikovsky
8.	*Full Name of Father.*	Spinator
9.	*Father's Occupation.*	Tjeland
10.	*Father's Birthplace.*	
	Name of Medical Attendant, or other person who makes this Return.	Marie Pick
	Address.	1 Bond St. 838
	Remarks.	C891000394 2

month, and shall set forth as far as the same can be ascertained, the full name, sex, color, date and place of birth, and the parentage of such child, the full name and occupation of the father, and the maiden name of the mother, and the date of the marriage of the parents, and the number of children born to such mother, and the number now living, and the number dead, and shall state whether the child was born in wedlock or not, and shall give such information touching the parentage of such child as may be required by the said Commissioner of Health. In case the birth of any child shall occur without the limits of the city, but the parents of such child shall become the inhabitants of the city within the period above required, said return shall be made within the first ten days of each month after the parents shall become such inhabitants. It shall be the duty of each and every midwife, physician, surgeon, or other person in attendance upon the birth of any child, to make the return required by this section shall be subject to the fine of ten (10) dollars for each offense, and the penalties and forfeitures are recoverable before any justice of the peace of Baltimore City.

WM. J. C. RULANY CO. CITY PRINTERS AND STATIONERS

3377 3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth.* Sept 21st.

4. *Place of Birth, (Street and Number)* 528 Bethel st.

5. *Full Name of Mother,* Kate Koether

6. *Mother's Maiden Name,* " Knstiner

7. *Mother's Birthplace.* Germany

8. *Full Name of Father.* August Koether

9. *Father's Occupation.* Shoe-maker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return, C. L. Baddenbohm

Address. 418 S. Paca st.

Remarks. 1 8 9 1 0 0 0 3 9 4 3

...T & Co., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

E 33774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	Negro
3.	*Date of Birth*	Sep 21, 1871
4.	*Place of Birth, (Street and Number)*	325 S Dallas St.
5.	*Full Name of Mother*	Florence V Jones
6.	*Mother's Maiden Name*	Gallus
7.	*Mother's Birthplace*	Baltimore
8.	*Full Name of Father*	Thomas H. Jones
9.	*Father's Occupation*	Hostler
10.	*Father's Birthplace*	Baltimore
	Name of Medical Attendant, or other person who makes this Return	Harry Stein
	Address	1427 E Pratt St.
	Remarks	8910003944

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, that have been born alive to such mother, the sex and color, the full name and occupation of the father, and these facts as to the first and each subsequent child, if any, that may be born alive to such mother after the issuance of the first and next schedule shall be delivered, duly signed by the person to whom the same was issued. In case the birth of any child shall occur without the limits of the city of Baltimore, but the mother thereof shall become the duty of the person required, and third day of each and every month to the office of the Registrar of Vital Statistics, or should no other person be to shall occur without the limits of the city of Baltimore, but the mother thereof shall become the duty of the person required, and child to report its birth to the Commissioner of Health. If the mother of the child shall be unmarried, then the duty of any such person or persons who shall hereafter, within the limits of the city of Baltimore, attend upon any such person in the time of her confinement, shall devolve upon the father, and forfeitures are recoverable jected to the fine of ten (10) dollars for each offence, to be recovered by the City Solicitor.

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

33776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether male or~~ female),

2. Race or Color (if not of the white race),

3. Date of Birth, Feb 2 1894,

4. Place of Birth (Street and Number), 1625 E Baltimore

5. Full Name of Mother, Mary Lithgow Lunn

6. Mother's Maiden Name,

7. Mother's Birthplace, England

8. Full Name of Father, Henry S. Lithgow.

9. Father's Occupation, Mechanic

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Ed Hodgdon

Address, 19 W Lanvale

Remarks,

8 9 1 0 0 0 3 9 4 5

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 33776.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth*	Sept 21st 1891
4.	*Place of Birth, (Street and Number)*	214 N. Camden St.
5.	*Full Name of Mother*	Marie Rutulis
6.	*Mother's Maiden Name*	Matulaylis
7.	*Mother's Birthplace*	Russia
8.	*Full Name of Father*	Chas Rutulis
9.	*Father's Occupation*	Tailor
10.	*Father's Birthplace*	Russia
	Name of Medical Attendant, or other person who makes this Return	R. C. Lee
	Address	Hanover St
	Remarks	8910003946

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex.* (state whether male or female)	Female
2. *Race or Color.* (if not of the white race)	
3. *Date of Birth.*	Sept 22-91
4. *Place of Birth.* (Street and Number)	1127 N. Eutaw
5. *Full Name of Mother,*	Maggie M. McCaskey
6. *Mother's Maiden Name,*	" Evans
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Joseph S. McCaskey
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary Wallace
Address,	912 McElroy
Remarks,	1891000039 47

...herein contained its sex, color, the full name, residence and occupation of its parents, the date and exact place of birth, and the name and residence of the person making the return, and the date of the same, and the number of children born to the mother, including the present birth, and the number now living. In case the birth of any child shall occur without the limits of the City, or should no attendants of such birth be present, the mother herself shall make the return required, and in case of the absence or inability of the mother, the return shall be made by the father, grandparent, brother, sister, uncle, aunt, or other relative of the child next in order present within the City. Any person or persons who shall refuse or neglect to make the return required by the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable by such person or persons shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 22. 1891
4. Place of Birth, (Street and Number) 629 North Ave
5. Full Name of Mother, Ada Rice
6. Mother's Maiden Name, Keller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John F. Rice
9. Father's Occupation, Insurance Agent
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. D. N. Schuff M.D.

Address, Charles & Centre Sts

Remarks, 8910003948

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

33779

	of Child of Mother. (*state whether* 1st, 2d, 3d, &c.)	1 st
	Sex, (*state whether male or female*)	female
	Race or Color. (*if not of the white race*)	white
3.	*Date of Birth.*	September 22. 1891.
4.	*Place of Birth.* (*Street and Number*)	10. N. Eden St
5.	*Full Name of Mother.*	Beca Wiener
6.	*Mother's Maiden Name,*	E
7.	*Mother's Birthplace,*	Europe
8.	*Full Name of Father.*	David Wiener
9.	*Father's Occupation,*	Peddler
10.	*Father's Birthplace,*	Europe
	Name of Medical Attendant, or other person who makes this Return.	Mrs Cecilie Bernstein
	Address,	122 S. Exeter St
	Remarks,	

8910003949

CITY OF BALTIMORE 1891

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex,* (state whether male or female)	Male
2. *Race or Color,* (if not of the white race)	White
3. *Date of Birth*	Sept 22
4. *Place of Birth.* (Street and Number)	1116 Williams St
5. *Full Name of Mother*	Nettie Beggs
6. *Mother's Maiden Name*	" Schuman St
7. *Mother's Birthplace*	City
8. *Full Name of Father*	Samuel Beggs
9. *Father's Occupation*	Mariner
10. *Father's Birthplace*	Eng. Germ.
Name of Medical Attendant, or other person who makes this Return.	J. C. Bunch M.D
Address	591 Hanover St
Remarks	

1891 0003950

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 22 1891
4. Place of Birth, (Street and Number) Prospect avenue Balt
5. Full Name of Mother, Annie Shafer
6. Mother's Maiden Name, Hespedell
7. Mother's Birthplace, Balto City Md
8. Full Name of Father, John Henry Shafer
9. Father's Occupation, Carinspector
10. Father's Birthplace, Balto City Md

Name of Medical Attendant, or other person who makes this Return. Mary a Martin

Address, 74 Brick Mill Baltimore

Remarks, Balto City Md

or 8911000395 Colored

Child

month, and shall set forth as far as the same can be ascertained by inquiry of the parents the date and place of birth, and the parentage, color, and full maiden name of the mother of such child, and the name, residence and occupation of the father of such child, if legitimate, and the physician, midwife or other person in attendance at such birth, and the cause of any still birth; and the certificate of the physician or person who shall have attended upon the mother at the birth of any child shall be delivered, duly signed, to the person required to make the return of such birth, and no other person, be he or she parent or not, shall be entitled to demand or receive such certificate; and the person or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the time above prescribed, and the physician or person who shall have attended upon the mother, immediately thereafter, in the manner aforesaid, shall make return of the certificate by him or her signed, as above directed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of not more than one hundred dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 33787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. Twins
1.	*Sex, (state whether male or female)*	Males
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Sept 22 1891
4.	*Place of Birth, (Street and Number)*	221 S. Carolina St.
5.	*Full Name of Mother,*	Nellie Gill
6.	*Mother's Maiden Name,*	Meehan
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Martin Gill
9.	*Father's Occupation,*	Teamster Driver
10.	*Father's Birthplace,*	Cumberland
	Name of Medical Attendant, or other person who makes this Return,	Mary Stein
	Address,	1127 E Pratt St.
	Remarks,	8910003952

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33183.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th September 1891
4. Place of Birth, (Street and Number) S. Bethel St. 128
5. Full Name of Mother, Karolina Meier
6. Mother's Maiden Name, " Kirchoff
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wally Meier
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm Bichler

Address, 225 S. Bethel St

Remarks, 1891 000 3 Sept 25 Baptized

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	September 22, 1891.
4. *Place of Birth, (Street and Number)*	281 Cedar ave.
5. *Full Name of Mother,*	Mary A. O'Shea.
6. *Mother's Maiden Name,*	Lees.
7. *Mother's Birthplace,*	Pa.
8. *Full Name of Father,*	Philip O'Shea.
9. *Father's Occupation,*	Blacksmith.
10. *Father's Birthplace,*	Ire.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

1 8 9 1 0 0 0 3 9 5 4

been conferred) its sex, color, the full name and post-office address of its parents, its date and place of birth, and such other information as may be required by the said schedule. And it shall be the duty of the person in charge of the house where the birth of any child shall occur within the limits of Baltimore City, or in the absence of such person, of the parents of such child, to report the birth to the Commissioner of Health within the period above required, and in the form of a certificate to be furnished by the Commissioner of Health. Any such person or persons who shall hereafter fail to do so, shall, for each offense, be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

33785

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. *Sex* (state whether Male or Female)	
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	
4. *Place of Birth* (Street and Number)	
5. *Full Name of Mother*	
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	
8. *Full Name of Father*	
9. *Father's Occupation*	
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	8910003955

...ative to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, full Christian name, if any, and residence of the parents, and the maiden name of the mother of such child or children.

BALTIMORE CITY

RETURN OF A BIRTH. A 33786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 23 1891
4. Place of Birth, (Street and Number) 1211 William st.
5. Full Name of Mother. Anna Schreiner
6. Mother's Maiden Name, Haertlein
7. Mother's Birthplace, Germany
8. Full Name of Father, Gustav Schreiner
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. Lohwasser Midwife

Address, 1032 Hanover st.

Remarks, 8910003956

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

A 33787.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) three children

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Sept-23rd 1894

4. Place of Birth, (Street and Number) 856 Vine st

5. Full Name of Mother, Alice Hall

6. Mother's Maiden Name, Alice Plummer

7. Mother's Birthplace, Howard County

8. Full Name of Father, William Hall

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Louise Joyner

Address, 642 Jarker st

Remarks, + 8910003957

RETURN OF A BIRTH. L 33788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5'd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 23. 1891.
4. Place of Birth, (Street and Number) 808 Stile st
5. Full Name of Mother, Jennie Reynolds
6. Mother's Maiden Name,
7. Mother's Birthplace, Ireland
8. Full Name of Father, Peter Reynolds
9. Father's Occupation, Lebourer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter st

Remarks,

8 9 1 0 0 0 3 9 5 8

been conferred) its sex, color, the (if) name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practicing physician or midwife in attendance, between the first and third days of each and every month to the office of the Commissioner of Health. To enable the birth of any child to be duly registered, it is hereby made the duty of the physician or midwife in attendance upon the mother immediately thereafter (if shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the absence of a physician or midwife, within twenty-four hours after the birth, the father, mother, householder or occupant of the house in which such birth occurs, shall be required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable

WM J O DULANY CO CITY PRINTERS AND STATIONERS

A 33789

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6 d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth. September 23. 1891.
4. Place of Birth. (Street and Number) 1004 Eastern Ave.
5. Full Name of Mother. Teresa Montemurro
6. Mother's Maiden Name.
7. Mother's Birthplace. Italy
8. Full Name of Father. Vicent Montemurro
9. Father's Occupation.
10. Father's Birthplace. Italy

Name of Medical Attendant, or other person who makes this Return. Mrs. Cecilie Bernstein

Address. 122 S. Exeter st

Remarks.

8910003959

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered by the practitioner to the parent or nurse in attendance upon the mother, immediately after the birth of each child. In case the birth of any child shall occur without the attendance of a physician or midwife, the parents or nurse in attendance upon the mother, immediately after the birth of each child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such parent or nurse who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

No. 33790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 23rd 1891
4. Place of Birth, (Street and Number) 2410 Druid Hill Ave
5. Full Name of Mother, Rosalie Caulfield Hamilton
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert W. Caulfield
9. Father's Occupation, Painter
10. Father's Birthplace, South Carolina

Name of Medical Attendant, or other person who makes this Return, M. A. Carter M.D.

Address, 1800 W. Balto St.

Remarks,

1 8 9 1 0 0 0 3 9 6 0

2 OF BALTO

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 of October
4. Place of Birth, (Street and Number) 10 Wilkens Ave.
5. Full Name of Mother, Catharina Wasmuth
6. Mother's Maiden Name, Catharina Kirchner
7. Mother's Birthplace, Germany
8. Full Name of Father, Carl Wasmuth
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Frederick Keates M.D.

Address, 2116 E. Pratt St.

Remarks, 8 9 1 0 0 0 3 9 6 1

Date and place of birth, and the full name and occupation of parents, must be given in every certificate. Certificate between the first and second births shall be delivered, duly signed by the attendant, to the parent or person having charge of such child, within ten days after the birth. In case the birth of any child shall occur without the attendance of such person, then the parent or parents of such child must make out and deliver the certificate required, and every such person who shall neglect or refuse to make out and deliver the certificate required by the provisions of this section shall be guilty of a misdemeanor, and on conviction thereof shall be punished by a fine of not less than ten (10) dollars nor more than fifty (50) dollars for each offense. [1898, ch. 507, p. 1.] Rules and forfeitures are recommended.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 33797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 t

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23 September

4. Place of Birth, (Street and Number) 1123 Gough St

5. Full Name of Mother, Emeli Meller

6. Mother's Maiden Name, Emeli Hinn

7. Mother's Birthplace, Baltimore M. D.

8. Full Name of Father, Johan Meller

9. Father's Occupation, Fire Department

10. Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 118 Eastern Av

Remarks,

1891 0003962

PM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33793.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 29. 1891
4. *Place of Birth, (Street and Number)*	St. Vincents Inf. Asy.
5. *Full Name of Mother,*	Mary Donnelly
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Not known
9. *Father's Occupation,*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return.	P. A. Kane M.D.
Address,	1520 Druid Hill Ave
Remarks,	

8910003963

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CITY OF BALTIMORE 1891

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d
2. Sex, (state whether male or female) Mall
3. Race or Color, (if not of the white race)
4. Date of Birth, 23 of Sept 1891
5. Place of Birth, (Street and Number) 1478 Garrett Ave Locust Point
6. Full Name of Mother, Ella Mc. Donald
7. Mother's Maiden Name, Ella Dunn
8. Mother's Birthplace, County of Slega Ireland
9. Full Name of Father, John Mc. Donald
10. Father's Occupation, Slater
11. Father's Birthplace, County of Slega Ireland

Name of Medical Attendant, or other person who makes this Return. Lina Lang

Address, 1477 Garrett Ave Locust Point

Remarks,

1 8 9 1 0 0 0 3 9 6 4

...shall be the duty of the nearest relative present at the birth, or in default of such relative, the person in charge of the house in which the birth occurred, or the physician or midwife in attendance upon the mother, to report to the Commissioner of Health, in the manner and within the time above required, and any such person who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	September 23rd 1891
4. Place of Birth, (Street and Number)	Old York Road Waverly
5. Full Name of Mother,	Mary J. Boston
6. Mother's Maiden Name,	Mary J. Fisco
7. Mother's Birthplace,	Anapolis
8. Full Name of Father,	John Henry Boston
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Anapolis
Name of Medical Attendant, or other person who makes this Return.	Mrs Harriet Blatchley
Address,	114. Old York Road Waverly
Remarks,	

1 8 9 1 0 0 0 3 9 6 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33796.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male — George E.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep 23, 1891
4. Place of Birth, (Street and Number) 1013 N Carrollton
5. Full Name of Mother, Vara B Pickering
6. Mother's Maiden Name, Vara B. Fabl
7. Mother's Birthplace, New England
8. Full Name of Father, John Pickering
9. Father's Occupation, Mfr.
10. Father's Birthplace, New England

Name of Medical Attendant, or other person who makes this Return. Henry Schandlee

Address, 1019 Linden ave

Remarks,

1 8 9 1 0 0 0 3 9 6 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 111

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23rd September 1897
4. Place of Birth, (Street and Number) 1. Wolfe Str. 104
5. Full Name of Mother, Lottie Bittner
6. Mother's Maiden Name, " Fickenscher
7. Mother's Birthplace, Germania
8. Full Name of Father, Bernhard Bittner
9. Father's Occupation, Backer
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mrs. Bittler

Address, 235 S. Washington St

Remarks, 8 9 1 0 0 0 3 9 6 7

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 53798.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 24, 1891.
4. Place of Birth, (Street and Number) 310 South St.
5. Full Name of Mother, Laura Evoy.
6. Mother's Maiden Name, ~~Foo~~ Louisiana
7. Mother's Birthplace, Md.
8. Full Name of Father, Joseph L. Evoy.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 1 8 9 1 0 0 0 3 9 6 8

the date and place of birth; and he shall state sex, color, the full name and occupation of the parents of such child, and such other facts as may be required by the Commissioner of Health. In case no other person be in attendance upon the birth of any child, the mother thereof shall be considered the person required by this section to make the return of such birth. Every such return shall be made within ten days after the birth, and shall be signed by the person making the same. Any person who shall neglect or refuse to make such return as herein required, or who shall make any false return of any birth, shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	September 24, 1891.
4. *Place of Birth, (Street and Number)*	Mount St. (Waverly)
5. *Full Name of Mother,*	Martha Missouri Legare
6. *Mother's Maiden Name,*	Harr.
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	Chas. Edward Legare.
9. *Father's Occupation,*	Driver.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	† 8910003969

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 33100

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 24. 1891.
4. Place of Birth, (Street and Number) 128 Henrison
5. Full Name of Mother. Rosa Crook
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Heymann Crook
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Wm C. Bernstein
Address, 122 S. Exeter st.
Remarks,

1891 0003970

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and [illegible] of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A33801.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* [illegible] Sept
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* Rose [illegible]
6. *Mother's Maiden Name,* Rose [illegible]
7. *Mother's Birthplace,* Baltimore [illegible]
8. *Full Name of Father,* William [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* Baltimore [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

8910003971

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 24 — 1891
4. Place of Birth, (Street and Number) 226 Griffith Court
5. Full Name of Mother, Mary Reily
6. Mother's Maiden Name, Hagan
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Reily
9. Father's Occupation, Lay - Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who made this Return, Mary Stein

Address, 1427 E Fratt St.

Remarks, 8910003972

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth September 24 1891
4. Place of Birth, (Street and Number) 136 Lemon Street
5. Full Name of Mother. Ellen Healy
6. Mother's Maiden Name, Ellen Ruddy
7. Mother's Birthplace, Co Mayo Ireland
8. Full Name of Father, Michael Healy
9. Father's Occupation, Laborer
10. Father's Birthplace, Co Mayo Ireland

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Payne Pellan St

Remarks, 1891 0003973

CITY OF BALTIMORE BOARD OF HEALTH 1891

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

been conferred) the sex, color, the full name and occupation of its parents, the street and number of the house in the place of birth; and the full particulars shall be delivered in the precise form and order of the above schedule. Every midwife who shall attend upon any woman in labor shall, within the time aforesaid, deliver to the person required to make the return of such birth, or to the office of the Commissioners, or shall, on request, transmit by mail, a certificate signed by her, containing the particulars aforesaid, and stating the name and residence of the physician or midwife, if any, present at the birth. In case the birth of any child shall occur without the presence of a physician or midwife, the mother and every person present at the birth shall, within the time aforesaid, report its birth to the Commissioners, and furnish the particulars required, and shall forfeit and pay for every neglect or refusal to make such report, the sum of ten dollars; and every midwife who shall neglect or refuse to report the birth of any child which she shall attend, within the time aforesaid, shall forfeit and pay for every such offense a sum not exceeding five dollars. The Commissioners may, in their discretion, remit the penalty incurred by any midwife who shall report the birth of a child which she shall attend, after the time aforesaid, and before the same shall be discovered by the Commissioners. Every person who shall refuse or neglect to make the return required by this section shall be liable to a penalty of not less than five dollars nor more than twenty dollars, to be recovered with costs of suit, before any justice of the peace of this city, on the complaint of the Commissioners, or any person who will sue for the same; and every such person or persons who shall hereafter fail to deliver such certificate as is required by this section shall be subject to the forfeiture of ten dollars for each offense, to be recovered as aforesaid; and all forfeitures are recoverable

OTHER NAME ADDED 2-8-55

RETURN OF A BIRTH

133804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Madeline Sarah Ford

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 24th Sept 1891

4. Place of Birth, (Street and Number) 405 Sanden St

5. Full Name of Mother, Margarett Ford

6. Mother's Maiden Name, Hammond

7. Mother's Birthplace, Baltimore

8. Full Name of Father, David Ford

9. Father's Occupation, Laborer

10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Yarnell

Address, 436 E Fort Ave

Remarks, 8910003974

CITY OF BALTIMORE 1891

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Fourth
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	
Date of Birth,	Sept 24 - 91
Place of Birth, (Street and Number)	1851 Hanford Ave
Full Name of Mother,	Mary V. Slaylor
6. Mother's Maiden Name,	" " Dilloway
7. Mother's Birthplace,	W Va
8. Full Name of Father,	Geo E. Slaylor
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 Mt Donough
Remarks,	5910003975

CITY OF BALTIMORE DEC 2 1891 REGISTERED

third day of each and every month to the office of the Commissioner of Health. To cause the Birth of any child to be registered within the time above required, it shall be the duty of the physician or person in attendance upon the mother at the birth, or in case there is no physician or person in attendance, then the parent or parents of such child, to report its birth to the Commissioner of Health, which report shall be made in writing, and shall contain the information required by this section. Any such person or persons who shall refuse or neglect to make such report within the time above required, and any person who shall wilfully give false information concerning any birth, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five (5) dollars nor more than fifty (50) dollars for each offense, to be recovered before any court of competent jurisdiction. All other fines and forfeitures are recoverable as now provided by law. Any physician or person who shall neglect or refuse to report any birth as herein required, shall be subject to the fine of ten (10) dollars for each offense, to be recovered before any court of competent jurisdiction.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, a report, to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, residence, and occupation of the parents, and the maiden name of the mother of such child or children.

CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex* (state whether male or female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 24th October 1914
4. *Place of Birth* (Street and Number) 1515 Bentalou
5. *Full Name of Mother* Lizzie Bentalou
6. *Mother's Maiden Name* Lizzie Thomas
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* John Bentalou
9. *Father's Occupation* Laborer
10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return. Mary Bowen

Address 1927 N Charles St

Remarks None

8 9 1 0 0 0 3 9 7 6

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 25th September 1891
4. Place of Birth, (Street and Number) S. Canon St. 514
5. Full Name of Mother. Katie Lippert
6. Mother's Maiden Name, Hupp
7. Mother's Birthplace, Germania
8. Full Name of Father. Sebastian Lippert
9. Father's Occupation, Taylor
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return. Mrs. Bichler

Address, 235 S. Washington St.

Remarks. 8 9 1 0 0 0 3 9 7 7

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

FILE NAME ADDED 6-29-56

RETURN OF A BIRTH

To be filled out by Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of Mother. (state whether 1st, 2d, 3d, &c.) Clara E. Ziegler
2. Sex of Child. (state whether male or female) Female
3. Color. (If not of the white race) White
4. Date of Birth. April 25, 1891
5. Place of Birth. (Street and Number) 1618 Bradbury St.
6. Full Name of Mother. Margaret Priscilla Ziegler
7. Mother's Maiden Name. Margaret Priscilla Stone
8. Mother's Birthplace. Carroll Co. Md
9. Full Name of Father. Charles E. Ziegler
10. Father's Occupation. Painter
11. Father's Birthplace. Balto City
Name of Medical Attendant, or other Person who makes this Return
Address.
Remarks.

B 910003978

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-54)
Hall of Records Commission

GIVEN NAME ADDED 6-29-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Olivia — For Ziegler

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) — Fourth

1. Sex. (state whether male or female) — female

2. Race or Color. (if not of the white race) — White

3. Date of Birth. — Sept 25. 1911

4. Place of Birth. (Street and Number) — 1618 Duxbury St

5. Full Name of Mother. — Margaret Ziegler

6. Mother's Maiden Name. — Margaret Strickland

7. Mother's Birthplace. — Anne Arundel Co. Md.

8. Full Name of Father. — Clifton E. Ziegler

9. Father's Occupation. — Car Dealer

10. Father's Birthplace. — Md.

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

C 9 1 0 0 0 3 9 7 8

during the month, and shall set forth, as far as the same can be learned, the name of the parents, the day and place of birth of each child born alive, whether white or colored, its sex, color, the full name and residence of the parents, the day and place of the marriage of the parents, and the number of children born to the mother, including the last birth, and the number now living. Every person who shall be delivered of a child which shall not be born alive, or which shall die before the same shall be registered, shall, within ten days thereafter, make a return of the fact to the Registrar of Vital Statistics, Board of Health, Baltimore City, or to such person as he may appoint for the purpose, stating the place of delivery, the sex of the child, the name and residence of the parents, and the cause of death, if known. Every person who shall become the physician, midwife, nurse or other person in attendance upon the mother, upon the birth of any child shall, within ten days thereafter, report the birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, or to such person as he may appoint for the purpose, stating the place of birth, the sex of the child, the name and residence of the parents, and the number of children born to the mother, and the number now living. Every person who shall be required to report the births and deaths of children, and shall neglect or refuse to make such report, as required by this section, shall, for each neglect or refusal, forfeit and pay a sum not exceeding Twenty Dollars, to be recovered as other fines and penalties are recoverable.

CITY OF BALTIMORE

PRINTED AND STEREOTYPED.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept. 25th '91.
4. Place of Birth, (Street and Number) 532 W. Fremont st
5. Full Name of Mother, Nellie L. Burns
6. Mother's Maiden Name, " " Flannery
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas J. Burns
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sidney Baldwin

Address, 700, Lafayette ave.

Remarks,

1891 0003979

CITY OF BALTIMORE HEALTH

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

B 33810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 25 September
4. Place of Birth, (Street and Number) 221 W Pratt St
5. Full Name of Mother, Marie Wilson
6. Mother's Maiden Name, Marie Heitmeyer
7. Mother's Birthplace, Germany
8. Full Name of Father, Patrick Wilson
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Frederick Heitz Midwife

Address, 2116 West Pratt St

Remarks, 8 9 1 0 0 0 3 9 8 0

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 23381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 25th Sept 1891

4. *Place of Birth, (Street and Number)* 1271 Riverside Ave

5. *Full Name of Mother.* Martha Geoghegan

6. *Mother's Maiden Name,* Geoghegan

7. *Mother's Birthplace,* Dorchester Co Md

8. *Full Name of Father,* Augustus Geoghegan

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Dorchester Co Md

Name of Medical Attendant. or other Person who makes this Return. Elizabeth Yewell

Address, 436 E Lee St

Remarks,

8 9 1 0 0 0 3 9 8 1

Under rules and regulations of the Board of Health, and this schedule shall be delivered to the parents, the date and hour of birth, and this schedule shall be delivered to the parents, the date and hour of birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in charge of the house in which the birth occurs, or the nearest relative present, or the nearest person to be in attendance upon the mother, immediately after the occurrence of such birth, to report the birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Mayhoff & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, on the 23 September 1912
4. Place of Birth, (Street and Number) 1743 Hanover St, Baltimore
5. Full Name of Mother, Annie Cecelia Geyer Schultz
6. Mother's Maiden Name, Annie Cecelia Howard Ford
7. Mother's Birthplace, Elkridge Landing
8. Full Name of Father, David H Geyer
9. Father's Occupation, Pipe fitter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Calpurnia Mundy

Address, 800 Seadon Hall Rd

Remarks, 8910003982

month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the name and surname, if any, given to such child, the name, residence and occupation of each parent, the age of each parent at the time of the birth of such child, the number of children born to such parent, and the number now living, and such other information as may be required by said rules and regulations. Every such certificate shall be signed by the attendant upon the birth of any child and if there is no such attendant, then by the father or mother of such child, if able to do so, and if neither father nor mother is able to do so, then by the householder of the house in which such birth occurs, or if such birth occurs elsewhere than in a house, then by the person in charge of the premises where such birth occurs. Every such certificate shall be delivered by the person required to sign the same, or by some person present at the birth, to the office of the Registrar of Vital Statistics, or mailed to the same, within ten days after the birth. Any person who shall refuse or neglect to report as herein required, or who shall refuse or neglect to comply with the other provisions of this section shall be subject to the fine of ten (10) dollars, for each offense, to be recovered in other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	Tenth + Eleventh
1.	*Sex, (state whether male or female)*	Male + Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Sep 25 - 91
4.	*Place of Birth, (Street and Number)*	2058 E. Eager St
5.	*Full Name of Mother,*	Harriet A. Morgan
6.	*Mother's Maiden Name,*	" " Hatton
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Charles H. Morgan
9.	*Father's Occupation,*	Bricklayer
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary E. Worrell
	Address,	912 McDonogh
	Remarks,	1891 0003983

said schedule shall be delivered. Only signed by the Coroner in the case of a certificate between the first and third days of each month to the office of the Registrar of Vital Statistics, or, should no other person be in attendance upon the mother, immediately after the birth of any child born alive, without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same to the Registrar of Vital Statistics within the time specified, and any and every person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, for each offence. Only certificates received from midwives and physicians are receivable by the Registrar of Vital Statistics, and all fines and forfeitures are recoverable

BOARD OF HEALTH BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-21-56 · 53884

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mae Violet ——— Carouge

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 25th 1891
4. Place of Birth, (Street and Number) 415 Scott St.
5. Full Name of Mother, Lizzie Carouge
6. Mother's Maiden Name, Hoehl
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank Paul Carouge
9. Father's Occupation, Machinist
10. Father's Birthplace, Colburg, Germany

Name of Medical Attendant, or other person who makes this Return, H. W. Webner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor

8910003984

month, and shall set forth as far as [illegible] its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occ[illegible] subject to the form of a certificate between the first and said schedule shall be delivered, duly signed by the [illegible] Commissioner of Health. In case the birth of any child third day of each and every month to the office of [illegible] practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician [illegible] shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it [illegible] the period above required, and child to report its birth to the Commissioner of Health within [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-22-55 33815

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louise Schubert	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	25th Sept - 1891
4. Place of Birth, (Street and Number)	1643 W. Spring st
5. Full Name of Mother,	Louise Schubert
6. Mother's Maiden Name,	" Dollenberg
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John H Schubert
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N. Gay st
Remarks,	8 9 1 0 0 0 3 9 8 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33876.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child -

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 25th September 1894
4. Place of Birth, (Street and Number) 1328 Smith Street
5. Full Name of Mother, Isabella Harper
6. Mother's Maiden Name. Isabella Thomas
7. Mother's Birthplace, Federalsburg, Caroline Co, Md.
8. Full Name of Father, Dennis Harper
9. Father's Occupation, Laborer
10. Father's Birthplace, Cumberland, Md

Name of Medical Attendant, or other person who makes this Return. Mary Bowsaw (Midwife)

Address, 1327½ N. Caltown Ave Baltimore Md

Remarks, None

8 9 1 U 0 0 3 9 8 6

CITY OF BALTIMORE 1894

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A3387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col
3. Date of Birth, 26th Oct
4. Place of Birth, (Street and Number) 110 Lemon st
5. Full Name of Mother, Giuseppa Cornella
6. Mother's Maiden Name, Giuseppa Lozia
7. Mother's Birthplace, Italy
8. Full Name of Father, Louis Cornella
9. Father's Occupation, Grocer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Wm. J. Smith, M.D.

Address, No. 500 N. High st

Remarks 8 9 1 0 0 0 3 9 8 7

been conferred) its sex, color, the full name and occupation of the parents, the real place of birth, and the [illegible] and the [illegible] shall be delivered, duly signed by one of the Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required by this section to report such birth, the mother of such child shall within the period above required, and in case of her inability to do so, the person having charge of such mother, shall report the same to the Commissioners of Health, and shall state in such report the reason why the certificate required by this section was not returned at the time of birth. Any person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

J. D. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 11-1-57

RETURN OF A BIRTH. 33818.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Mary Pearl Young second child
1. *Sex.* (state whether male or female)	female
2. *Race or Color.* (if not of the white race)	White
3. *Date of Birth.*	06 September 1891
4. *Place of Birth.* (Street and Number)	436 Wheage St
5. *Full Name of Mother.*	Maggie E Young
6. *Mother's Maiden Name.*	Maggie E Lewis
7. *Mother's Birthplace.*	Gloucester Co Va
8. *Full Name of Father.*	Charles M Young
9. *Father's Occupation.*	Can Maker
10. *Father's Birthplace.*	Fredricksburg Va
Name of Medical Attendant, or other person who makes this Return.	C A Tully
Address.	1825 Light St
Remarks.	Hang well

1891000398 8

and schedule shall be delivered, duly signed by the informant, on the day of the birth, or within the first and next succeeding days, to the Registrar of the District in which the birth occurred, and a like schedule shall be delivered, duly signed by the informant, on the day of the birth of any child thereafter born, or within the first and next succeeding days, to the Registrar of the District in which such child was born, and a like schedule shall be delivered, duly signed by the informant, on the day of the death of any child or person, or within the first and next succeeding days, to the Registrar of the District in which such child or person died; and every month to the office of the Commissioner of Health, at the City Hall, a return of all births and deaths which shall have occurred in the respective districts during the month next preceding, and if any person shall refuse or neglect to make such return, or shall make a false return, without the attendance of a physician or midwife, or shall refuse or neglect to report to the Registrar of the District in which the birth occurred, and a like schedule shall be delivered, duly signed by the informant, on the day of the birth of any child thereafter born, or within the first and next succeeding days, to the Registrar of the District in which such child was born, and a like schedule shall be delivered, duly signed by the informant, on the day of the death of any child or person, or within the first and next succeeding days, to the Registrar of the District in which such child or person died; and every month to the office of the Commissioner of Health, at the City Hall, a return of all births and deaths which shall have occurred in the respective districts during the month next preceding, and if any person shall refuse or neglect to make such return, or shall make a false return, without the attendance of a physician or midwife, or shall refuse or neglect to report the birth of any child thereafter born, within the period hereinbefore required, and shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A3389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 26th 1911
4. *Place of Birth, (Street and Number)* #333 Druid Hill Ave & Lan
5. *Full Name of Mother,* Alice Grant
6. *Mother's Maiden Name,* " Richardson
7. *Mother's Birthplace,* Northumberland Co. Va.
8. *Full Name of Father,* George Grant
9. *Father's Occupation,* Gentleman
10. *Father's Birthplace,* Unknown

Name of Medical Attendant, or other person who makes this Return. Not any

Address, 1032 E Lanvale St

Remarks, Mrs. J. Grumley

1 8 9 1 0 0 0 3 9 8 9

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

...mouth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex, color, the full name and residence of the father, the full maiden name of the mother, the date of birth, and the number of the child if born alive at the same birth, and the number of children, if any, born alive to the mother before the birth of the child or children last born, and shall state whether the child was born alive or dead, and whether the mother was married or single at the time of the birth, and the name and residence of the physician, midwife, or other person in attendance; and in case there was no person in attendance upon the mother at the birth of the child, or in case the child was born dead, then the said facts shall be certified by the coroner who shall view the body of the child; and in case a child shall be born alive and shall die without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the mother of such child to report its birth to the Commissioner of Health, at his office, within the period above required, and any such person who shall refuse or neglect for the space of ten days after being requested by the Commissioner of Health, or by any person authorized by him, to report the birth of such child as above required, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 33820.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 C
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	24 Sept.
4. Place of Birth, (Street and Number)	225 Jefferson st
5. Full Name of Mother,	L. Cunningham
6. Mother's Maiden Name,	L. Ritz.
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	W. Cunningham
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mary A. Perkins
Address,	247 S. Chester st
Remarks,	8910003990

...ness, and shall state the full name and occupation of its father; and the ...been conferred; if so, by whom; and the place of birth; and the ...said schedule shall be delivered, duly signed by the practitioner, ...every month to the office of the Commissioner of Health, or shall go or cause ...shall occur without the attendance of a physician or midwife, the ...attendance upon the birth, to the best of his knowledge and belief, ...child to record the same within ten days thereafter, to the ...and every person or persons who shall hereafter fail, neglect or refuse to ...jected to the fine of ten (10) dollars for each offense, to be recovered ...

...BALTIMORE

...M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 3387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	September 26, 1891
4.	*Place of Birth, (Street and Number)*	1624 Isabella Lane
5.	*Full Name of Mother,*	Mary Carter
6.	*Mother's Maiden Name,*	Mary Jeffers
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Joe Carter
9.	*Father's Occupation,*	Cooper
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	J. C. Corkey
	Address,	213 E. Adams St.
	Remarks,	Dr. Med

8 9 1 0 0 0 3 9 1

been conferred; its sex, color, the full name and occupation of its parents, the time and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife in attendance, to the parent or other person having charge of each and every infant born in the house; and if a physician or midwife in attendance shall neglect or refuse to deliver the said schedule given the mother, immediately thereafter, he shall become liable to a penalty of ten dollars, to be recovered, and any such person or persons who shall refuse or neglect to report the birth of any child as aforesaid, or who shall refuse or neglect to deliver the said schedule, duly signed, as aforesaid, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race)
4. Date of Birth, Sept 26 — 1891
5. Place of Birth, (Street and Number) 1436 E Baltimore St.
6. Full Name of Mother, S. Hie Groshans
7. Mother's Maiden Name, Faber
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Wm Groshans
10. Father's Occupation, Carpenter
11. Father's Birthplace, Germany

Name of Medical Attendant or other person who makes this return, Mary Stein

Address, 1427 E Fleet St.

Remarks,

8910003992

CITY OF BALTIMORE

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33873.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the p[illegible] a certificate between the first and third day of each and every month to the office of the [illegible] of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ninth child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 26 September
4. *Place of Birth, (Street and Number)* 418 Clement St
5. *Full Name of Mother,* Louisa Wrotten
6. *Mother's Maiden Name,* Louisa Ruch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Wrotten
9. *Father's Occupation,* Fisherman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. E A Tully

Address, 1528 Eight St.

Remarks, Hony well

8910003993

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26th September 1891
4. Place of Birth, (Street and Number) Eastern Ave. 2233.
5. Full Name of Mother, Minna Hoffman
6. Mother's Maiden Name, Wassenberg
7. Mother's Birthplace, Germania
8. Full Name of Father, Andrew Hoffman
9. Father's Occupation, Barkeeper
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mrs. Bibler

Address, 1336 E. Washington Ave

Remarks, 8 9 1 0 0 0 3 9 9 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the physician or midwife in attendance, or by the father, mother or householder, within ten days after the birth of any child born without the attendance of a physician or midwife, and in all cases where a physician or midwife shall be in attendance at the birth, immediately thereafter it shall be the duty of such physician or midwife, and in all cases where no physician or midwife shall be in attendance, it shall be the duty of the father, mother or householder within ten days after the birth of any child to report its birth to the Commissioner of Health, in the manner provided by the ordinances of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 3386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 September
4. Place of Birth, (Street and Number) 222 Barney St
5. Full Name of Mother, Henrietta C Snyder
6. Mother's Maiden Name, Henrietta C Reid
7. Mother's Birthplace, Howard County
8. Full Name of Father, Thomas W Snyder
9. Father's Occupation, Dealer in Groceries
10. Father's Birthplace, Berkley County Va.

Name of Medical Attendant, or other person who makes this Return, E A Tully

Address, 1525 Light St.

Remarks, Herring well

8 9 1 0 0 0 3 9 9 5

said schedule shall be delivered, duly signed by the physician in the form of a triplicate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered, with the costs, and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33876.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	second child
1.	*Sex.* (state whether male or female)	male
2.	*Race or Color.* (if not of the white race)	white
3.	*Date of Birth.*	27 September 415 Clement St
4.	*Place of Birth.* (Street and Number)	415 Clement St
5.	*Full Name of Mother.*	Florence Smith
6.	*Mother's Maiden Name.*	Florence Walker
7.	*Mother's Birthplace.*	Baltimore.
8.	*Full Name of Father.*	Carley Smith
9.	*Father's Occupation.*	Sailor
10.	*Father's Birthplace.*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	E A Tully
	Address,	1525 Light St
	Remarks,	Hosp well

8 9 1 0 0 0 3 9 9 6

WM. J. D. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 27. 1891
4. Place of Birth, (Street and Number) 1144 Druid Hill Ave
5. Full Name of Mother, Lulu Kirby Tracht
6. Mother's Maiden Name, Kirby
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Tracht
9. Father's Occupation, Express agent
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. A. Hamp[illegible] M.D

Address, Druid Heights

Remarks, 8910003997

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter, and within the period above required, and shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner above provided, and any and every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A 33828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	1st
1.	*Sex*, (*state whether male or female*)	Male
2.	*Race or Color.* (*if not of the white race*)	White
3.	*Date of Birth*,	2nd September
4.	*Place of Birth.* (*Street and Number*)	109 Commerce Str
5.	*Full Name of Mother*,	Ana Koch
6.	*Mother's Maiden Name*,	Ana Weitmann
7.	*Mother's Birthplace*,	Baltimore
8.	*Full Name of Father*,	Philip Koch
9.	*Father's Occupation*,	Machinist
10.	*Father's Birthplace*,	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Friederike Beutler Midwife
	Address,	216 West Pratt St
	Remarks,	8910003998

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Child.
1.	*Sex, (state whether male or female)*	Male.
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Sept 27 — 1891
4.	*Place of Birth, (Street and Number)*	932 Beaver st.
5.	*Full Name of Mother,*	Louise ~~Bridge~~ Ridge
6.	*Mother's Maiden Name,*	Meier.
7.	*Mother's Birthplace,*	Germany.
8.	*Full Name of Father,*	John Ridge.
9.	*Father's Occupation,*	Butcher.
10.	*Father's Birthplace,*	America.
	Name of Medical Attendant, or other person who makes this Return,	J. Lohvasser. Midwife.
	Address,	1032 Hanover st.
	Remarks,	8910003999

... until reputable ... shall be delivered, duly signed by the ... between the first and ... birth of each ... to the office of the ... of midwifery, or ... shall occur without the attendance of a physician ... attendance upon the ... child or ... such person or persons who shall hereafter fail to comply with ... section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered ... OF HEALTH ... other penalties or forfeitures are recoverable

1891 J. C. BULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 27. 1891.
4. Place of Birth, (Street and Number) 234 S. Exeter st
5. Full Name of Mother, Maggie Hammet
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Hammet
9. Father's Occupation,
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter st

Remarks,

8 9 1 0 0 0 4 0 0 0

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

33821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth. September 27. 1891.
4. Place of Birth, (Street and Number) 1006 E. Lombard st
5. Full Name of Mother, Jette Abramson
6. Mother's Maiden Name, ~~Europa~~ Europe
7. Mother's Birthplace, Europe
8. Full Name of Father, Abe Abramson
9. Father's Occupation, Carpenter
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Lucile Bennett

Address, 122 S. Exeter st

Remarks.

8910004001

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 27. 1891.
4. Place of Birth, (Street and Number) 728 Little Seaard st
5. Full Name of Mother, Jennie Chasan
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Salomon Chasan
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter st

Remarks, 8910004002

Until return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately after the birth, the parent or parents of such child, or the head of the family in which such birth occurs, shall report the same to the Commissioner of Health within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September the 27. 1891
4. Place of Birth, (Street and Number) Baltimore. 824 W. Franklin st
5. Full Name of Mother, Elizabeth Smith
6. Mother's Maiden Name, Elizabeth Rodgers
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Howard Smith
9. Father's Occupation, Mish Burner
10. Father's Birthplace, Carroll Co Md

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Payne Pretton St

Remarks, + 8 9 1 0 0 0 4 0 0 3

Every midwife or person other than a physician or practitioner of midwifery, who shall attend upon the birth of a child, shall, within ten days after such birth, make a return thereof to the Commissioner of Health, in writing, on a blank to be furnished by the Commissioner of Health, which return shall contain the name of the mother, the number of the child, the date of birth, and the name and residence of the physician or practitioner of midwifery, if any, in attendance upon the mother at the birth of the child; and every midwife who shall neglect or refuse to make such return, or who shall knowingly make a false return, shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to a fine not exceeding fifty dollars for each offense, to be recovered, duly signed by the person making the return, to the Commissioner of Health, within ten days after the birth of each and every child born, and every physician or practitioner of midwifery who shall attend upon the mother at the birth of a child, shall, within ten days after such birth, make a return thereof to the Commissioner of Health, in writing, on a blank to be furnished by the Commissioner of Health, which return shall contain the name of the mother, the number of the child, the date of birth, and the name and residence of the midwife, if any, in attendance upon the mother at the birth of the child; and every physician or practitioner of midwifery who shall neglect or refuse to make such return, or who shall knowingly make a false return, shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to a fine not exceeding fifty dollars for each offense, to be recovered

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	W.
3.	*Date of Birth,*	27 Sept. 1891
4.	*Place of Birth, (Street and Number)*	542 Mulberry st
5.	*Full Name of Mother,*	Louise Catherina Rein
6.	*Mother's Maiden Name,*	" " Heryuth
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	John Jacob Rein
9.	*Father's Occupation,*	Shoe cutter
10.	*Father's Birthplace,*	Marburg Germany.
	Name of Medical Attendant, or other person who makes this Return,	Mrs Hunter
	Address,	23 N Payne Patterson St
	Remarks,	8 9 1 0 0 0 4 0 0 4

CITY OF BALTIMORE 1891

WM J C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex. (State whether male or female)	Female
2. Race or color. (if not of the white race)	White
3. Date of Birth.	Sept 27th 1891
4. Place of Birth. (Street and Number)	327 E Townsend St
5. Full Name of Mother.	Blanche McPherson Wright
6. Mother's Maiden Name.	"
7. Mother's Birthplace.	Baltimore Md
8. Full Name of Father.	John C McPherson
9. Father's Occupation.	Salesman
10. Father's Birthplace.	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	D W Cathell MD
Address.	1308 N Charles St
Remarks.	8910004005

J. C. BULLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) [illegible] Baltimore
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible] Baltimore

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 1245 E. Monument St. Central Ave.

Remarks, [illegible]

8 9 1 0 0 0 4 0 0 6

Every birth shall be registered, and a certificate thereof shall be delivered, duly signed by the parent, nurse or other person present at the birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be present at the birth, the parent or parents of such child shall report its birth to the Commissioner of Health within the period above required, and any such person who shall neglect or refuse full to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Sept 1. 91.
4.	*Place of Birth, (Street and Number)*	622 W Lombard
5.	*Full Name of Mother,*	Maggie Maryland
6.	*Mother's Maiden Name,*	—
7.	*Mother's Birthplace,*	Maryland.
8.	*Full Name of Father,*	—
9.	*Father's Occupation,*	—
10.	*Father's Birthplace,*	—
	Name of Medical Attendant, or other person who makes this Return.	Dr Harrove & Scalding
	Address,	Univ. Md Maternity 622 W Lombard.
	Remarks,	8910004007

said schedule shall be delivered, duly signed, to the person in charge of the house in which the birth occurred, or if there be no such person, then to the occupant of the house, within thirty days after the birth, and if such birth occur in a hospital or other institution, then to the superintendent or other officer in charge thereof, within the time aforesaid. And the said superintendent or other officer shall, within the time aforesaid, deliver the said schedule, duly signed, to the person in charge of the house in which the mother of such child was at the time of the birth of such child, or if there be no such person in charge of such house, then to the occupant thereof. And the said superintendent or other officer shall also, within the time aforesaid, transmit a duplicate of the said schedule, duly signed, to the office of the Registrar of Vital Statistics. And any person in charge of a house, or occupant thereof, who shall neglect to deliver the said schedule, duly signed, to the superintendent or other officer in charge of the hospital or other institution, within the time aforesaid, and any superintendent or other officer in charge of a hospital or other institution who shall neglect to deliver the said schedule, duly signed, to the person in charge of the house in which the mother of such child was at the time of the birth of such child, or if there be no such person in charge of such house, then to the occupant thereof, and any superintendent or other officer in charge of a hospital or other institution who shall neglect to transmit a duplicate of the said schedule, duly signed, to the office of the Registrar of Vital Statistics, within the time aforesaid, and any person required by this section to report the birth to the Board, who shall neglect to report the same within the time aforesaid, and any person required by this section to report the birth to the Board who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

995 J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Given name added 2-3-49

RETURN OF A BIRTH. A33838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Robert Miller

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race) W
3. Date of Birth, Sept. 2 '48
4. Place of Birth, (Street and Number) 535 Saint
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Baltimore
8. Full Name of Father. [illegible]
9. Father's Occupation, Showcase maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 1215 E. Fayette St. Baltimore Md

Remarks, Colored

1 8 9 1 0 0 0 4 0 0 8

said midwife shall be delivered, duly signed by the parent or parents of the child, or in case of the death of any child the third day of each and every month, a like notice of the Coroner of the City; and should no other person be in attendance within the period above required, such parent or parents of such child shall report its birth to the Commissioner of Health in like manner and within the period above required, and shall secure without the latter, immediately thereafter, a like notice of the Coroner of the City; and should no other person be in attendance within the period above required, such parent or parents of such child shall report its birth to the Commissioner of Health in like manner and within the period above required, and shall be subject to the fine of ten (10) dollars for each offense. to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child. George Davis Leonard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White (2)

3. Date of Birth, Sept. 2 1915

4. Place of Birth, (Street and Number) 1 Leonard

5. Full Name of Mother, E. Virginia

6. Mother's Maiden Name, Davis

7. Mother's Birthplace, Pikesville

8. Full Name of Father, C. Easton

9. Father's Occupation, Painter

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Dr. Thomas

Address, 1215 E. Lexington St.

Remarks, 6 Male

8 9 1 0 0 0 4 0 0 9

said schedule shall be delivered, duly signed, to the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur within the limits of the city of Baltimore, and shall not be attended during its birth by a physician, midwife or nurse, it shall be the duty of the person in charge of the premises where the birth occurs, or the parent of such child, to report its birth to the Commissioner of the Board of Health, in the manner and within the period above required. And any such person or parent who shall neglect or refuse to make such report, or who shall violate any of the provisions of this section shall be subject to the fine of ten (10) dollars for each offense. Code (1911) Art. 43, Sec. 8. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 13. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 14. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 15. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 16. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 17. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 18. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 19. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 20. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 21. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 22. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 23. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 24. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 25. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 26. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 27. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 28. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 29. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 30. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 31. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 32. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 33. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 34. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 35. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 36. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 37. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 38. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 39. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 40. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 41. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 42. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 43. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 44. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 45. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 46. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 47. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 48. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 49. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense. Sec. 50. Certificate of birth of any child born out of wedlock shall not be issued except upon the written request of the mother, or of the person in charge of the premises where the birth occurs, or of the parent of such child, or of the person who has been appointed guardian of such child by a court of competent jurisdiction. Penalty: Not less than $5 nor more than $50 for each offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	5
1. *Sex*, (*state whether male or female*)	White
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	Sept. 2 1891
4. *Place of Birth*, (*Street and Number*)	1815 Lee St.
5. *Full Name of Mother*,	Ella Beard
6. *Mother's Maiden Name*,	Ella Price
7. *Mother's Birthplace*,	Balto
8. *Full Name of Father*,	Chas Beard
9. *Father's Occupation*,	Laborer
10. *Father's Birthplace*,	Balto
Name of Medical Attendant, or other person who makes this Return.	Dr C Hammett
Address,	1245 E Hamilton St
Remarks,	White

8910004010

...aid schedule shall be delivered, duly signed by the person ... to the Commissioner of Health, ... In case the birth of any child ... third day of such occurrence, to the Commissioner of Health, ... shall occur in the absence of a physician or midwife, then the duty of the person or parents with whom ... child resides to report its birth to the Commissioner of Health, ... shall devolve upon the mother, immediately thereafter, ... In the manner and within the time ... child to report its birth to the Commissioner of Health, ... section shall be subjected to the fine of ten dollars for each offense, to be recovered ... any such person or persons shall be convicted ... fines and forfeitures are recoverable.

CITY OF BALTIMORE

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3341.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	Sept 5 1891
4. *Place of Birth, (Street and Number)*	1314 [illegible] 14
5. *Full Name of Mother,*	B. [illegible]
6. *Mother's Maiden Name,*	B. [illegible]
7. *Mother's Birthplace,*	[illegible]
8. *Full Name of Father,*	[illegible]
9. *Father's Occupation,*	[illegible]
10. *Father's Birthplace,*	[illegible]
Name of Medical Attendant, or other person who makes this Return.	[illegible] C B [illegible]
Address,	12[illegible] [illegible] St
Remarks,	[illegible]

8 9 1 0 0 0 4 0 1 1

CITY OF BALTIMORE 1891

said schedule shall be delivered, by the [illegible] of the [illegible] of Health. In case the birth of any child third day of each and every month to the office of the Registrar of Vital Statistics, or should no other person be in shall occur without the attendance of a physician or midwife, the person or persons present at the birth shall attendance, then the father or mother of the same child within the period above required, and cause to be delivered to the Commissioner of Health a certificate of the same, as above required; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color. (if not of the white race)*	White
3. *Date of Birth,*	Fifth
4. *Place of Birth, (Street and Number)*	Baltimore Lee St
5. *Full Name of Mother,*	Mrs John O'Connor
6. *Mother's Maiden Name,*	Margt Murray
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John O'Connor
9. *Father's Occupation.*	Labor
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs O'Connor
Address,	1112 Hanbert St
Remarks,	Locust Point City

8 9 1 0 0 0 4 0 1 2

sent schedule shall be delivered, duly signed by the person [illegible] of the Code, to the Registrar of the district in which the birth occurred, within the first ten days after the birth of any child; and every person who shall fail to deliver such schedule within the time specified, shall forfeit and pay a sum not exceeding ten dollars for each offense. Every physician or practitioner of midwifery who shall attend upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Sept 5 91
5. Place of Birth, (Street and Number) 622 W. Lombard
6. Full Name of Mother. Addie Powell
7. Mother's Maiden Name, Md.
8. Mother's Birthplace, —
9. Full Name of Father. —
10. Father's Occupation, —
11. Father's Birthplace, —
12. Name of Medical Attendant, or other person who makes this Return, Dr Hargrove & Spalding
13. Address, 622 W Lombard
14. Remarks, Md Univ Maternite

8 9 1 0 0 0 4 0 1 3

Every midwife shall be delivered, duly signed by the physician or midwife in attendance, a certificate between the first and third days of each and every month, of every child born during the preceding month, which certificate shall state the time and place of birth, the name, residence and occupation of the parents of such child, and the sex and color of such child; and for every neglect to deliver such certificate within the period above specified, such midwife shall be subject to a penalty of ten dollars; and for every false statement knowingly made in any such certificate, such midwife shall be subject to the penalty of perjury. And every physician or midwife who shall neglect or refuse to make the return required by the provisions of this section, within the period above specified, shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable in said city.

Every midwife shall, within ten days after the birth of any child, report to the Commissioner of Health the name and residence of such child, the name and residence of the parents or parent of such child, and the number of the house in which such child was born, and for every neglect to make such report such midwife shall be subject to a penalty of ten dollars.

Every physician or midwife in attendance upon any case of birth shall, immediately after the birth of any child, give to the person or parents of such child a blank form of the certificate hereinbefore required to be delivered to the Commissioner of Health, and shall explain the same, and the penalties for neglect or refusal to make the return required thereby, and for every false statement knowingly made in any such certificate; and for every neglect to give such blank form, explanation and penalties, such physician or midwife shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 6 9[illegible]
4. Place of Birth, (Street and Number) Hospital
5. Full Name of Mother, Annie Blake
6. Mother's Maiden Name, Annie Blake
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Ludwig Hauser

Address, 822 Lombard

Remarks, Md. Univ. Maternite

1891000 4014

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

Every midwife shall be delivered, duly signed before a witness, on the 6th day of each month, a certificate between the first and third days of each and every birth to which she may be in attendance during the preceding month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent, or parents of such child, or the person in whose house or premises such birth shall occur, or the person having charge of such child, or the nearest relative or friend present at such birth, or the occupant of the house or premises where such birth shall occur, or the undertaker employed after the death of such child, shall report the birth to the Commissioner of Health within ten days after the occurrence thereof, and for the purpose of this section shall be subject to all the provisions of this section relating to midwives. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 6th 91
4. Place of Birth, (Street and Number) 1110 Bonnet St.
5. Full Name of Mother, Mrs Bienfleisch
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Harry L Shadley

Address, 1111 Madison

Remarks, 623 W Lombard

6 2 8 9 1 0 0 0 4 0 1 5

A 338

wm J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33876.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Sept 3 1911
4. Place of Birth, (Street and Number) 1516 Hurley St
5. Full Name of Mother. Sara Gardner
6. Mother's Maiden Name. Sara Gardner
7. Mother's Birthplace. Baltimore
8. Full Name of Father, Albert L Gardner
9. Father's Occupation. Porter
10. Father's Birthplace. Maryland Md.

Name of Medical Attendant, or other person who makes this Return. Edna Sadler

Address, 412 Lee St

Remarks. 6910004016

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A3387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Sept 1 1891
4. *Place of Birth, (Street and Number)* 2510 E Biddle St
5. *Full Name of Mother,* Ella Turner
6. *Mother's Maiden Name,* Ireland
7. *Mother's Birthplace,* A. M. Maryland
8. *Full Name of Father,* Richard Turner
9. *Father's Occupation,* Hunter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return, C. Howard Lee

Address, 939 Hayward

Remarks,

8 9 1 0 0 0 4 0 1 7

reports. The date and place of birth of each and every child born alive within the limits of Baltimore City, shall be reported to the Health Officer of Health. In case the certificate between the first and third day of each and every month of the year, a Physician or Midwife in attendance at such birth, or should no other person be in attendance, then the nearest relative present, or in the absence of such person, the occupant of the house where such birth occurs, shall within three days thereafter, report the same to the Registrar of Vital Statistics, and for every neglect so to report the birth of any child after the mother, immediately in the manner and within the time above required, in addition to the penalty hereinafter provided, he or she shall forfeit and pay the sum of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 33848.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) F
2. Race or Color, (if not of the white race)
3. Date of Birth. Sept 7. 91
4. Place of Birth, (Street and Number) 1318 Hadeen Ave
5. Full Name of Mother. Lena J. Tuckerman
6. Mother's Maiden Name, " " Leaf
7. Mother's Birthplace. Balto.
8. Full Name of Father. Warren E. Tuckerman
9. Father's Occupation. News Paper man (business Manager)
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, J. W. Hurley

Address. 1002 Edmondson Ave

Remarks. 8910004018

Every birth shall be registered, only signed by the principal attendant in the form of a certificate between the first and third day of each and every month to the Commissioner of Health, the certificate to be signed by the father, mother, or nearest relative present at the birth, or in case there be no relative present, then by the nurse, midwife, or other person present at the birth. In case the birth of any child shall occur without the attendance of a physician, midwife, nurse, or relative, or should no other person be present, then the occupant of the house or tenement where the birth occurs shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 4 '91
4. Place of Birth, (Street and Number) 622 N Lombard
5. Full Name of Mother, Georgie Holloway
6. Mother's Maiden Name, Georgie Holloway
7. Mother's Birthplace, Delaware
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Haywood Hopkins

Address, M E Univ Maternite

Remarks, 691000 4019

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33850.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Mary Magdalene Gillin
6. Mother's Maiden Name, Finn
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Wm F. Gillin
9. Father's Occupation, Bookbinder
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 4 0 2 0

third day of each and every month to the office of the Register of Births. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person as above required attend at the birth, the father, mother, or other person having charge of the person or house where such child is born, shall immediately thereafter, if able, report said birth to the Commissioner of Health, in the manner above required, and attendance upon such birth to the Commissioner of Health, in the manner above required, and shall report all the particulars required by this section. In case of the neglect or refusal of any such person to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 33831.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 14th 1891
4. Place of Birth, (Street and Number) 209 N Gay
5. Full Name of Mother, Lottie Hoffman
6. Mother's Maiden Name, Allan
7. Mother's Birthplace, Md
8. Full Name of Father, Charles Hoffman
9. Father's Occupation, Bar tender
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo B Reynolds M.D.

Address, 711 N Calvert

Remarks,

1891000402

said schedule shall be delivered, as aforesaid, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth of any child born, and every month to the physician or person who shall attend upon the mother of such child next after the birth of such child, or in case there shall be no physician or person in attendance upon the mother of such child next after the birth of such child, then the father or mother of such child shall report the same within ten days after the birth of such child; and every person who shall neglect or refuse to report as aforesaid, or shall knowingly make any false report touching the premises, or any part thereof, shall be liable to the penalties and forfeitures of this section recoverable, any such person who shall be convicted of each offense, to be recovered as other fines and forfeitures are recoverable, jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 33857

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 14 '91
4. Place of Birth, (Street and Number) 622 W. Lombard
5. Full Name of Mother, Annie B. Mann
6. Mother's Maiden Name, Maryland
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. Hargrove Hall

Address, Md. Univ. Infirmary 622 W. Lombard.

Remarks,

1891000402 2

said schedule shall be delivered, duly signed by the practitioner in the case, to the registrar of the district in which the birth occurred, within the period above required, and within the first ten days of each and every month to the office of the Commissioner of Health, Baltimore City. In case the birth of any child shall occur without the attendance of a practitioner, the mother, or in her absence, the father, or in the absence of both parents of such child, the nurse, or other person present at the birth, shall within the period above required, and within the first ten days of each and every month thereafter, deliver to the registrar of the district in which the birth occurred, or send by mail, a certificate of such birth, setting forth to the Commissioner of Health the particulars of this section shall be required, and every such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) I
2. Sex. (state whether male or female) Female
3. Race or Color. (if not of the white race) White
4. Date of Birth. Oct 15 91
5. Place of Birth. (Street and Number) 622 W Lombard
6. Full Name of Mother, Lillian Parsons
7. Mother's Maiden Name, Penna.
8. Mother's Birthplace.
9. Full Name of Father.
10. Father's Occupation.
11. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return. Dr Haywood Gable

Address, Md. Univ. Maternite 622 W Lombard

Remarks, 6891000402 3

said schedule shall be delivered daily signed by the Attending Physician, or other person certificate between the first day of each month and the fifth day of the next month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the other person herein authorized to report is required to make such certificate, he shall in like manner report the same to the Commissioner of Health, within the time above specified, and shall incur the penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law. Any such person who shall neglect or refuse to make such report as herein required, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-7-58

RETURN OF A BIRTH A 338824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jacob Beck

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, 15 [illegible] - 1891
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, 1891000040 24

...every month to the office ... of Health. In case the birth of any ... third day of each and every month to the office ... Registrar of Vital Statistics, Board of Health. In case the birth of any child ... shall have occurred without the attendance of a physician or ... midwifery, or should no other person ... make such return, then it shall become the duty of the ... to make the return required, and attendance upon the mother immediately ... of Health, in the manner and within the ... of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 33855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 15 91
4. Place of Birth, (Street and Number) 318 Castle St
5. Full Name of Mother, Lizzie Sigmund
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Drs Hargrove & Spalding Md Univ Maternite

Address, 622 W Lombard

Remarks, 1 8 9 1 0 0 0 4 0 2 5

[illegible]

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth.* Dec 16th 01
5. *Place of Birth, (Street and Number)* 1100 N. Central Ave
6. *Full Name of Mother.* Ida M. Connell
7. *Mother's Maiden Name.* Case
8. *Mother's Birthplace.* Balto Md
9. *Full Name of Father.* Joseph N. McConnell
10. *Father's Occupation.* Carpenter Dealer
11. *Father's Birthplace.* Balto Md

Name of Medical Attendant, or other person who makes this Return. Wm Lang M.D.

Address. 1038 N. Howard St

Remarks.

8 9 1 0 0 0 4 0 2 6

Said Return shall be in writing, and signed by the Physician, Midwife, Nurse or other person in attendance upon the birth of any child. Third day of each and every month, a certificate of the Commissioner of Health, stating the name of such physician or midwife, and the number of births reported by him or her during the preceding month, and if no birth shall occur within the period above required, and no report be made by the mother, immediately thereafter it shall be the duty of the person who was in attendance upon the mother, at the birth of such child, to report the birth to the Commissioner of Health, stating the reasons for such failure to comply with the provisions of this section. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 16 1911
4. *Place of Birth, (Street and Number)*	1819 Belair Road
5. *Full Name of Mother,*	R. Sachs
6. *Mother's Maiden Name,*	[illegible] Sachs
7. *Mother's Birthplace,*	[illegible]
8. *Full Name of Father,*	[illegible]
9. *Father's Occupation,*	[illegible]
10. *Father's Birthplace,*	[illegible]
Name of Medical Attendant, or other person who makes this Return.	[illegible]
Address,	[illegible]
Remarks,	[illegible]

8911004027

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3380

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 16. 91
4. *Place of Birth, (Street and Number)*	1026 S. Charles
5. *Full Name of Mother,*	Mary Forsythe
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Dr Spalding
Address,	Hanover.
Remarks,	62 2 W Fayette

8910004028

and schedule shall be delivered, duly signed by the practitioner in the case, to the Registrar of Vital Statistics between the first and tenth day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician, midwife, nurse, or relative, or should no other person be in attendance, then the mother of such child is required to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to make the return required in this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 4 0 2 9

...third day of each and every month to the ... the Commissioner of Health. In case the birth of any child ... or premature birth, or shall occur in any house or place where a ... of a physician or midwife, or should no other person ... shall occur without the aid of a physician or midwife, or should no other person ... or practitioner of medicine or midwifery be present at such birth, the ... or person in charge of such house or place where such birth occurs, and ... immediately thereafter, in the manner and within the time required, and ... attendance upon such birth, shall be required to make the return required by this section and shall be subject to the penalty ... birth to the Commissioner of Health, in the manner and within the time required, and ... child, each person or persons who shall be required to make the return required by this section and shall be subject to the fine of ten (10) dollars for each offence, or to ... and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33860.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth. Feb 10th 1911
4. Place of Birth, (Street and Number) 1121 Garrison Ave
5. Full Name of Mother. Kate Tennessee
6. Mother's Maiden Name, Branch.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Tennessee
9. Father's Occupation, Bartender
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, 1 8 9 1 0 0 0 4 0 3 0

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Dorothy Irene Albright

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 2 / 9
4. Place of Birth, (Street and Number) 105 N. Liberty
5. Full Name of Mother, Mrs Michael Foley
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father.
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Goldberg

Address, Same

Remarks, 62 N Fondal

M 89 V 000403 Catonsville

33861.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

F 338 67

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	Sept. 19 91
4.	*Place of Birth, (Street and Number)*	661 Josephine
5.	*Full Name of Mother,*	Alice Wilson
6.	*Mother's Maiden Name,*	
7.	*Mother's Birthplace,*	
8.	*Full Name of Father,*	
9.	*Father's Occupation,*	
10.	*Father's Birthplace,*	
	Name of Medical Attendant, or other person who makes this Return,	Dr Margaret Shultz
	Address,	
	Remarks,	Md Univ Maternité

8 9 1 0 0 0 4 0 3 2

and action shall be severe, daily against the [illegible] neglecting [illegible] to cause the birth of any child third day of each and every month to the office of the Commissioner of Health, [illegible] shall forthwith upon the mother immediately thereafter, [illegible] child to report its birth to the Commissioner of Health, [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

4 33853

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Dorothy Irene Albright

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) .... Female
2. Race or Color, (if not of the white race) .... White
3. Date of Birth .... Sept 19. 21
4. Place of Birth, (Street and Number) .... 715 Parie St
5. Full Name of Mother, ... Mary Albright
6. Mother's Maiden Name, ... Mary Weigand
7. Mother's Birthplace, ... Baltimore, Md
8. Full Name of Father, ... Ernest Albright
9. Father's Occupation, ... Shoemaker
10. Father's Birthplace, ... Germany

Name of Medical Attendant, or other person who makes this Return, ... Dr Spalding & Hagan

Address, ... 622 W Lombard

Remarks, ... Md Univ Mat

89100004033

[illegible] and recorded shall be delivered [illegible] signed by [illegible] on the [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician [illegible] or should no other person be in attendance upon the mother, immediately thereafter [illegible] of the person or parents of such child to report its birth to the Commissioner of the [illegible] within the period above required, and any such person or persons who shall hereafter fail [illegible] provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] other fines and forfeitures are recoverable

J. C. Dulany Co. City Printers and Stationers

RETURN OF A BIRTH. A 33864.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 20th 1891
4. Place of Birth, (Street and Number) 1716 N. Calvert
5. Full Name of Mother, Catherine Cobb Wilmer
6. Mother's Maiden Name, "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Charles Cobb
9. Father's Occupation, Traveling Salesman
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Geo. D. Reynolds M.D.

Address, 11 N. Calvert

Remarks,

1891000040 34

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

33365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color. (if not of the white race) Colored
3. Date of Birth, Sept 20.
4. Place of Birth. (Street and Number) 910 Morris alley
5. Full Name of Mother. Florence Rice
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Hammond & Shatty

Address, 622 W Lombard

Remarks, Md Univ Medicine

8 9 1 0 0 0 4 0 3 5

... any such person or persons who shall offend, to be recovered as other fines and forfeitures are recoverable ... jected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

33966.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex. (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. April 21st 1891.
4. Place of Birth. (Street and Number) 1521 E. Huntington Ave.
5. Full Name of Mother. Elizabeth Randle
6. Mother's Maiden Name, Waters
7. Mother's Birthplace, Union Mills Carroll Co.
8. Full Name of Father, Chas. W. Randle
9. Father's Occupation, Engineer Steam Yacht
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Dr. Edgar Tyson

Address, 1531 E. Monument St.

Remarks, 6910004036

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

The Registrar of Vital Statistics, under the direction of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother at the time of such birth, the parent or parents of such child, or the mother herself, if able, shall become the informant as to the particulars above required, and shall report the same to the Commissioner of Health, in the manner and within the time prescribed in this section; and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable

RETURN OF A BIRTH. A 33867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	I
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 24. 91.
4. Place of Birth, (Street and Number)	622 W Lombard
5. Full Name of Mother,	Sadie Jones
6. Mother's Maiden Name,	/
7. Mother's Birthplace,	Va
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	Dr Sadie Hayes
Address,	622 W Lombard St.
Remarks,	8 9 1 0 0 0 4 0 3 7

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 2nd 1911
4. Place of Birth, (Street and Number) 834 Fremont ave
5. Full Name of Mother, Atha Arthur Curry
6. Mother's Maiden Name, "
7. Mother's Birthplace, Ohio
8. Full Name of Father, Bartie Jamil Arthur
9. Father's Occupation, Black Smith
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Geo. B. Reynolds M.D.

Address, 711 N Calvert St

Remarks,

8 9 1 0 0 0 4 0 3 8

Every birth occurring in this city shall be reported within ten days thereafter, in the manner directed by the Board of Health, by the physician in attendance upon the case, or by the midwife, or by the father of the child, or in case the father be dead or absent from the city, by the mother, or by the householder or owner of the premises where the birth occurs, or by the manager or superintendent of any institution where the birth occurs. And it shall be the duty of each and every person required by this section to report the birth of any child to report to the Commissioner of Health the fact that he has made such report, and in default thereof he shall forfeit and pay for each and every such offence a penalty not exceeding fifty dollars, to be recovered as other fines and forfeitures are recoverable. And it shall be the duty of the Commissioner of Health to report to the Board of Health, at its regular meeting in the first month of every quarter, the name of every physician, midwife or other person who shall during the preceding quarter have neglected to report the birth of any child as required by this section, and the Board of Health shall cause the name of every person so reported to be stricken from the list of physicians, midwives or other persons authorized to report births, and no other person be in such case shall thereafter be employed or allowed to report births. And it shall be the duty of each and every person required by this section to report the birth of any child to report to the Commissioner of Health the fact that he has made such report, and in default thereof he shall forfeit and pay for each and every such offence a penalty not exceeding fifty dollars, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept. 21 1

4. Place of Birth, (Street and Number) 1620 Mount St.

5. Full Name of Mother, Lizzie Blakney

6. Mother's Maiden Name, Lizzie Burke

7. Mother's Birthplace, St. Blakney

8. Full Name of Father, Calvin

9. Father's Occupation, Stationer

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible]

6 9 1 0 0 0 4 0 3 9

Third day of each and every month to the office of the Commissioners aforesaid, under the penalties of the law. A child no other person he in which such birth shall occur without the other, immediately the same, the provisions of this section or parents of such child, or person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33870.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Sept 23 - 91
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Lizzie Carter
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Harry W Spalding

Address, Md. Univ. Maternite

Remarks, 1 8 9 1 0 0 0 4 0 4 0

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

33871.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 23 '91
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Lillian Howard
6. Mother's Maiden Name,
7. Mother's Birthplace, New Jersey
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. Hargrove & Hartzog

Address, 622 W Lombard

Remarks, 8910004041

... In case the birth of any child ... or shall no other person ... the period above required, and ... this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered ... other fines and forfeitures are recoverable ...

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

33872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 24th 1921
4. Place of Birth, (Street and Number) 1402 Eutaw St
5. Full Name of Mother, Mary Spence
6. Mother's Maiden Name, Quinlan
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Wm Spence
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Wm Thomas Miller

Address, 1402 Eutaw St

Remarks, 8910004042

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 33573.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Sept. 22 1894.
4. Place of Birth, (Street and Number) 1515 Bel Air Ave.
5. Full Name of Mother, Louisa Collins.
6. Mother's Maiden Name, Louisa Schneider
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Ernest Collins
9. Father's Occupation, Bar Tender
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Chas Brown

Address, 1500 Bel Air Ave

Remarks,

691000040 43

...third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, or should no other person be in attendance at the birth, the mother, immediately thereafter, shall report the same to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and within the period above required. And the said mother shall report the sex, color, date and place of birth, full name of child, full name of mother, maiden name of mother, birthplace of mother, full name of father, occupation of father, birthplace of father, and name, address and remarks of any such person or persons who may be in attendance at the birth. Any person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

698. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex. (state whether male or female) male
2. Race or Color. (if not of the white race) White
3. Date of Birth. 29 September
4. Place of Birth. (Street and Number) 723 Bath
5. Full Name of Mother. Christa B. Ebert
6. Mother's Maiden Name. Christa Draper
7. Mother's Birthplace. Bath
8. Full Name of Father. Edwin Bartel
9. Father's Occupation. Plumber
10. Father's Birthplace. Bath

Name of Medical Attendant, or other person who makes this Return. Delia Sadler

Address.

Remarks.

8 9 1 0 0 0 4 0 4 4

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, or should an other person be in attendance upon the mother immediately before or after the birth of the person or parent of such child, it shall be the duty of such person or parent of such child to report the particulars of such birth as required by this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33876.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23th 1891.
4. Place of Birth, (Street and Number) 428 N. Greene St
5. Full Name of Mother, Minnie Fortuna
6. Mother's Maiden Name, Lazza
7. Mother's Birthplace, Italy
8. Full Name of Father, Joseph Fortuna
9. Father's Occupation, Dyer & Weaver
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, West Penna Hospital

Address, 1038 E. Monument St

Remarks, 8910004045

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Every midwife or other person, who shall attend at the birth of any child in any case in which a physician or surgeon is not in attendance, and every physician or surgeon, who shall attend at the birth of any child in any case in which a midwife or other person is in attendance upon the mother, shall, within ten days after the birth occurs, report the same to the Commissioner of Health, in the manner required and with the particulars specified by the regulations of the Board of Health; and every midwife or other person, who shall neglect or refuse to make such report, or to comply with the provisions of this section in regard to any child born under his or her care, shall forfeit and pay a penalty of ten dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 33976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) F
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 25, 91
4. Place of Birth, (Street and Number) 834 N Chapel
5. Full Name of Mother, Annie Lippy
6. Mother's Maiden Name, " Finch
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank Lippy
9. Father's Occupation, Painter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. M. Hundley

Address, 1005 Druid Hill Ave

Remarks, 8 9 1 0 0 0 4 0 4 6

third day of each and every month to the office of the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the parents of such child fail to report the birth as herein required, the duty of reporting the same shall devolve upon the mother, immediately thereafter, in the manner and within the period above required, and such mother or person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 33877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 27th 1891

4. Place of Birth, (Street and Number) N.W. Cor Potomac & Albemarle Sts

5. Full Name of Mother, Florence O'Neil

6. Mother's Maiden Name, same

7. Mother's Birthplace, Maryland

8. Full Name of Father. Supposed to be Anthony Keegan

9. Father's Occupation, don't know

10. Father's Birthplace, " "

Name of Medical Attendant, or other Person who makes this Return. W. W. Jones

Address, 311 9 Donnell Pl

Remarks, The child is illegitimate.

18910004047

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 33878.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d. 3d. &c.) VII

1. *Sex, (state whether male or female).* Boy
2. *Race or Color, (if not of the white race).* white
3. *Date of Birth.* 27th Sptbr. 1891
4. *Place of Birth. (Street and Number)* Madeira Alley 423
5. *Full Name of Mother.* Kathe Dorndorf
6. *Mother's Maiden Name,* Geller
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Jacob Dorndorf
9. *Father's Occupation,* laberer
10. *Father's Birthplace,* Ditto.

Name of Medical Attendant, or other person who makes this Return. Mrs Bichler

Address, 235. S. Washington Str.

Remarks,

8910004048

third day of each and every month to the office of the Co[illegible]
shall occur without the attendance of a physician or pr[illegible]
attendance upon the mother, immediately thereafter it sh[illegible]
child to report its birth to the Commissioner of Health, in the manner [illegible]
any such person or persons who shall hereafter fail to comply with [illegible]
jected to the fine of ten (10) dollars for each offense, to be rec[illegible]

CITY OF BALTIMORE [illegible] 1891

A 33879

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth*	27 Sept
4	*Place of Birth, (Street and Number)*	311 W. Franklin St
5.	*Full Name of Mother*	Mary Monaghan
6.	*Mother's Maiden Name*	Mary McDermid
7.	*Mother's Birthplace*	Ireland
8.	*Full Name of Father*	Michael Monaghan
9.	*Father's Occupation*	carman
10.	*Father's Birthplace*	Ireland
	Name of Medical Attendant, or other person who makes this Return.	J. J. Reichenbach
	Address	1206 N. Eutaw St
	Remarks	8 9 1 0 0 0 4 0 4 9

third day of each and every month to the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the Commissioner of Health may require the evidence of such birth to be made before him. The Commissioner of Health may require the person making such return to report in addition to the facts required, and may administer the following oath: "You do solemnly swear and affirm that the return by you subscribed is true, according to the best of your knowledge and belief, so help you God." Any person who shall hereafter fail to make such return as required by this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

CITY OF BALTIMORE

WM. J. O. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 83880.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color. (if not of the white race)*	White.
3. *Date of Birth,*	September 27, 1891.
4. *Place of Birth, (Street and Number)*	86 Cedar ave.
5. *Full Name of Mother,*	Katie Cantwell
6. *Mother's Maiden Name,*	Chambers.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father.*	Owen J. Cantwell.
9. *Father's Occupation.*	Gardiner.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	1891 0004050

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate of such birth, which certificate shall contain the information required by this section, so far as the same can be ascertained by reasonable inquiry, and shall state whether the child was born alive or dead; and if any physician, midwife or other person required by this section to report any birth shall neglect or refuse to report the same within the time and in the manner required, and as to the information required, he shall forfeit and pay for every such neglect or refusal the sum of ten dollars; and if any person required by this section to report the birth of a child, or to furnish information concerning the same, shall refuse or neglect to report such birth or to furnish such information within the time and in the manner required by this section, or shall report or furnish any false information respecting the same, he shall forfeit and pay for every such offense the sum of ten dollars; and no other person shall be subject to the penalties of this section for the same offense, unless after notice from the Commissioner of Health, or one of the Registrars, he shall neglect to report such birth within the time and in the manner required by this section, and such person or persons who shall hereafter fail to report as aforesaid shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

FILM

RETURN OF A BIRTH. 33381.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th child
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	27 September
4.	*Place of Birth, (Street and Number)*	1902 S Charles St
5.	*Full Name of Mother,*	Bertie Wignigt
6.	*Mother's Maiden Name,*	Bertie Schakles
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	John Wignigt
9.	*Father's Occupation,*	Sailor
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	C A Tally
	Address,	1825 Ingleside Av
	Remarks,	Henry Snell

1 8 9 1 0 0 0 4 0 5 1

The penalty shall be Twenty Dollars for each offence. It shall be the duty of the Commissioner of Health to see that the provisions of this section are complied with, and to report all violations thereof to the State's Attorney. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person, as above required, make the return of such birth within the period above required, and the mother shall be unable to do so, it shall become the duty of the occupier of the house in which such birth occurs to report the same within the time above required, and such occupier shall be liable to the penalty hereinafter mentioned, unless he can show that he has complied with the provisions of this section. It shall be the duty of the Commissioner of Health, in the absence of the above mentioned returns, to cause the same to be made, and such person or persons who shall hereafter fail to make such return shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33887.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Third child
1.	*Sex.* (state whether male or female)	male
2.	*Race or Color.* (if not of the white race)	white
3.	*Date of Birth*	21 September
4.	*Place of Birth.* (Street and Number)	213 Barney St
5.	*Full Name of Mother*	Sallie Benson
6.	*Mother's Maiden Name*	Sallie Taylor
7.	*Mother's Birthplace*	Virginia
8.	*Full Name of Father*	Geo. Benson
9.	*Father's Occupation*	Engineer
10.	*Father's Birthplace*	Virginia
	Name of Medical Attendant, or other person who makes this Return	E. H. Tully
	Address	1121 Light St
	Remarks	Having well

8911000-4052

Third Day of each and every month to the office of the Commissioners of Health, Baltimore City, the birth of any child born within said City during the preceding month, and no other person be required to report such birth to the Commissioners of Health, unless the parent or parents of such child shall neglect to report the same for the space of ten days after the birth of such child, in which case the duty of reporting such birth shall devolve upon the mother, immediately thereafter, if she be living and within the period above required, and if she neglect to report the same within the time above limited, she shall be liable to the penalty hereinafter provided, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of five dollars for each offense, to be recovered as other fines and forfeitures are recoverable

BY J. D. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. E 33883.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, 1st 27th
4. Place of Birth, (Street and Number) 217 N. Arlington Ave
5. Full Name of Mother, Lizzie Marks
6. Mother's Maiden Name, Gunther
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George Marks.
9. Father's Occupation, Express Driver
10. Father's Birthplace, St. Louis

Name of Medical Attendant, or other person who makes this Return, Wm. Levine Asst
Address, 206 N. Schroeder St
Remarks,

8 9 1 0 0 0 4 0 5 3

shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother during her confinement, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence. OF BIRTH and other fines and forfeitures are recoverable

888 J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 27th Sept 1891

4. Place of Birth, (Street and Number) 222 E Cross St

5. Full Name of Mother, Mary Lieson Wife Name

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, Robert Lieson

8. Full Name of Father, Candymaker

9. Father's Occupation, Baltimore

10. Father's Birthplace, Elizabeth Yeomans

Name of Medical Attendant, or other Person who makes this Return

Address, 43 E Fort ave

Remarks, 8 9 1 0 0 0 4 0 5 4

Birth of any child shall occur without the attendance of a Physician or Midwife, the father or mother of such child to be registered upon the mother's certificate, and any such person who shall refuse to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH A 33885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 27 1891
4. Place of Birth, (Street and Number) 1541 N Fulton ave
5. Full Name of Mother, Mrs Mary Moore
6. Mother's Maiden Name, Mrs Mary Smith
7. Mother's Birthplace, Balti Md
8. Full Name of Father, Herman Moore
9. Father's Occupation, Traveling Salesman
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. D. M. J. Chappell

Address,

Remarks, 8910004055

said schedule shall be delivered, duly signed by the [illegible] of any child born, within ten days after the birth of any child. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the mother of such child shall, within ten days after the birth of such child, cause the same to be registered, and in default thereof, or in case the mother is unable to attend to the same, then the person in whose house or upon whose premises the birth shall occur, shall cause the same to be registered, and shall forward its birth to the Commissioner of Health. Any person who shall neglect or refuse to perform any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33886.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 28th 1891
4. Place of Birth, (Street and Number) 1089 E. Eager
5. Full Name of Mother, Mary McGinnity
6. Mother's Maiden Name, O'Kief
7. Mother's Birthplace, Balto
8. Full Name of Father, Bernard McGinnity
9. Father's Occupation, Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. ~~Dr~~ Geo B. Reynolds M.D.

Address, 511 N Calvert St

Remarks,

18910004056

third day of each and every month to the office of the Registrar of Vital Statistics, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required by law, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered by the State's Attorney in the name of the State.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Sept. 2, 1891.
4. Place of Birth, (Street and Number) 1626 Edmondson Ave.
5. Full Name of Mother, Louisa Eberhardt.
6. Mother's Maiden Name, Louisa Eberhardt
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Louis Eberhardt
9. Father's Occupation, Stable Boss.
10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return. J. D. Mitchell M.D.

Address,

Remarks,

8910004057

shall report without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth of such child, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health in the manner and with the particulars required by the ordinances of this city, within the period above required, under the penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33888.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twins

1. Sex, (state whether male or female) Boys
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th September.
4. Place of Birth, (Street and Number) 413 S. Washington St.
5. Full Name of Mother, Mary C. Hewett
6. Mother's Maiden Name, " " Eder
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Hewett
9. Father's Occupation, Coffee Roaster
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bichler

Address, 335 S. Washington St.

Remarks, 8 9 1 0 0 0 4 0 5 8

Third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. To cause the birth of any child to occur without the attendance of a physician, midwife or other person, he shall not be liable to any penalty; but it shall be the duty of the father, if he be present at the birth of such child, and within the period above specified, and if he be absent, then the mother, if able, and within the period above specified, and if she be unable, then the person in charge of the house in which such birth occurs, and within the period above specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33889.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 September 1891
4. *Place of Birth, (Street and Number)* 2217 Essex St
5. *Full Name of Mother,* Magi Eye
6. *Mother's Maiden Name,* Magi Klar
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred Eye
9. *Father's Occupation.* Laborman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 113 Eastern Av

Remarks,

1 8 9 1 0 0 0 4 0 5 9

third day of each and every month to the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate of such birth, stating the particulars required by said Registrar, which certificate shall be made, if practicable, by the attending physician or midwife, if there be one in attendance; but if there be no physician or midwife in attendance upon the mother, then the certificate shall be made and given by the father of such child, or in case of his absence or inability, then by the mother, or the person having charge of the parents or parents of such child; and every person who shall refuse or neglect to report such birth as herein required, and every person required by this section to make such report who shall make a false report of any birth, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

CITY OF BALTIMORE

BOARD OF HEALTH

BY J.C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33890.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 & 3

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth. 28 Sept.
4. Place of Birth, (Street and Number) 1319 Homewood Ave.
5. Full Name of Mother. Marie Hully Caillaux
6. Mother's Maiden Name,
7. Mother's Birthplace. Balt.
8. Full Name of Father. Leagus Hully
9. Father's Occupation,
10. Father's Birthplace. Balt.

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address. 928 N. Eutaw Av.

Remarks. + 8 9 1 0 0 0 4 0 6 0

CITY OF BALTIMORE 1891

Third day of each and every month to the office of the ... Code of Public Laws, to give the birth of any child ... and every such ... shall ... to the office ... in person, ... or should no other person be in ... upon the mother, immediately thereafter if ... shall ... to report its birth to the Commissioner of Health, ... any such person or persons who shall hereafter fail ... subjected to the fine of ten (10) dollars for each offense, ... recovered as other fines and forfeitures are recoverable.

1891 J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33891.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 28. 1891

4. Place of Birth, (Street and Number) St. Vincents Inf. Asy.

5. Full Name of Mother, Fannie Mauer

6. Mother's Maiden Name, Married

7. Mother's Birthplace, Not known

8. Full Name of Father, "

9. Father's Occupation. "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. A. A. Heine M. D.

Address. 1520 Druid Hill Ave

Remarks,

8 9 1 0 0 0 4 0 6 1

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if ~~not of the~~ white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8910004062

[Brief illegible boilerplate text about duty of Commissioners, penalty, and BALTIMORE]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

A 33893.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Sept 28th
4. *Place of Birth, (Street and Number)*	721 Ramsay Alley
5. *Full Name of Mother,*	Annie Limbach
6. *Mother's Maiden Name,*	Annie Canada
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Charles Limbach
9. *Father's Occupation,*	Moulder
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Steelyonda Klefer
Address,	
Remarks,	6th Ward 240 St

third day of each and every month to the office of the Commissioner of Health, a certificate setting forth the first and last name, sex, color, date of birth, place of birth, and the name, residence, and occupation of the parents of each child born within the city during the preceding month, which certificate shall be signed by the attendant upon the mother, if such there be, and if there be no such attendant, then by the householder or other person having knowledge of the facts; and no person shall be allowed to perform the duties of attendant upon any woman in labor, unless he shall have first obtained a certificate of qualification from the Commissioner of Health, and shall thereafter faithfully perform the duties required by this section. Any person who shall neglect or refuse to make the return required by this section, or who shall make a false return, shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to a fine of not less than five dollars nor more than twenty dollars for each offense. And any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. BULANY CO CITY PRINTERS AND STATIONERS

A 33894.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept 28 — 1891.
4. *Place of Birth, (Street and Number)*	1203 Warner st.
5. *Full Name of Mother,*	Mary Fetzer.
6. *Mother's Maiden Name,*	Kahl.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Mike Fetzer.
9. *Father's Occupation,*	Glass blower.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser. Midwife.
Address,	1032 Hanover st
Remarks,	18910004064

third day of each month, every month to the office of the Commissioner of Health. In case the birth of any child shall occur while the mother, immediately after the birth of such child, is in attendance at a public institution of maternity, or is within the period limited by law for the confinement of the person or persons of such institution, the superintendent or other officer of such institution shall be subject to report his birth to the same Board hereafter had as herein required of the parent, and shall in like manner be subject to the penalties and forfeitures for neglect and refusal to report as other fines and forfeitures are recoverable by such person or persons, to be recovered with the provisions of the ordinance, to be recovered as other fines and forfeitures are recoverable by such person or persons, to be recovered with the provisions of the ordinance, to be recovered as other fines and forfeitures are recoverable jected to the fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable

WM J. C. SULLIVAN CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 5th 91
4. *Place of Birth, (Street and Number)*	3d N corner Guilford Av
5. *Full Name of Mother,*	Nellie M McCauley
6. *Mother's Maiden Name,*	Nellie M Slaughter
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	J. Marion McCauley
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo Cathcart M.D.
Address,	
Remarks,	

1 8 9 1 0 0 0 4 0 6 5

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person required by this section make the return of such birth, then the midwife in attendance upon the mother immediately thereafter, if any there be, and if not, then the parent or parents, if able, of such child, or person in charge of the premises where such birth occurs, shall be required to report such birth to the Commissioner of Health, and any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTZ & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33896.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
2. Sex, (state whether male or female) Female
3. Race or Color. (if not of the white race) White
4. Date of Birth, 28 Sept. 1891
5. Place of Birth, (Street and Number) 288 Castle St.
6. Full Name of Mother, Emma Pfeifer
7. Mother's Maiden Name, Eva Herold
8. Mother's Birthplace, Germany
9. Full Name of Father, John Pfeifer
10. Father's Occupation, Laborer
    Father's Birthplace, Germany
    Name of Medical Attendant, or other person who makes this Return. Mary A. Perkins
    Address, 241 S. Chester
    Remarks, 8 9 1 0 0 0 4 0 6 6

BOARD OF HEALTH BALTIMORE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

33897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) Black
3. Date of Birth. Sept 28th 1891
4. Place of Birth, (Street and Number) 830 N. Eutaw St
5. Full Name of Mother. Lucy Willis
6. Mother's Maiden Name. Lucy Baker
7. Mother's Birthplace. Kent Co. Md.
8. Full Name of Father. John Jefferson Willis
9. Father's Occupation, Cook
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Amanda J. Norris, M.D.

Address, 870 Eutaw Ave

Remarks. 1891 00 4067

been collected, its act, &c. Act 1898, ch. 123, sec. 1. The [illegible] Attach a copy of this to the [illegible] shall refuse to shall be delivered daily signed by the [illegible] In case the birth of any child shall occur without the attendance of a physician or person [illegible] or parents of such child to report the birth to the [illegible] in lieu of the certificate required by this section shall be subjected to the fine of [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. BLAKELY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 28th 1891
4. Place of Birth, (Street and Number) 1108 Woodyear st.
5. Full Name of Mother, L Sparks
6. Mother's Maiden Name, Evans
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thos. A. Sparks
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. McCarty M.D.

Address, 1800 W. Balto. St.

Remarks,

1 8 9 1 0 0 0 4 0 6 8

CITY OF BALTIMORE 1891

third day of each and every month to the office of the Commissioner of Health, [illegible] birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the father, mother or other person in charge of such child or over the house where such birth occurred, to report the particulars of such birth to the Commissioner of Health, in the manner herein required, within ten days thereafter. If shall become [illegible] any such person or persons shall neglect or refuse to comply with the provisions of this section, he or they shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH L 33899.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Cr

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 28 d
4. Place of Birth, (Street and Number) 430 Conway St
5. Full Name of Mother, Annie L. Prokosky
6. Mother's Maiden Name, Annie L. Pisani
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Jan- Prokosky
9. Father's Occupation, Jailor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this return, Nicholas Slefer

Address, 8 Chapel 608 Eutaw St

Remarks,

Every midwife, or other person, (except a physician) who shall assist at the birth of any child, shall report the same to the Commissioner of Health, in the manner and within the period above required, under the penalty of ten dollars for each offense; and every physician who shall neglect to report the birth of any child, as above required, shall forfeit and pay the sum of five dollars for each offense. All fines and forfeitures imposed by this section shall be recovered by the Commissioner of Health, or his agent, before any justice of the peace of Baltimore City, in the name of the Mayor and City Council of Baltimore, for the use of the Health Department. The Commissioner of Health shall, on the third day of each and every month, report to the Comptroller all violations of this section, and the names of the persons who shall have neglected to report the same, and the Comptroller shall thereupon cause suit to be instituted against such persons who shall thereafter fail to comply with the provisions of this section, and prosecute the same to effect. Midwives who shall neglect to report births, as above required, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33900.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 28. 91
4. Place of Birth, (Street and Number) 622 W Lanvale
5. Full Name of Mother, Eliza Gross
6. Mother's Maiden Name, Unk.
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Haywood Hospital

Address, Md Gen. Hospital 622 W Lanvale.

Remarks,

1 8 9 1 0 0 0 4 0 7 0

third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance at the birth, the midwife present shall report the same. In case no midwife or other person be in attendance upon the mother immediately thereafter, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health. Any midwife or person who shall neglect or fail to make such report, as required by this section, shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to a fine of not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 33901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	I
1.	*Sex,* (*state whether male or female*)	Female
2.	*Race or Color,* (*if not of the white race*)	White
3.	*Date of Birth,*	Sept 28. 91
4.	*Place of Birth,* (*Street and Number*)	622 W. Lombard
5.	*Full Name of Mother,*	Teresa Lehmann
6.	*Mother's Maiden Name,*	Md.
7.	*Mother's Birthplace,*	
8.	*Full Name of Father,*	
9.	*Father's Occupation,*	
10.	*Father's Birthplace,*	
	Name of Medical Attendant, or other person who makes this Return,	Dr. Hargrove
	Address,	Md Univ Maryland
	Remarks,	622 W Lombard

6 9 1 0 0 0 4 0 7 1

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a return of any case ... attendance of a physician or midwife; and no other person shall be required to make such return. If the person or persons required, and ... shall occur within the limits of the city of Baltimore, and within ... after the birth, to report its birth to the Commissioners aforesaid, ... any such person or persons shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars, for each offense, to be recovered ... forfeitures are recoverable

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	29th of September
4. Place of Birth (Street and Number),	1637 Eastern Avenue
5. Full Name of Mother,	Franziska Kurtner
6. Mother's Maiden Name,	Franziska Schmitt
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Carl Kutyner
9. Father's Occupation,	Laborer
10. Father's Birthplace.	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hill M.D.
Address,	207 N Castle Street
Remarks,	

8 9 1 0 0 0 4 0 7 2

Male and every female person in charge of any house in which a child is born, or in which a person is living at the time of the death of a child, who shall neglect to report the birth or death of such child, as required by this ordinance, shall forfeit and pay for each offence a penalty of not less than two dollars nor more than ten dollars, to be recovered before any justice of the peace of Baltimore City, on the complaint of the Commissioner of Health, in the manner and within the time prescribed by law for the recovery of penalties and forfeitures. Any physician or practitioner of midwifery who shall neglect to report any birth at which he was in attendance, shall, on the first conviction, forfeit and pay a penalty of five dollars, and for every subsequent conviction, shall forfeit and pay a penalty of ten dollars; and any undertaker who shall neglect to report any death which he is employed to bury, shall, on the first conviction, forfeit and pay a penalty of five dollars, and for every subsequent conviction, shall forfeit and pay a penalty of ten dollars; and any sexton who shall neglect to report any death of which he has charge, shall, on the first conviction, forfeit and pay a penalty of five dollars, and for every subsequent conviction, shall forfeit and pay a penalty of ten dollars; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 33903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 986 Forest St.
4. Place of Birth, (Street and Number) 2 [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

8 9 1 0 0 0 4 0 7 3

[illegible] day of each and every month to the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child, or other person having charge of such child, to report the birth as required by this section. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall, for each offense, be subject to the fine of Ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33904.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 1 0 0 0 4 0 7 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33903.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 not Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 29th 1891
4. Place of Birth, (Street and Number) 812 St. Peter St.
5. Full Name of Mother, Agnus. B. Seibel
6. Mother's Maiden Name, Agnus. B. McGuire
7. Mother's Birthplace, Clinton County New York
8. Full Name of Father, Wm D. Seibel
9. Father's Occupation, Driver
10. Father's Birthplace, Easton Pa.

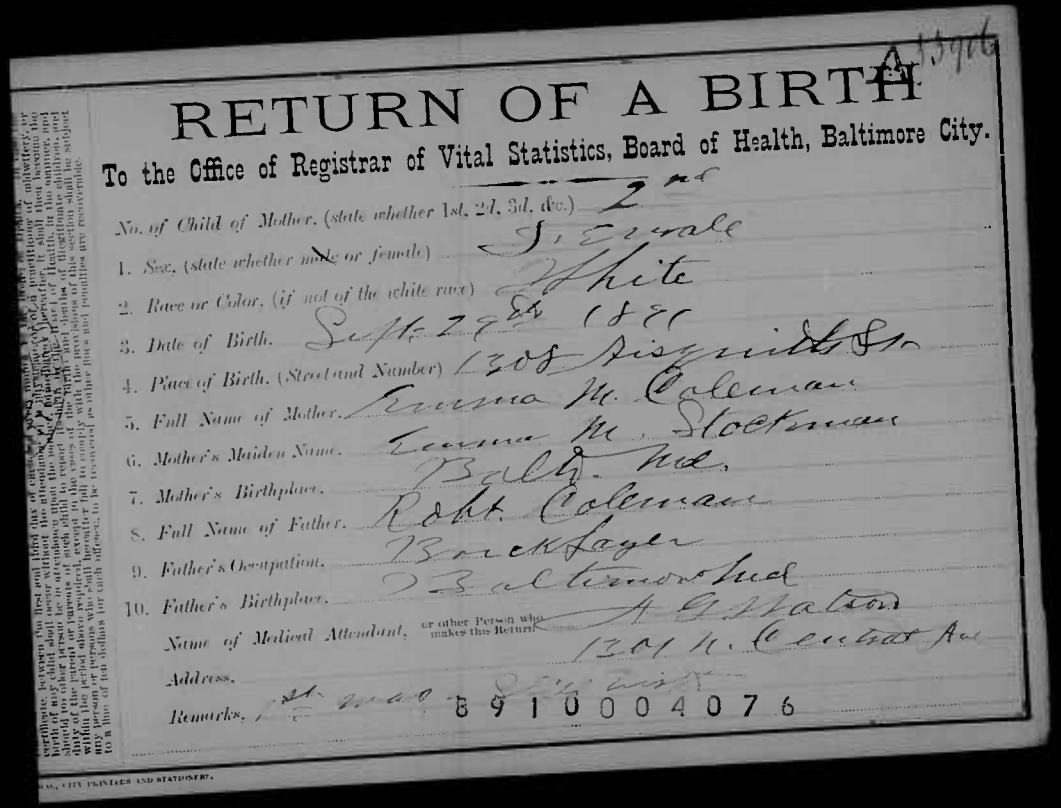
Name of Medical Attendant, or other person who makes this Return. Chas. Grosel

Address, 413 S. Stapleton St

Remarks, 8 9 1 0 0 0 4 0 7 5

Every day of each and every month a list, signed by the midwife, nurse, or other person in attendance upon such births, shall be delivered to the Registrar of Vital Statistics, or should no other person be in attendance upon the birth, the physician, midwife, nurse, or other person in charge of the house in which such child is born, shall immediately thereafter report the birth to the Registrar of Vital Statistics, and within the period above specified. In case of the birth of a child in any house where there is no person in charge of the house, the duty of the person or parents of such child to report such birth shall be the same as is herein required of the person in charge of the house; and every such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS



RETURN OF A BIRTH

A 13976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) F. Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. Sept. 27th 1877

4. Place of Birth, (Street and Number) 1205 Risgnidt St.

5. Full Name of Mother. Emma M. Coleman

6. Mother's Maiden Name. Emma M. Stottman

7. Mother's Birthplace. Balto. Md.

8. Full Name of Father. Robt. Coleman

9. Father's Occupation. Bricklayer

10. Father's Birthplace. Baltimore Md

Name of Medical Attendant, or other Person who makes this Return A. G. Watson

Address. 1201 N. Central Ave

Remarks. 21 mos

B 9 1 0 0 0 4 0 7 6

...ORE, CITY PRINTER AND STATIONER.

RETURN OF A BIRTH A 33907.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex (~~state whether~~ male ~~or female~~),
2. Race or Color (if not of the white race),
3. Date of Birth, 29th Sept 189
4. Place of Birth (Street and Number), 2201 N Calvert St
5. Full Name of Mother, Fran E. Prentis
   Francis
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, Peter Prentis
9. Father's Occupation, Merchant
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Dr Taylor

Address, Wendy Place

Remarks, 8 9 1 0 0 0 4 0 7 7

the attendance of a physician or practitioner at childbirth or should no other person be in attendance upon the mother, the midwife or other person who shall fail to report the birth as herein required, shall forfeit and pay for each such offense a sum not exceeding ten dollars ($10.00) to be recovered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

33908.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Sept 2 - Yesterday
4. Place of Birth, (Street and Number) 52 Gorsuch Ave.
5. Full Name of Mother, Mrs Jackson
6. Mother's Maiden Name, Unk
7. Mother's Birthplace, Balto
8. Full Name of Father, Mr Jackson
9. Father's Occupation, Railroadman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Dr Lynn E Dickson

Address, 22 - West 4

Remarks,

8 9 1 0 0 0 4 0 7 8

In order that every birth may be duly registered, it is required by law that a certificate of every birth shall be filed with the Registrar of Vital Statistics, Board of Health, Baltimore City, by the physician or midwife in attendance upon the mother; if there be no physician or midwife in attendance, then by the father or mother of the child, or the householder or owner of the premises where the birth occurs within ten days after the birth occurs; and if the child be born on board of any vessel arriving in port, the captain or commander of such vessel shall report its birth to the Commissioner of Health within forty-eight hours after arrival, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month by the office of the Commissioner of Health, or other person or persons duly appointed by him for the purpose, a certificate of a physician or practitioner, midwife, or other person or parents of such child, stating the name, sex, color, date and place of birth, and the name, residence, and occupation of the parents of such child, and such other particulars as may be required by the Board of Health; and it shall be the duty of the mother, immediately thereafter if she shall be able, and if not able, then the physician, midwife, or other person in attendance upon the mother, or the father, householder or owner of the premises where the birth occurs, within ten days after the birth occurs, to report its birth to the Commissioner of Health, and if the child be born on board of any vessel arriving in port, the captain or commander of such vessel shall report its birth to the Commissioner of Health within forty-eight hours after arrival, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. B. 33909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 29th 1891
4. Place of Birth, (Street and Number) 228 N. Schroder St
5. Full Name of Mother, Minnie Deitzel
6. Mother's Maiden Name, " " " Snyder
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Christian Deitzel
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie Deitzel

Address, ~~229~~ N. 206 N. Schroder St

Remarks,

8 9 1 0 0 0 4 0 7 9

In case the birth of any child shall occur without the State, or without the limits of any city, or should no other person be in attendance at the birth, the mother, immediately thereafter, shall make and within the period required, and city such person or persons, who shall occur within the limits of this section shall be subattendance at the birth to the Commissioner of Health, or other officer, with the particulars required by this section, and each and every midwife, or other person in attendance, who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

Third day of each and every month to the other Registrar of Vital Statistics, Board of Health, Baltimore City, or shall do no other person, he in which it occurs, and the Registrar, or other officer, to whom the duty of the person or persons required, and jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health, a certificate of the birth of any child that shall occur within the limits of the city, which certificate shall be signed by the attendant upon such birth, if a physician or practitioner of medicine, midwife, or other person; but no other person shall be required to report such birth to the Commissioner of Health unless requested so to do by the parent or parents of such child; and every such physician, practitioner of medicine, midwife, or other person who shall hereafter fail to report its birth to the Commissioner of Health within the time and in the manner herein required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Sept 29th 1897
4.	*Place of Birth, (Street and Number)*	206 N. Henrietta st
5.	*Full Name of Mother,*	Mary Cathy Abey
6.	*Mother's Maiden Name,*	Lett
7.	*Mother's Birthplace,*	Washington D.C.
8.	*Full Name of Father,*	Chas E. Abey
9.	*Father's Occupation,*	Produce Dealer
10.	*Father's Birthplace,*	Balto City
	Name of Medical Attendant, or other person who makes this Return,	R.C. Lee
	Address,	Hanover st
	Remarks,	

8910004080

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

A 33911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29th. 8/ th.
4. Place of Birth, (Street and Number) 221 Duncan Alley
5. Full Name of Mother, L. Sof.
6. Mother's Maiden Name, L. Tull
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. Scott
9. Father's Occupation, Laborer
10. Father's Birthplace, Brooklyn, L. I. N. Y.

Name of Medical Attendant, or other person who makes this Return. Mary A. Fuller

Address, 241 B. E. Lee St

Remarks, 8 9 1 0 0 0 4 0 8 1

third day of each and every month to the office of the Commissioner of Health, in the city of Baltimore, such certificate as he is required by ordinance to make, and shall report to the Commissioner of Health, in the same manner, the name of each child born in such house, or in the attendance of which he shall become engaged within the period of twenty-four hours after the birth, and shall decline to make the certificate required, and shall neglect to report the birth as aforesaid within the time specified, or shall knowingly make a false certificate or report, he shall be subject to a penalty of not less than twenty dollars nor more than one hundred dollars for each offense, to be recovered as other penalties are recoverable.

CITY OF BALTIMORE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

33917

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	2 Nov Sept 1891
4. Place of Birth, (Street and Number)	502 E Fort ave
5. Full Name of Mother,	Margaret Kildeman Flynn
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Kildeman
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Elizabeth Jewell
Address,	426 E Fort ave
Remarks,	8910004082

certificate between the first and third days of the month, by the attendance of a Physician or Midwife, or other person present at the birth, and within the month, immediately thereafter it shall be the duty of the father or parent of such child to report the birth to the Commissioner of Health, the information of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 29
4. Place of Birth (Street and Number)	409 S. Gilmore St
5. Full Name of Mother	Emma Crofoot Muir
6. Mother's Maiden Name	Emma Crofoot
7. Mother's Birthplace	D. C.
8. Full Name of Father	Frederick Muir
9. Father's Occupation	Salesman
10. Father's Birthplace	Balt Md
Name of Medical Attendant, or other Person who makes this Return.	Robt K Kneas
Address	1208 W Baltimore St
Remarks	

8910004083

With six days after the birth, stating distinctly, if a living child, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

A 33914.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	First-
	Sex. (state whether male or female)	Female
	Race or Color. (if not of the white race)	
	Date of Birth.	Sept 29- 91.
	Place of Birth. (Street and Number)	1413 Ridge Place
5.	*Full Name of Mother.*	Margaret Sauer
6.	*Mother's Maiden Name.*	" Hertel
7.	*Mother's Birthplace.*	Germany
8.	*Full Name of Father.*	Rodgers Sauer
9.	*Father's Occupation.*	Cooper
10.	*Father's Birthplace.*	Germany
	Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Averill
	Address.	912 Mc Donogh
	Remarks,	

8 9 1 0 0 0 4 0 8 4

CITY OF BALTIMORE 1891

The Law is explicit and every month (s 1183) Sec. of the Code, Art. [illegible] requires the birth of any child shall occur without the attendance of a physician or person [illegible] until no other person be in attendance upon the mother, immediately thereafter it [illegible] person or parents of such child, [illegible] persons who shall hereafter fail to [illegible] with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. SULLIVAN CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) It is the first.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 22, 1891
4. Place of Birth, (Street and Number) 110 Hanover St, Baltimore Md
5. Full Name of Mother, Maggie Krakauskas
6. Mother's Maiden Name, Maggie Jasaitis
7. Mother's Birthplace, Lithuania, Europe
8. Full Name of Father, Peter Krakauskas
9. Father's Occupation, Tailoring
10. Father's Birthplace, Lithuania, Europe

Name of Medical Attendant, or other person who makes this Return, John Szlupas, M. D.

Address, 312 S. Bond Street, Baltimore Md

Remarks,

8 9 1 0 0 0 4 0 8 5

Every person who shall neglect to report the birth of any child as required by this section, shall forfeit and pay for each offence a sum not exceeding ten dollars, nor less than two dollars, to be recovered before any justice of the peace of the county where such offence shall be committed, on the complaint of the Commissioner of Health. In case the birth of any child shall occur upon the premises of a private family, the duty of reporting such birth shall devolve upon the householder or owner of such premises, and not upon the attendance of a physician or midwife, if the person or persons so required shall neglect to report its birth within the period above mentioned, he, she or they shall be subject to the penalty hereinbefore imposed, and it shall be the duty of the Commissioner of Health, in the first instance, to call upon any such person who shall hereafter fail to report such birth, and to require him, her or them to comply with the provisions of this section, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars, for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33916.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Sept 29th 1891
4. Place of Birth (Street and Number), 2101 Fairmount Ave
5. Full Name of Mother, Catharine Agnes Griffin
6. Mother's Maiden Name, Jos. L. Turner
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Joseph Nowell Griffin
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. James E. Donnelly M.D.

Address, 1701 Baltimore St. East

Remarks,

8 9 1 0 0 0 4 0 8 6

each and every month to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate of the birth of each child born within the limits of Baltimore City, which certificate shall be signed by the attendance of a physician or midwife, if such there be in attendance; but if there be no such attendance, then by the father or mother, if able to do so, or by the householder or owner of the premises where the birth occurs, or by the nurse in attendance; and any such person or persons who shall neglect or refuse to make such return within the period above specified, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

C 33917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3 st
2. Sex. (state whether male or female) female
3. Race or Color. (if not of the white race) white
4. Date of Birth. September 29 1891.
5. Place of Birth. (Street and Number) ~~917~~ 917 E. Pratt st
6. Full Name of Mother. Annie Kirch
7. Mother's Maiden Name, Europe
8. Mother's Birthplace, Jacob Kirch
9. Full Name of Father. Europe
10. Father's Birthplace, Mrs C. Bernstein

Name of Medical Attendant, or other person who makes this Return. 122 S. Exeter st

Address.

Remarks, 8910004087

Third day of each and every month to the office of the Commissioner of Health, in the City of Baltimore, a return of every birth that shall occur during the preceding month, and in case no birth shall occur during any month, the attendant physician or midwife, or in his or her absence, the nearest relative present at the birth, or the person in charge of the premises where the birth occurs, shall immediately thereafter report the fact to the Commissioner of Health. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the penalty of fifty dollars for each offense, to be recovered as other penalties are recoverable by law. And every midwife who shall neglect or refuse to report any birth at which she officiates, as required by this section, shall be subject to the fine of ten dollars, for each offense, to be recovered as other penalties are recoverable by law.

CITY OF BALTIMORE

BY J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33918.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 27
4. Place of Birth, (Street and Number) 327 S. Calhoun
5. Full Name of Mother, Maria [illegible] Tucker
6. Mother's Maiden Name, " " [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 937 [illegible]

Remarks, [illegible]

8910004088

CITY OF BALTIMORE 1891

third day of each and every month to the office of the Registrar of Vital Statistics, or furnish no other person he is required by law to report the birth of such child, shall occur without the attendance of a physician or midwife, the person or parents of such child are required immediately thereafter to report the birth to the Commissioner of Health, and upon his request shall furnish such information as may be required by him in relation thereto. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33919.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 8 9 1 0 0 0 4 0 8 9

In case of the death of any child within one month after birth, or of any mother during or after confinement, the Midwife or other person attending shall report the same, with the cause thereof, as directed in the case of births; and for every neglect or refusal to make such report within the time prescribed, the person offending shall be subject to the fine of ten dollars, to be recovered as other fines are recoverable.

Every midwife or other person who shall attend upon the birth of any child shall, within ten days after such birth, deliver or cause to be delivered to the parent or parents of such child, or to the person having charge of such child, a blank form of return, prepared by the Commissioner of Health, and furnished by the Registrar of Vital Statistics, and shall receive from such parent or person having charge of such child a certificate of the facts required to be reported, and shall forward the same, with the return of the birth, to the Registrar of Vital Statistics, within the third day of each and every month to the office of the Commissioner of Health, or in such manner and at such other time as may hereafter be required by the Commissioner of Health, under the penalty of ten dollars for each offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 33920.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within six days thereafter, stating distinctly, if dead born, sex and cause of the case or cases of children born, its or their physical condition, whether still born or not, also full name, nativity, and residence of the parents, and the maiden name of the mother in each case of children.

CITY OF BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether ~~Male or~~ Female)	White
2. Race or Color (if not of the white race)	Sept 29 th 1891
3. Date of Birth	429 S. Eagle
4. Place of Birth (Street and Number)	Cath. J. Walsh
5. Full Name of Mother	Cath. J. Baker
6. Mother's Maiden Name	White
7. Mother's Birthplace	Jno. J. Walsh
8. Full Name of Father	Clerk
9. Father's Occupation	Balt.
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Jno. B. Latimer
Address	113 N. Emanuel
Remarks	No physician in attendance

8 9 1 0 0 0 4 0 9 0

RETURN OF A BIRTH. 23931.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color. (if not of the white race) White
3. Date of Birth. Sept 24th 1891
4. Place of Birth. (Street and Number) 1926 Harford Ave
5. Full Name of Mother. Ida Gilbert
6. Mother's Maiden Name, Donaghoe
7. Mother's Birthplace. Balto Md
8. Full Name of Father, Louis Gilbert
9. Father's Occupation, Day Laborer
10. Father's Birthplace. Balto Md

Name of Medical Attendant, or other person who makes this Return, Dr. [illegible]

Address, [illegible]

Remarks, 8 9 1 0 0 0 4 0 9 1

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 23397 V

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Sept 29 '97
4. Place of Birth, (Street and Number) 608 Burgundy al
5. Full Name of Mother, Annie Williams
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Haywood Goldsborough

Address, 622 E Lombard

Remarks, MD Univ Maternite

8910004092

shall neglect or refuse, for the space of ten days after the birth of any child born within the limits of the City of Baltimore, to report the birth of such child to the Registrar of Vital Statistics, Board of Health, Baltimore City, as required by this section, or shall report the same falsely, or shall cause the birth of any child to be reported falsely, or shall report falsely the date of the birth of any child to which he or she is the physician, midwife, nurse or other person present at the birth of such child, or the parent of such child, or the householder in whose house such child is born, or the undertaker who buries such child, or the sexton of the burial ground in which such child is buried, or the keeper of the almshouse, hospital or other institution in which such child is born, or the coroner who holds an inquest upon such child, or any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3d) Third.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth. September 27th 91
4. Place of Birth, (Street and Number) No 863 Fayden Ave, City.
5. Full Name of Mother, Sarah Elizabeth Clarance.
6. Mother's Maiden Name, Sarah Elizabeth Mason.
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, William Henry Clarance
9. Father's Occupation, (Present.) Messenger. (Trade) Printer.
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Annie Johnson

Address. 10 y Lyon St. Balto. Md.

Remarks, 8910004093

CITY OF

...day of ... the ... every parent, ... to be ... shall occur ... the ... shall ... attendance ... shall ... report ... to the ... duly ... jected ... the ... of ... dollars, for each ...

...ury, or shall no other person ... the ... of the person or parents ... and ... within the period ... shall be ... the provisions ... forfeitures are recoverable ... other fines and ...

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 339 nl.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 29 of September
4. Place of Birth, (Street and Number) 1372 Fremont St
5. Full Name of Mother, Hannah Duncan
6. Mother's Maiden Name, Hannah Miller
7. Mother's Birthplace, King george Co. Va.
8. Full Name of Father, Charles Duncan
9. Father's Occupation, Barber
10. Father's Birthplace, New York State

Name of Medical Attendant, or other person who makes this Return. Mary E. Jones

Address, 1121 Saratoga St Baltimore Md

Remarks, 8910004094

Third day of each and every month of the year, a list, signed by the Clerk or other person to be appointed for that purpose by the Board of Health, of all births which shall occur within the city during the next preceding month, and which shall not have been returned to the Registrar of Vital Statistics, shall become the duty of the Clerk or other person to be appointed as aforesaid, immediately thereafter, to make out and deliver to the Commissioner of Health, a list containing the names of all persons who shall have neglected to make the returns required, and attendance of such Clerk or other person to be appointed as aforesaid, at the next meeting of the Board of Health, for the purpose of delivering such list. And any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. All fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether mate or female)*	M
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Sept 30th 1891
4. *Place of Birth, (Street and Number)*	1109 Bolton street
5. *Full Name of Mother,*	Mrs Lilly Dawson
6. *Mother's Maiden Name,*	Conelen
7. *Mother's Birthplace,*	Balt^o
8. *Fult Name of Father.*	Thomas M Dawson
9. *Father's Occupation,*	Agent Vacuum Oil Co
10. *Father's Birthplace,*	Balt^o
Name of Medical Attendant, or other person who makes this Return.	R. Winslow
Address,	1905 N. Royal Terrace
Remarks,	8910004095

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a return of every birth occurring in the family of such householder, or in any house, tenement or lodging room occupied by him, or in any house, tenement or lodging room owned by him and occupied by others, of which he has charge, without unnecessary delay, and within the period aforesaid, whether he has received notice of such birth or not. Should no other person be in attendance upon the mother at the time of the birth, the person in charge of the house, tenement or lodging room where the birth occurs shall immediately thereafter report the same as herein required. And any householder or other person who shall neglect or refuse to report as herein required, or who shall knowingly report falsely, or who shall neglect or refuse to report the birth of any child born in any house, tenement or lodging room owned by him and occupied by others, of which he has charge, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 33926.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 30th 1891
4. *Place of Birth, (Street and Number)* 1208 Boyer ave. Balto.
5. *Full Name of Mother,* Ida Knighton
6. *Mother's Maiden Name,* Ida Bonn
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John A Knighton
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Maryland

Name of Medical Attendant. or other Person who makes this Return. Silas Baldwin

Address, 705 Lafayette ave.

Remarks,

8 9 1 0 0 0 4 0 9 6

Murphy & Co., City Printers and Stationers.

certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child, to report said birth within the time specified, to the Registrar of Vital Statistics, for the district where the birth occurred, and any such person or persons who shall hereafter fail to comply with the requirements of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 33927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, Sept 30
4. Place of Birth, (Street and Number) 92 Calvert St.
5. Full Name of Mother, Hannah Cook
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Waldie Hayes

Address, 622 W Lombard

Remarks, Md Univ Maternite

6910004097

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

...third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur upon the premises of a private boarding or lodging house, or upon any premises other than those of the parents of such child, it shall be the duty of the attendant, if a physician, midwife or nurse, and in the absence of such attendant, of the householder or owner of such premises, to report its birth to the Commissioner of Health, as herein required, under the penalties imposed by this section upon the parents; and it shall be the duty of the Commissioner of Health to enforce the provisions of this section against any such person or persons who shall neglect or refuse to report births as herein required, and to collect the fine of ten dollars for each offence, and forfeitures are recoverable ...ject to the fine of ten dollars for each offence, and forfeitures are recoverable

RETURN OF A BIRTH. 33938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	30 September
4. *Place of Birth, (Street and Number)*	2422 East Biddle St
5. *Full Name of Mother,*	Lizzie Hafford
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph McCann
9. *Father's Occupation,*	Engineer & Black
10. *Father's Birthplace,*	Ohio Smith
Name of Medical Attendant, or other person who makes this Return.	
Address,	W. J. Chapel M.D.
Remarks,	

8 9 1 0 0 8 4 0 9 8

third day of each and every month to the [illegible] of Health, or shall no other person be th[illegible] shall occur without the attendance of a phy[illegible] or if such become [illegible] attendance upon the mother, immediately [illegible] child to report the [illegible] any such person who shall hereafter [illegible] subject to the fine of ten (10) dollars for each offence.

DUTY OF PARENTS [illegible] other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33979.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 30th Septbr. 01
4. Place of Birth, (Street and Number) 1 Bethel Str: 603.
5. Full Name of Mother, Mary Time.
6. Mother's Maiden Name, Mohr
7. Mother's Birthplace, Germania
8. Full Name of Father, Jacob Time
9. Father's Occupation, Laborer
10. Father's Birthplace, Pittsburg Pa.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bichler

Address, 335 S. Washington Str:

Remarks. 1 8 9 1 0 0 0 4 0 9 9

Each day of each and every month in the office of the Commissioner of Health, a Record of the births of any child shall occur without the same being reported by a physician or practitioner, midwife or other person lie in attendance upon its birth to the Commissioner of Health, as the case may be, within the period above required, such person or persons who shall neglect or refuse to comply with the provisions of this section, shall for each and every such offence, on conviction thereof before any court of competent jurisdiction, be fined not less than five dollars nor more than twenty dollars, and in default of the payment of such fine shall be committed to the House of Correction for a period not exceeding thirty days; and it shall be the duty of the State's Attorney for Baltimore City to prosecute all persons who shall neglect or refuse to report births as required by this section, and all fines collected for such offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

B 339930.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 30 — 1891
4. Place of Birth, (Street and Number) 412 S. Dallas St.
5. Full Name of Mother, Barbara E. Omeis
6. Mother's Maiden Name, Kazzler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Omeis
9. Father's Occupation, Cooper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, Harry Stein

Address, 1427 E Pratt St

Remarks,

8 9 1 0 0 0 4 1 0 0

third day of each and every month to the office of the Commissioner of Health, in case any birth of any child shall occur in a house where there is no physician or practitioner, and where the parent or parents of such child cannot, or shall not, attend to the same, then the householder or keeper of the house where such birth occurs shall attend to the same, and report the same as required above; and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 30 Oct
4. Place of Birth, (Street and Number) 420 N Patterson Park Ave
5. Full Name of Mother, Ida Baldwin
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father
9. Father's Occupation, Clerk
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

6910004101

Every midwife or other person (except a physician) who shall assist at the birth of any child in this City, shall, within ten days thereafter, make a return of the birth to the Registrar of Vital Statistics, and for every neglect or refusal to make such return, such midwife or other person shall forfeit and pay a sum not exceeding ten dollars, to be recovered before any justice of the peace of this City, on the complaint of the Registrar of Vital Statistics, or any person who will prosecute for the same; and it shall be the duty of the Registrar of Vital Statistics to prosecute for every such offense, when informed thereof, and to pay over all penalties and forfeitures recovered to the use of the Board of Health. See Art. 12, Sec. 44, Code of Public Local Laws.

In case the birth of any child shall occur without the city limits, and the same shall be attended by a physician, it shall be the duty of such physician to make the return required, and attendance upon the mother of such child shall be deemed sufficient evidence of the fact to require him to make such return. In case there is no physician in attendance upon the mother, the return required by this section shall be made by the person in charge of the house in which the birth occurs, or by the nearest relative present at the birth, or by the midwife in attendance, within the time and under the penalties prescribed in the first section of this Article.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* Sept 30th 1891
4. *Place of Birth,* (Street and Number) 206 N. Schroder St
5. *Full Name of Mother,* Louie A Crater
6. *Mother's Maiden Name,* " " Weber
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Jacob A Crater
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wm Dunnis Graf

Address, 206 N. Schroder St

Remarks,

8910004102

Every one of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a return of every birth which shall occur within the limits of the city, or should no other person be in attendance, upon the mother, the Commissioner of Health shall require the return of such birth to be made by the person who shall be in attendance upon the mother at the birth of such child, and any such person who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

A 33933

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 30 Feb.
4. *Place of Birth, (Street and Number)* 316 [illegible] 81
5. *Full Name of Mother* Annie McDaniel
6. *Mother's Maiden Name,* " Daily
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* James McDaniel
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Mrs. [illegible]

Address,

Remarks, 8910004103

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

A 33934

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex. (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Sept. 30th 1891
4. Place of Birth, (Street and Number) 35 N. P. P. Ave.
5. Full Name of Mother, Barbara E. Ackermann
6. Mother's Maiden Name, Jost.
7. Mother's Birthplace, Ohio
8. Full Name of Father, George Ackermann
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. E. P. Brown M. D.

Address, 1838 E. Balto St.

Remarks,

8 9 1 0 0 0 4 1 0 4

third day of each and every month to the office of the Commissioner of Health, by letter or otherwise, the birth of any child and every case without the attendance of a physician or midwife, it shall be the duty of the father or mother of such child, or in case of the absence or inability of both father and mother, the householder in whose house such child was born, or the person having charge of such child, to report its birth to the Commissioner of Health, in the manner above required, and attendance upon the mother immediately thereafter, in the case of a physician or midwife, and in all other cases within ten days after the birth of such child, and any such person who shall neglect or refuse to comply with the provisions of this section shall forfeit and pay for each offense, to be recovered as debts of like amount are recoverable by law, the sum of ten dollars.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 339 36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	30 Sept. 1891
Place of Birth, (Street and Number)	1516 Gough St.
5. Full Name of Mother,	Mary A. Duncan
6. Mother's Maiden Name,	Yost.
7. Mother's Birthplace,	City.
8. Full Name of Father,	John H. Duncan
9. Father's Occupation,	Clerk
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	C. P. Brown M.D.
Address,	1834 E. Balto. St.
Remarks,	8910004105

Every midwife, physician or person who shall attend upon any case of the birth of any child within the city of Baltimore, shall, within the first three days after the birth of any child and every month to the office of the Commissioner of Health, a certificate of such birth, stating the name, residence and occupation of the parents of such child, the sex of the child, the time and place of birth, and the name and residence of the physician or person who shall have attended upon the birth of such child; and in case no physician or person shall have attended upon the birth of such child, then the mother of such child, within the first three days after the birth of such child, shall report the same to the Commissioner of Health in manner and form as aforesaid; and every person who shall neglect or refuse to make such report as aforesaid, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

BALTIMORE CITY 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 33936.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colrd
3. Date of Birth, Born Dec 9
4. Place of Birth, (Street and Number) 104 N Bruce
5. Full Name of Mother, Mrs James Johnson
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, James Johnson
9. Father's Occupation, Driver
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. D. E. Ellenberg

Address, Lemmon Square

Remarks,

8 9 1 0 0 0 4 1 0 6

Every birth shall be reported within ten days thereof to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, the father or mother of such child or other person having charge of the same shall report the birth to the Commissioner of Health within the first ten days after the birth, and in case of the neglect of any person to report such birth as herein required, such person shall forfeit to the use of the City of Baltimore the sum of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Every midwife or nurse in attendance upon a birth shall report the same to the Commissioner of Health within the first ten days after the birth, and every physician in attendance upon a birth shall report the same to the Commissioner of Health within the first ten days after the birth, and every midwife or nurse who shall neglect to report such birth as herein required, shall forfeit to the use of the City of Baltimore the sum of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex. (state whether male or female) Male
2. Race or Color. (if not of the white race)
3. Date of Birth. September 30th 1
4. Place of Birth. (Street and Number) Cedar Road Northern
5. Full Name of Mother.
6. Mother's Maiden Name.
7. Mother's Birthplace.
8. Full Name of Father.
9. Father's Occupation.
10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8910004107

Third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth occurs in an institution, the physician or midwife in charge shall make the return required by this section. No certificate shall be issued without the attendance of a physician or midwife, or should no one in attendance be known, without the permission of the Registrar of Vital Statistics, and such permission shall be granted only after the facts of the case have been investigated, and shall issue upon the motion of the Commissioner of Health. It shall be the duty of the parent or guardian of every child to report the birth of such child to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time prescribed by this section, and any such person who shall neglect or fail to comply with the provisions of this section shall be subject to the penalties and forfeitures are recoverable by any such person as in the case of other offenses, to be recovered as other fines and forfeitures are recoverable by law, and shall be fine of ten (10) dollars for each offense.

J. D. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33938.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 30 1891

4. Place of Birth, (Street and Number) 591 Bloom St

5. Full Name of Mother, Anna Plum

6. Mother's Maiden Name, Schaub

7. Mother's Birthplace, Balto

8. Full Name of Father, Frank J Plum

9. Father's Occupation, Policeman

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Chas E Taddie

Address, 2108 Druid Hill Ave

Remarks, 1891 0004108

CITY OF BALTIMORE 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 33939.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 30th 1911
4. Place of Birth, (Street and Number) 109 E Montgomery St
5. Full Name of Mother, Theresa Anna M Perez Ball
6. Mother's Maiden Name, Moyco
7. Mother's Birthplace, Panama
8. Full Name of Father, Joseph Ellis Ball
9. Father's Occupation, Laborer
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Catherine Mercado

Address, 800 Leadenhall St

Remarks, 1891000410 9

third day of each and every month to the office of the Commissioner of Health. Failure to make the above return within the time specified shall occur without the attendance of a physician or nurse, the return shall be made by the person or parents of such attendance upon the child. Any person who shall refuse or neglect to make the return required by this section shall be guilty of a misdemeanor, and on conviction thereof shall be punished by a fine not exceeding $100.00 for each offense. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as PENALTY of forfeitures are recoverable

ON J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

33940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2-19-23

Name: Dorothy Stern

0.	*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	Eleventh
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth*	September 7th 1891
4.	*Place of Birth, (Street and Number)*	315 N Gay St
5.	*Full Name of Mother*	Hannah Stern
6.	*Mother's Maiden Name*	Goldschmidt
7.	*Mother's Birthplace*	Germany
8.	*Full Name of Father*	Julius Stern
9.	*Father's Occupation*	Merchant
10.	*Father's Birthplace*	Germany
	Name of Medical Attendant or other person who makes this Return	S H Feldner M.D.
	Address	1501 N Eager St
	Remarks	89 1 0 0 0 4 1 1 0

shall occur without the attendance of a physician or practitioner of medicine or midwifery, or where no other person be in attendance, such other person shall immediately thereafter give notice of the birth of such child to report its birth to the Commissioner of Health, in the manner directed by section 4, and any such person or persons who shall hereafter fail to comply with the requirements of section 4, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

CITY OF BALTIMORE

WM J C BULLY CO CITY PRINTERS AND STATIONERS

MIDDLE NAME ADDED 1-19-60

a 3941.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) Bertha A. Musch Fourth
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, December 12th 1891
5. Place of Birth, (Street and Number) 6 E. Madison & East Pl.
6. Full Name of Mother, Catherine Musch
7. Mother's Maiden Name, Dunneberg
8. Mother's Birthplace, Baltra.
9. Full Name of Father, Christian Wm. Musch
10. Father's Occupation, Butcher
    Father's Birthplace, Germany
    Name of Medical Attendant, or other person who makes this Return, S. H. Sibrell M D
    Address, 1501 E. Eager St
    Remarks,

8910004111

CITY OF BALTIMORE 1891

Every Physician or Midwife in attendance upon any birth shall report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth occurs, and in case there is no physician or midwife in attendance upon the birth, the parent or parents, guardian or other person having charge of the child shall report the birth within ten days after the birth occurs. Any physician or midwife who shall neglect or refuse to report the birth of any child born after the passage of this ordinance, shall forfeit and pay for each offence a sum not exceeding twenty dollars, and any parent, guardian or other person who shall neglect or refuse to report the birth of any child born after the passage of this ordinance, shall forfeit and pay for each offence a sum not exceeding ten dollars, and all penalties and forfeitures are recoverable before any justice of the peace of Baltimore City. Upon the report of the birth of any child, the Registrar shall issue a certificate of the same, which certificate shall be evidence in all courts of this State. Any person who shall hereafter fail to comply with the provisions of this ordinance shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM J. C. BULLY CO CITY PRINTERS AND STATIONERS

~~OTHER NAME ADDED.~~ ~~Hartford~~ [illegible] ~~My~~ A 33942

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~Anna Martha Johnson~~

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) First

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* September 13th 1891.
4. *Place of Birth,* (Street and Number) 33 Belair Rd
5. *Full Name of Mother,* Mary Johnson
6. *Mother's Maiden Name,* White
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James [illegible] Johnson
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Harford Co Md

Name of Medical Attendant, or other person who makes this Return. S H Soldner Md

Address, 1501 E Eager St

Remarks, 8910004112

[illegible] day of each and every month to the office of the Commissioner of Health, [illegible] in case [illegible] any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the [illegible] of the person or parents of such child to report its birth to the Commissioner of Health, in the [illegible] and [illegible] within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 9-26-52

A 3394

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George ~~Christian~~ Schaffer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 17th 1891
4. Place of Birth, (Street and Number) 617 N Carolina St
5. Full Name of Mother, Annie Schaffer
6. Mother's Maiden Name, Schisler
7. Mother's Birthplace, Balto County
8. Full Name of Father, Chas J Schaffer
9. Father's Occupation, Stevedore
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, S H Feldner M D

Address, 1801 E Eager St

Remarks, 8910004113

shall occur without the attendance of a physician or midwife, the owner or occupier of the house in which the birth shall occur, and in default of such owner or occupier, the parent or parents of such child, and every person present at the birth, and within the period above required, and every such person or parent who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

A 33900

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) Third

1. Sex. (state whether male or female) Male
2. Race or Color. (if not of the white race) White
3. Date of Birth. September 19 th 1891
4. Place of Birth. (Street and Number) 311 N Canal St
5. Full Name of Mother. Catherine Christopher
6. Mother's Maiden Name. McGregor
7. Mother's Birthplace, Balto.
8. Full Name of Father. Thomas A Christopher
9. Father's Occupation, Laborer
10. Father's Birthplace. Balto.

Name of Medical Attendant, or other person who makes this return. S. H. Selsner M.D.

Address. 1501 E Eager St

Remarks. 8910004114

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Every midwife or other person who shall attend at the birth of any child, and every householder within whose house any child shall be born, when no midwife or other person shall be in attendance, and every physician, surgeon, midwife or other person who shall be in attendance at a birth hereafter, shall, within ten days thereafter, report to the Commissioner of Health, in writing, the particulars required to be registered touching such birth, and every midwife or other person who shall neglect or refuse to make such report as aforesaid shall forfeit and pay for every such offence a sum not exceeding ten dollars; and every physician, surgeon, midwife or other person who shall hereafter fail to report to the Commissioner of Health the birth of any child which he shall have attended in its birth, or in any case where there was no person in attendance, then the householder within whose house any such person was born, shall, within ten days thereafter, report to the Commissioner of Health the birth of such child, under the penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

A 33945.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male ~~or female~~)
2. Race or color, (~~If not~~ of the white race)
3. Date of Birth, Sept. 26/91
4. Place of Birth, (Street and Number) 1503 McHenry
5. Full Name of Mother, Fitz Nettie Alvoda Heinzenberger
6. Mother's Maiden Name, — " Cofran
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Conrad Heinzenberger
9. Father's Occupation, Butcher (by trade)
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C. C. McDowell (M.D.)

Address, 1521 W. Fayette St

Remarks,

8910004115

th ed day of each month every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a return of all births occurring within the district of which he has charge, and in which he shall have attended upon the mother, immediately after the birth, in the capacity of physician or midwife, or shall have been present at the birth when there was no physician or midwife in attendance, or shall have been called to attend and was not present at the birth, or shall have been informed of the birth within thirty-six hours after the occurrence thereof, and shall not have attended upon the mother, or shall have been informed that a child was born to a woman who was not attended by a physician or midwife, or if the mother be dead, and the father of such child or the nearest relative present in the city or county at the death of the mother, or the guardian of such child, or the head of the family in which such child is born, or the owner or agent of the premises where such child is born, shall be required to report its birth to the Commissioner of Health, in the manner and under the penalties provided in this section; and any midwife who shall hereafter practice midwifery in the city of Baltimore, without having complied with the provisions of this section, shall be subjected to the fine of ten dollars for each offence; to be recovered as other fines and penalties are recoverable.

CITY OF BALTIMORE

GUILANY & CO., CITY PRINTERS AND STATIONERS

A 33946

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 24, 91
4. Place of Birth, (Street and Number) 1926 E Preston St
5. Full Name of Mother, Mary Ellen Patten
6. Mother's Maiden Name, " " Smiley
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, John William Patten
9. Father's Occupation, Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Arthur Nygaard M.D.

Address, 805 Asquith St

Remarks,

8910004116

the third day of each and every month to the office of the Commissioner of Health. Any physician or midwife who shall neglect or refuse to report the birth of any child shall occur without the assistance of a physician or practitioner, then the parent or parents of such child, or person with whom such child may be living at the time, or any person present at the birth, shall report its birth to the Commissioner of Health; and any person who shall neglect or fail to comply with the provisions of this section shall, upon conviction, be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 26" 91
4. *Place of Birth, (Street and Number)*	1296 Johnson St
5. *Full Name of Mother,*	Mrs Sallie Moon
6. *Mother's Maiden Name,*	Miss Sallie Stinwall
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Robt Moon
9. *Father's Occupation,*	Capt on Bay Steamer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	B. P. Phillips
Address,	953 W Lexington St
Remarks,	8910004117

In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above prescribed, and in case the mother, immediately after the birth of her child, shall be under the attendance upon the mother, Commissioner of Health, in the manner and within the period above prescribed to report the same, and in case of neglect of either of the persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ANN. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 33948.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. September 21st 91
4. Place of Birth, (Street and Number) 512 N Castle St
5. Full Name of Mother, Clara A Radford
6. Mother's Maiden Name, Hopkins
7. Mother's Birthplace. Balto
8. Full Name of Father, Thomas Radford
9. Father's Occupation, Waiter
10. Father's Birthplace. England

Name of Medical Attendant, or other person who makes this return. S H Soldner MD

Address. 1511 E Eager St

Remarks, 8 9 1 0 0 0 4 1 1 8

Every midwife or other person who shall assist at the birth of any child, and every householder in whose house any child shall be born without the attendance of a physician or midwife, or other person who shall assist at such birth, and every person having charge of any child, or having the care of any mother immediately thereafter, shall within ten days after the birth of such child, cause the same to be registered, and shall report the particulars required to be registered touching such birth, and the parentage of such child, to the Registrar of Vital Statistics, at the office of the Board of Health, in the manner and form prescribed by the Commissioner of Health; and any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 33949.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color. (if not of the white race) White
3. Date of Birth. 16 Sept. 1891
4. Place of Birth. (Street and Number) 19 Spring Alley
5. Full Name of Mother. Caroline Hoffmann
6. Mother's Maiden Name. Schwenberg
7. Mother's Birthplace. Russia
8. Full Name of Father. Rudolph Hoffmann
9. Father's Occupation. Tailor
10. Father's Birthplace. Russia

Name of Medical Attendant, or other person who makes this Return. C. Stewart

Address. 22 Aliceanna St

Remarks. 1891 0004119

Third day of each and every month to the office of the Commissioner of Health, under the penalty of ten dollars for each offense. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the parent, or parents, or other person having charge of such child to report the birth to the Commissioner of Health, in the manner and within the time required, and any such person who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are now recoverable by law.

CITY OF BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 September 1891
4. Place of Birth, (Street and Number) 737 W. Lexington St
5. Full Name of Mother, Henrietta Cohen
6. Mother's Maiden Name, Davis
7. Mother's Birthplace, New York
8. Full Name of Father, Isidor Cohen
9. Father's Occupation, Grocer
10. Father's Birthplace, Prussia Germany

Name of Medical Attendant, or other person who makes this Return, W. Schamberg

Address, 42 Albemarle St

Remarks, 1891000412O

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 4-1-55 # 33951.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Milton Showalter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 September 1871
4. Place of Birth, (Street and Number) 12 S. Gilmanock St
5. Full Name of Mother, Katie Showalter
6. Mother's Maiden Name, Snell
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Milton Showalter
9. Father's Occupation, Potter
10. Father's Birthplace, Penna.

Name of Medical Attendant, or other person who makes this Return, C. Schwartz M.D.

Address, 12 Gilmanock St

Remarks, 8911000412 1

third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the limits of a city or county where there is a physician or practitioner, and whether such shall occur within the limits of a city or county where there is such physician or practitioner, he is required to report such birth to the Commissioner of Health, in the manner and within the time prescribed in this section, and any such person or persons who shall neglect or refuse to report such birth as herein required, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable

[illegible] J. C. SUSANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 33933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th September 1891
4. Place of Birth, (Street and Number) Hurd St.
5. Full Name of Mother, Ida Cohen
6. Mother's Maiden Name, Abel
7. Mother's Birthplace, Russia
8. Full Name of Father, Nathan Cohen
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Brown

Address, 42 Albemarle St

Remarks,

8 9 1 0 0 0 4 1 2 2

third day of each and every month to the office of the Commissioner of Health, in the City of Baltimore, the birth of any child shall occur without the attendance of a physician or person authorized by law to practice midwifery, or if the mother, immediately thereafter if she shall become incapable of so doing, or in case of her death, the person in attendance upon the mother, immediately thereafter if shall become the duty of such person or person to report the birth of such child to the Commissioner of Health, in the City of Baltimore, in the manner and within the time above required, and any such person who shall neglect or refuse to report the birth of such child in the manner and within the time above required, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable.

STATE OF MARYLAND

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3396 83.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 September 1883
4. Place of Birth, (Street and Number) 237 N. High St
5. Full Name of Mother, Celia Goldberg
6. Mother's Maiden Name, Lipschitz
7. Mother's Birthplace, Russia
8. Full Name of Father, Harris Goldberg
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, C. Thomas

Address, 42 Albemarle St

Remarks, 8910004123

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance who is required by this section to make the return, then the parent or parents of such child shall be required, and any such person or persons who shall hereafter if shall be the duty of any person who is required, and attendance who is required by this section to make the return, then the parent or parents of such child shall be required, and any such person or persons who shall hereafter fail to make such return as required by this section shall be subject to the fine of ten (10) dollars, to be recovered as other fines, to be recovered. All fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 33954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2[illegible] [illegible] 1891
4. Place of Birth, (Street and Number) 818 Eastern Ave.
5. Full Name of Mother, Ida E. [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation, Peddler
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible] Nebraska St

Remarks, 8910004124

Penalty of not less than ten dollars nor more than fifty dollars for the first offense, and not less than fifty dollars nor more than one hundred dollars for each subsequent offense. Any person who shall refuse or neglect to report as herein required, or shall report any false statement touching the matters required to be reported, or any person who shall refuse or neglect to attend upon the mother, immediately thereafter, it shall become the duty of the Physician, Midwife, or other person in attendance upon the mother, immediately thereafter, to report the birth of such child to the Commissioner of Health, and any person who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable

WM J C SULLIVAN CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 Sept. 1891
4. Place of Birth, (Street and Number) 818 E. Baltimore
5. Full Name of Mother, Ettie Kahn
6. Mother's Maiden Name, Sadie
7. Mother's Birthplace, Russia
8. Full Name of Father, Leopold Kahn
9. Father's Occupation, Shoe Finisher
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, M. Wiesner

Address, 1211 Eastern Ave

Remarks,

1891000425

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. To wit: the birth of any child shall occur without the attendance of a physician or midwife, the owner or lessee of the house in which the mother is, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth as required by this section; and the person neglecting or refusing to make such report shall be guilty of a misdemeanor, and on conviction thereof shall be fined not more than ten dollars for each offense. And any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered in the manner and forfeitures are recoverable

CITY OF BALTIMORE

WM J C BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 32961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th September 19
4. Place of Birth, (Street and Number) 182 Harris
5. Full Name of Mother, Bessie Friede
6. Mother's Maiden Name, Bernstein
7. Mother's Birthplace, Russia
8. Full Name of Father, Harry
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, [illegible]

Address, [illegible]

Remarks, [illegible]

1891000 4126

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period last aforesaid; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-31071

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: 210 E. Biddle St.
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore .....
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. 210 E. Biddle St. (If rural give location)

3. Full name of child Sara English Snowden

4. Date of birth Oct. 8, 1901 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet .....

If so—born 1st, 2d, or 3rd .....

7. Number weeks of pregnancy .....

8. Hour of birth .....

FATHER OF CHILD

9. Full Name Basil Snowden
10. Color or race White
11. Age at time of this birth ..... yrs.
12. Birthplace Maryland (City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Mary Wilkins
16. Color or race White
17. Age at time of this birth ..... yrs.
18. Birthplace Maryland (City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Mother's mailing address for registration notice: .....

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..... related to this child as .....

24. Date rec'd by local registrar Oct. 26, 1891

25. Signed Dr. George F. Rohe Registrar

26. Given name added 4/26/73 by Registrar per S.N.S.

(Signed) C. B. Gamble M. D.
Physician (or midwife) who attended this birth (Midwife)

or ..... Commissioner of Health and Registrar

Address ..... Date

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No information is given on the original record for the items that are left blank on the certificate

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-31390

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. ... (If rural give location)

3. Full name of child MARTIN J. MOONEY

4. Date of birth October 21, 1891 (Month) (Day) (Year)

5. Sex: Male | 6. Twin or triplet ... If so—born 1st, 2d, or 3rd ... | 7. Number weeks of pregnancy ... | 8. Hour of birth ... M.

FATHER OF CHILD

9. Full Name Martin Mooney
10. Color or race W 11. Age at time of this birth 26 yrs.
12. Birthplace Dublin, Ireland (City, town, or county) (State or foreign country)
13. Usual occupation Moulder
14. Industry or business Livery Stable

MOTHER OF CHILD

15. Full Maiden Name Ann Brady
16. Color or race W 17. Age at time of this birth 25 yrs.
18. Birthplace County Mayo, Ireland (City, town, or county) (State or foreign country)
19. Usual occupation Dressmaker
20. Industry or business ...
22. Mother's mailing address for registration notice:

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..., related to this child as Self

24. Date rec'd by local registrar October 21 1891

25. Signed Dr. George F. Rohe Registrar

26. Given name added ... by Registrar per ...

(Signed) Sidney McWorton M. D.
Physician (or midwife) who attended this birth (Midwife)
or ...
(Informant only if Midwife and Registrar)
Address ... Date

State Registrar of Vital Records

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A 34753

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 1327 Jackson
(If rural give location)

3. Full name of child Olive Victoria Eck

4. Date of birth November 4, 1891
(Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name August Eck
10. Color or race White 11. Age at time of this birth ..... yrs.
12. Birthplace Maryland
(City, town, or county) (State or foreign country)
13. Usual occupation Plumber
14. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

MOTHER OF CHILD

15. Full Maiden Name Kate Judd
16. Color or race White 17. Age at time of this birth ..... yrs.
18. Birthplace Maryland
(City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....
22. Mother's mailing address for registration notice:
1327 Jackson

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar November 16, XX1891 (Signed) Caroline Miller M.D.
Physician (or midwife) who attended this birth (Midwife)

25. Signed Dr. George F Rohe 8 9 1 0
Registrar
R. L. H. E. Farber M.D.
Commissioner of Health and Registrar

26. Given name added ..... by Registrar per .....
Address .....
March 19, 1971
Date

No information appears on the original filing for information not appearing on this certificate.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. A 35016

CERTIFICATE OF LIVE BIRTH

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: Baltimore, Maryland
(b) Mother's stay before delivery: In hospital or institution In Baltimore 15 years (Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. Unknown (If rural give location)

3. Full name of child MARGARET SCHISSLER

4. Date of birth November 12, 1891 (Month) (Day) (Year)

5. Sex Female | 6. Twin or triplet | If so—born 1st, 2d, or 3rd | 7. Number weeks of pregnancy | 8. Hour of birth M.

FATHER OF CHILD

9. Full Name John Schissler
10. Color or race W 11. Age at time of this birth 44 yrs.
12. Birthplace Germany (City, town, or county) (State or foreign country)
13. Usual occupation Cigar Manufacturer
14. Industry or business

MOTHER OF CHILD

15. Full Maiden Name Pinkey Nuttall
16. Color or race W 17. Age at time of this birth 36 yrs.
18. Birthplace Gloucester, Virginia (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business
22. Mother's mailing address for registration notice:

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 7
(b) How many other children were born alive but are now dead? 1
(c) How many children were born dead? 0

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..... related to this child as .....

(Signed) Sidney [illegible] M. D.
Physician (or midwife) who attended this birth (Midwife)
or
Official [illegible]
Address State Registrar of Vital Records
Date

24. Date rec'd by local registrar November 19 1891

25. Signed Dr. George F. Rohe Registrar

26. Given name added ..... by Registrar per .....

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. A-35037

CERTIFICATE OF LIVE BIRTH

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 607 Dolphin
(If rural give location)

3. Full name of child Helen Robinson Euglar

4. Date of birth November 27, 1891
(Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name ED. B. Euglar
10. Color or race White 11. Age at time of this birth ..... yrs.
12. Birthplace Maryland
(City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD

15. Full Maiden Name Annie L. Robinson
16. Color or race White 17. Age at time of this birth ..... yrs.
18. Birthplace Maryland
(City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business
22. Mother's mailing address for registration notice:
607 Dolphin

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..... , related to this child as .....

24. Date rec'd by local registrar December 1, 1891

25. Signed Dr. George F. Rhohe
Registrar

26. Given name added November, 1945 by Registrar per

(Signed) Jno. G. Huck M. D.
Physician (or midwife) who attended this birth
or Robt E. Lawley M.D.
Commissioner of Health and Registrar

Address .....
Date May 25, 1970

VS 100 No information appears on the original filing for information not appearing on this certificate.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-35145

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 407 N Washington
(If rural give location)

3. Full name of child

4. Date of birth November 1, 1891
(Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet ... If so—born 1st, 2d, or 3rd ... | 7. Number weeks of pregnancy ... | 8. Hour of birth ... M.

FATHER OF CHILD

9. Full Name Fred Matheis
10. Color or race White 11. Age at time of this birth ... yrs.
12. Birthplace Germany
(City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business
21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

MOTHER OF CHILD

15. Full Maiden Name Roseda Mumfeller
16. Color or race White 17. Age at time of this birth ... yrs.
18. Birthplace Germany
(City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business
22. Mother's mailing address for registration notice:
407 N. Washington

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ... related to this child as ...

24. Date rec'd by local registrar December 4, 1891

25. Signed Dr. George F Rohe
Registrar

26. Given name added ... by Registrar per

(Signed) Mary Stein XXX
Physician (or midwife) who attended this birth (Midwife)
or Sidney Lanahore
Commissioner of Health and Registrar

Address ...
July 19, 1972
Date

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No information appears on the original filing for information not appearing on this certificate.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-35192

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: Fulton Avenue
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore .....
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. Fulton Avenue
(If rural give location)

3. Full name of child WAGNER

4. Date of birth November 23, 1891
(Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name George Wagner
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace Maryland
(City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Winna Purcell
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace Maryland
(City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 4
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Mother's mailing address for registration notice: .....

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar Dec. 4 1891

25. Signed Dr. George F. Rohe
Registrar

26. Given name added ..... by Registrar per .....

(Signed) Matilda Johnson
Physician (or midwife) who attended this birth (Midwife)
or .....
Coroner or Medical Examiner
Address State Registrar of Vital Records
Date

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A 35267

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: Home - Division Street
(b) Mother's stay before delivery: In hospital or institution ... In Baltimore Home (Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. Division Street (If rural give location)

3. Full name of child Joseph Aloysius Brown

4. Date of birth November 26, 1891 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ... If so—born 1st, 2d, or 3rd ...

7. Number weeks of pregnancy

8. Hour of birth P. M.

FATHER OF CHILD

9. Full Name Michael Brown
10. Color or race White 11. Age at time of this birth 41 yrs.
12. Birthplace Baltimore County, Maryland (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business None

MOTHER OF CHILD

15. Full Maiden Name Sarah Ann Martin
16. Color or race White 17. Age at time of this birth 37 yrs.
18. Birthplace Baltimore (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business None

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 1
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:
Division Street
Baltimore, Md.

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ... related to this child as ...

24. Date rec'd by local registrar November 19 1891

25. Signed Dr. George F. Rohe Registrar

26. Given name added ... by Registrar per ...

(Signed) ... Physician (or midwife) who attended this birth (M. D. or Midwife)

or ... Commissioner of Health, Local Registrar

Address State Registrar of Vital Records Date

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-35393

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 1513 Edmonson Ave.
(If rural give location)

3. Full name of child

4. Date of birth November 29, 1891
(Month) (Day) (Year)

5. Sex: F

6. Twin or triplet If so—born 1st, 2d, or 3rd

7. Number weeks of pregnancy

8. Hour of birth M.

FATHER OF CHILD

9. Full Name Wm. J. Chapman

10. Color or race W 11. Age at time of this birth yrs.

12. Birthplace Virginia
(City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full Maiden Name Sallie A. Bayley

16. Color or race W 17. Age at time of this birth yrs.

18. Birthplace Maryland
(City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Mother's mailing address for registration notice:
1513 Edmonson Ave.

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by , related to this child as

(Signed) John Neff, M. D.
Physician (or midwife) who attended this birth (Midwife)

24. Date rec'd by local registrar 1891

25. Signed Robert E. Lee Registrar
Commissioner of Health and Registrar

26. Given name added by Registrar per

Address January 1, 1970
Date

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No information appears on the original [illegible] for the condition not a bearing on this certificate.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A35382

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: 39 Carroll Street

(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore.....
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 39 Carroll Street
(If rural give location)

3. Full name of child JULIA CATHERINE ALLEN

4. Date of birth November 14, 1891
(Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet. ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Morgan Ashbie Allen
10. Color or race W 11. Age at time of this birth ..... yrs.
12. Birthplace West Virginia
(City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Jane Elizabeth Tracy
16. Color or race W 17. Age at time of this birth ..... yrs.
18. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice: .....

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar December 21 1891

25. Signed Dr. George F. Rohe
Registrar

26. Given name added ..... by Registrar per .....

(Signed) Mary A. Martin, Midwife M. D.
Physician (or midwife) who attended this birth (Midwife)
or Sydney Wharton State
Commissioner of Health and Registrar
Address ..... Date

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. A-35468

CERTIFICATE OF LIVE BIRTH

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ____ In Baltimore ____
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. 507 N. Carrollton Ave. (If rural give location)

3. Full name of child Gladys French

4. Date of birth December 3, 1891 (Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet ____ If so—born 1st, 2d, or 3rd ____ | 7. Number weeks of pregnancy ____ | 8. Hour of birth ____ M.

FATHER OF CHILD

9. Full Name George E. French
10. Color or race White 11. Age at time of this birth ____ yrs.
12. Birthplace Maryland (City, town, or county) (State or foreign country)
13. Usual occupation ____
14. Industry or business ____
21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? ____
(b) How many other children were born alive but are now dead? ____
(c) How many children were born dead? ____

MOTHER OF CHILD

15. Full Maiden Name Mary E. Harrison
16. Color or race White 17. Age at time of this birth ____ yrs.
18. Birthplace Maryland (City, town, or county) (State or foreign country)
19. Usual occupation ____
20. Industry or business ____
22. Mother's mailing address for registration notice: 507 N. Carrollton Ave.

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ____, related to this child as ____

24. Date rec'd by local registrar December 21, 1891 (Signed) Robb W. M[illegible] Physician (or midwife) [illegible] D.

25. Signed Dr. George E. Rohe

26. Given name added 11-13-57 by Registrar [illegible]

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No.

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ... In Baltimore ...
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Md. (b) County ...
(c) City or town ... (If outside city or town limits, write RURAL)
(d) Street No. ... (If rural give location)

3. Full name of child Bolander

4. Date of birth Dec. 21 1891 (Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet. If so—born 1st, 2d, or 3rd | 7. Number weeks of pregnancy | 8. Hour of birth ... M.

FATHER OF CHILD

9. Full Name George Bolander
10. Color or race W 11. Age at time of this birth ... yrs.
12. Birthplace Maryland
(City, town, or county) (State or foreign country)
13. Usual occupation ...
14. Industry or business ...

MOTHER OF CHILD

15. Full Maiden Name Sallie Gesswein
16. Color or race W 17. Age at time of this birth ... yrs.
18. Birthplace Maryland
(City, town, or county) (State or foreign country)
19. Usual occupation ...
20. Industry or business ...

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? ...
(b) How many other children were born alive but are now dead? ...
(c) How many children were born dead? ...

22. Mother's mailing address for registration notice: ...

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..., related to this child as ...

24. Date rec'd by local registrar January 6 1892

25. Signed Dr. George F. Rohe
Registrar

26. Given name added ... by Registrar per ...

(Signed) Elizabeth Yewell
Physician (or midwife) who attended this birth (Midwife)
or ...
Commissioner of Health and Registrar
Address ...

APR 7 1893
Date

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No information appears on the original filing for information not appearing on this certificate.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 1412 Bolton
(If rural give location)

3. Full name of child

4. Date of birth December 19, 1891
(Month) (Day) (Year)

5. Sex: Male | 6. Twin or triplet ... If so—born 1st, 2d, or 3rd ... | 7. Number weeks of pregnancy ... | 8. Hour of birth ... M.

FATHER OF CHILD

9. Full Name Walter H Miller
10. Color or race White 11. Age at time of this birth ... yrs.
12. Birthplace Maryland
(City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD

15. Full Maiden Name Hlen Allnutt
16. Color or race White 17. Age at time of this birth ... yrs.
18. Birthplace Maryland
(City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business
22. Mother's mailing address for registration notice:
1412 Bolton

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ... related to this child as ...

24. Date rec'd by local registrar January 28, 1892

25. Signed Dr. George F Rohe
Registrar

26. Given name added ... by Registrar per

(Signed) R Winslow
... attending at this birth M. D.
or
Commissioner of Health and Registrar

Address 4139 Date May 6, 1971

VS 100 No information appears on the original filing for information not appearing on this certificate.

Page 25
Volume 12

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-36248

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. ... (If rural give location)

3. Full name of child Walter M. Hammond

4. Date of birth 8, 1886
(Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ... If so—born 1st, 2d, or 3rd ...

7. Number weeks of pregnancy ...

8. Hour of birth ... M.

FATHER OF CHILD

9. Full Name Walter G. Hammond
10. Color or race ... 11. Age at time of this birth ... yrs.
12. Birthplace ... (City, town, or county) (State or foreign country)
13. Usual occupation ...
14. Industry or business ...

MOTHER OF CHILD

15. Full Maiden Name Birdie V. Primrose
16. Color or race ... 17. Age at time of this birth ... yrs.
18. Birthplace ... (City, town, or county) (State or foreign country)
19. Usual occupation ...
20. Industry or business ...

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Mother's mailing address for registration notice:

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ... related to this child as ...

24. Date rec'd by local registrar ... 19 189

25. Signed Dr. George F. Rohe
Registrar

26. Given name added ... by Registrar per ...

(Signed) Andrew L. Wootton M. D.
Physician (or midwife) who attended this birth (Midwife)
or ... State
Commissioner of Health or Registrar

Address ...

Date ...

V5 100

5 9 1 0 2 0 4 1 4 0

RETURN OF A BIRTH. 36471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, 1 January 1894

Place of Birth, (Street and Number) Heath 456

Full Name of Mother, Maggie Gillis

Mother's Maiden Name, maggie Pool

Mother's Birthplace, Carroll Co

Full Name of Father, Thomas Gillis

Father's Occupation, Grocer Dealer

Father's Birthplace, Carroll Co

Name of Medical Attendant, or other person who makes this Return, C. A. Tully

Address, 828 Light St

Remarks, Dairy Walk

[illegible] BY CITY PRINTER AND STATIONER

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(6-1-54)
Hall of Records Commission

RETURN OF A BIRTH. 36471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, 1 January 1892

Place of Birth, (Street and Number) Heath st no 6

Full Name of Mother, Maggie Gilles

Mother's Maiden Name, Maggie Pool

Mother's Birthplace, Carroll Co

3. Full Name of Father, Thomas Gilles

4. Father's Occupation, Grocery Dealer

5. Father's Birthplace, Carroll Co

Name of Medical Attendant, or other person who makes this Return, L. A. Tully

Address, 1828 Light St

Remarks, Doing Well

1891 00471

BY THE CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether mate or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8910004142

...third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate of the birth of each child born within the period above required, and in attendance upon the mother, immediately thereafter, and if such birth occurs when there is no such attendance upon the mother, immediately thereafter, then the person having charge of the house in which such birth occurs shall report the same within the period above required; and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered ... Either these said forfeitures are recoverable

...OF BIRTH...

...THE J. C. BULLEY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

3643.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Janu 1st 1892
4. *Place of Birth, (Street and Number)*	1210 W. Balto St
5. *Full Name of Mother,*	Ida Burns
6. *Mother's Maiden Name,*	Ida Buchanan
7. *Mother's Birthplace,*	South Carolina
8. *Full Name of Father,*	Wm. A. Burns
9. *Father's Occupation,*	Canvasser
10. *Father's Birthplace,*	South Carolina
Name of Medical Attendant, or other person who makes this Return.	Dr Blum
Address,	641 Columbia Ave
Remarks,	

In case the birth shall occur without the attendance of a physician or midwife, the mother or father or other person required to report the same shall state the reason why such report was not made by a physician or midwife.

Every midwife, physician or other person who shall attend upon any birth within the city of Baltimore shall report the same to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the first ten days of each and every month, and the father or mother of such child, if living within the city of Baltimore, shall report the birth of such child to the Commissioner of Health, in person or by letter, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BULLADY & CO., CITY PRINTERS AND STATIONERS

8 9 10 0 0 4 1 4 3

RETURN OF A BIRTH. 36473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st January 1892
4. Place of Birth, (Street and Number) 130 Fleet Str
5. Full Name of Mother, Lorenzo Leppi
6. Mother's Maiden Name,
7. Mother's Birthplace, Italy
8. Full Name of Father, Giuseppe Giovanni di Marco Leppi
9. Father's Occupation, Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs Ann Taylor

Address, 41 Lilford Alley

Remarks, 1892 Baltimore Md.

titth day of each and every month to the Registrar of the Board of Health, Baltimore City, shall occur without the attendance of a physician or practitioner of midwifery, the parent or parents, or other person having charge of such child, shall be in attendance upon the mother, immediately thereafter it shall become the duty of such attendant to report in writing the birth of such child to the Registrar of Vital Statistics, and the name and residence of such attendant shall be given in the report. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts of like amount are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

36 D 72

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)

1. *Sex,* (*state whether male or female*)
Race or Color. (*if not of the white race*)
Date of Birth,
Place of Birth. (*Street and Number*)
Full Name of Mother,
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

+ 8 9 1 0 0 0 4 1 4 5

CITY OF BALTIMORE 1892

...shall cause the birth of any child ... shall, within ... other person ... the person or parents of such ... and within the period above required, and ... shall neglect or refuse to make such return ... the provisions of this section he ... Justice to the fine of ten (10) dollars for each offense, to be recovered ... other fines and forfeitures are recoverable ...

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 3695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Jan 1st 1892
4. Place of Birth (Street and Number), 8 N Broke st
5. Full Name of Mother, Bertha Asa Auld
6. Mother's Maiden Name, C. A. McDaniel
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Edward Wesley Auld
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Jesse E Dominick M D

Address, 1701 Baltimore St East

Remarks,

8 9 1 0 0 0 4 1 4 6

In case any child now born or any child hereafter born in the City of Baltimore shall die without having a physician or practitioner of the healing art in attendance, the undertaker employed to bury the body of such child shall report the case to the Commissioner of Health, stating the name, residence and occupation of the parents, if known, and the cause of death, as far as can be ascertained, and no such child shall be buried until a certificate of burial shall have been issued by the Commissioner of Health, in accordance with the provisions of Section 13 of Ordinance No. 1, approved April 1, 1890. Any undertaker who shall bury any such child without such certificate of burial shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are now by law recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

3647 5/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 1st 1899
4. Place of Birth, (Street and Number) 127 Madairy alley
5. Full Name of Mother, Mary E Wilson
6. Mother's Maiden Name, Mary E Wilson
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, Wade Hodden
9. Father's Occupation, Sailor
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return. Sedgwick Brooks

Address, 229 S Eden alley

Remarks, 18910004147

Any city official, or physician or midwife, or should no other person be in attendance upon the mother immediately hereafter, it shall be the duty of the nearest relative present to report the birth to the Commissioner of Health of the district, as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. See Other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3647 6.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Jan. 1st 1892.
4. Place of Birth, (Street and Number) 1520 Aisquith Ave.
5. Full Name of Mother, Magdalena Spanier
6. Mother's Maiden Name, Magdalena Kroll.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Frederick Spanier
9. Father's Occupation, Cooper.
10. Father's Birthplace, Germany.
Name of Medical Attendant, or other person who makes this Return. Mrs. C. Fuse.
Address, #1600 Chester St.
Remarks,

1 8 9 1 0 0 0 4 1 4 8

JAN 5 1892 CITY REGISTER

Every midwife or other person not a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, shall report to the Registrar of Vital Statistics, Board of Health, the particulars required, and shall cause such report to be signed by the parent or parents of such child, or by the person who shall hereafter duly comply with the provisions of this section shall be, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SUN. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36477.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 1 0 0 0 4 1 4 9

CITY OF BA

...first day of each and every month to the office of the Registrar of Vital Statistics, at the City Hall, a full and true return in writing of every birth which shall occur within his practice or jurisdiction, without the attendance of a physician or midwife, or shall no other person to whom it may become the duty of the person in attendance upon the mother, immediately after the birth, in the manner and with the particulars required, and shall report to the said Commissioner of Health, in the manner and with the particulars required, and child to report the same as herein required, and the provisions of this section shall be subject to the fine of ten (10) dollars for each offense. All fines and forfeitures are recoverable.

...J. D. GILANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3647 8.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd of January
4. Place of Birth, (Street and Number) No 8 Clinton St.
5. Full Name of Mother, Lissie Wolf
6. Mother's Maiden Name, Lissie Fallin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Isidrick Wolf
9. Father's Occupation, Glass Flatner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elanora a. Anderson

Address, No 143 Patapsco St

Remarks, 1 8 9 1 0 0 0 4 1 5 0

CITY OF BALTIMORE 1892 1892 1892

Wm J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

36479

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 14th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Jany 2. 1892
4. *Place of Birth (Street and Number)* Cager and Eutaw Sts
5. *Full Name of Mother* Johanna Giles
6. *Mother's Maiden Name* Johanna Grigg
7. *Mother's Birthplace* Harford Co Md
8. *Full Name of Father* Charles Giles
9. *Father's Occupation* Mkt Crattsman
10. *Father's Birthplace* Harford Co Md

Name of Medical Attendant, or other Person who makes this Return. Geo F Green M.D.

Address

Remarks Indenside

8 9 1 0 0 0 4 1 5 1

Frost

Name, if any, assigned during the first month; the day, month and year of birth; whether still born, or living; if living, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

GIVEN NAME ADDED 9-13-56

RETURN OF A BIRTH.

36480.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Gertrude Custy

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1.	Sex, (state whether male or female)	Female
2.	Race or Color, (if not of the white race)	White
3.	Date of Birth	January 2 1897
4.	Place of Birth, (Street and Number)	110 E Clement St
5.	Full Name of Mother	Anna Custy
6.	Mother's Maiden Name	Anna Regina Sanders
7.	Mother's Birthplace	Richmond Va
8.	Full Name of Father	William Francis Custy
9.	Father's Occupation	Glass Blower
10.	Father's Birthplace	Balto Md
	Name of Medical Attendant, or other person who makes this Return	E A Tully
	Address	1820 Eight St
	Remarks	

8910004152

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a correct return of every birth which shall occur without the attendance of a physician, and within the same time the parents or parent of such child, if living in the same house with the mother, or the person in charge of the house in which the birth shall occur, if the parents do not live in the same house with the mother, shall make a return of such birth to the Commissioner of Health in the manner and with the particulars required by this section; and any such person or persons who shall hereafter fail to make such return shall be subject to the fine of ten dollars for each offense. The penalties and forfeitures are recoverable

CITY OF BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36481.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 2 1892
4. Place of Birth, (Street and Number) 708 George St.
5. Full Name of Mother, Klara Toth
6. Mother's Maiden Name, Klara Masler
7. Mother's Birthplace, Iván (Sopron Megye) Hungary
8. Full Name of Father, Emrich J. Toth
9. Father's Occupation, Taylor (Wood)
10. Father's Birthplace, ~~Taylortal~~ Vas megye Hungary

Name of Medical Attendent, or other person who makes this Return Mrs W. Waennel Midwife

Address, 929 Perna Ave

Remarks,

8 9 1 0 0 0 4 1 5 3

...and every month to the Commissioner of Health. It shall be the duty of the ... or other person in charge of any institution ... to make such return ... of the person or parents of such child to report ... persons who shall hereafter fail to comply with the provisions of this section shall be ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

898.J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 8-22-56

3482

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sarah Sadie ~~Peacock~~ Peacock

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race)

Date of Birth, January - 1892

Place of Birth, (Street and Number) 1837 Eager

Full Name of Mother Ida Peacock

6. Mother's Maiden Name, Wisler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Isaac Peacock

9. Father's Occupation, Machinist

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Brown

Address, 1907 E. Monument St

Remarks,

8910004154

In case the birth of any child shall occur without the attendance of a physician, midwife or nurse, or should no other person be in attendance upon the mother at the birth of her child, the person or parents of such child shall cause the same to be reported to the Commissioner of Health within the time specified in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, recoverable with other fines and forfeitures are recoverable

third day of each and every month in the office of the Registrar of Vital Statistics, a true and correct return of every birth which shall occur without the attendance of a physician, midwife or nurse, or which shall occur within his district, and of which he shall have been informed, or shall have knowledge, and in case no birth shall occur within his district during any month, he shall report the fact to the Commissioner of Health within the time specified in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, recoverable with other fines and forfeitures are recoverable

CITY OF BALTIMORE

WM. J. O. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 36483.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child born

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col. Light Brown Hair
3. Date of Birth, Jan 2nd 1892
4. Place of Birth, (Street and Number) 1133 Eliza St
5. Full Name of Mother, Emma J. Freeman
6. Mother's Maiden Name, Harford Co
7. Mother's Birthplace, Augustus County
8. Full Name of Father, Primary
9. Father's Occupation, Laborer
10. Father's Birthplace, Harford Co

Name of Medical Attendant, or other person who makes this Return. Jennie Lamb

Address, 640 Jasper st City

Remarks, 1 8 9 1 0 0 0 4 1 5 5

said schedule shall be delivered, duly signed by the [illegible] certificate [illegible] In case the birth of any child shall occur within the limits of any institution, the Superintendent or Matron thereof shall report the birth of such child to the Commissioner of Health, in like manner as other persons are required, and any such person or persons who shall fail or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan. 2nd Saturday 1892
4. Place of Birth, (Street and Number) 1715 Sherman's Place
5. Full Name of Mother, Hattie Burkett
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Burkett
9. Father's Occupation, Custom House
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. [illegible] West

Address, 804 Stirling Street.

Remarks, 8910004156

...birth of each and every month to the office of the ... Health, a return of the birth of any child ... day of ... and every month to the office of the ... Health, a return of the birth of any child ... shall occur without the attendance of a physician or ... attendance upon the mother, the ... child to report the birth to the ... and in case of the neglect or refusal of any of the person or parents of such ... within the period above named, he shall ... penalty of this section shall be sub... jected to the fine of ten (10) dollars for each offense. ... other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 36483.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 2 — 92
4. *Place of Birth, (Street and Number)*	1412 Retreat-st
5. *Full Name of Mother,*	Lucile Young
6. *Mother's Maiden Name,*	" Moore
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	W. J. S. Young
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return,	L. F. Fox, M.D.
Address,	2744 N. 15th.
Remarks,	L 1 6 9 1 0 0 0 4 1 5 7

CITY OF BALTIMORE

Third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. Any midwife who shall neglect to report the birth of any child to the Registrar of Vital Statistics, as above required, shall forfeit to the use of the City of Baltimore the sum of ten dollars for each offence. Any person who shall hereafter practice midwifery in the City of Baltimore without complying with the provisions of the ordinance entitled "An Ordinance to provide for the registration of births and deaths in the City of Baltimore," approved April 9th, 1874, shall be subject to the same penalties and forfeitures as are prescribed in section 2 of said ordinance.

GUARTY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3648.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 2, 1892
4. Place of Birth, (Street and Number) 7 E. Preston St.
5. Full Name of Mother, Lizzie Bell Arthurs
6. Mother's Maiden Name, " " Neilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, E. F. Arthurs.
9. Father's Occupation, Attorney
10. Father's Birthplace, Pittsburg Pa.

Name of Medical Attendant, or other person who makes this Return. Howard A. Kelly, M.D.

Address, 905 N. Charles St.

Remarks, 18910004158

third day of each and every month of the year, a true and correct list of all births, stillbirths, or deaths occurring during the preceding month, to the Registrar of Vital Statistics, Board of Health, Baltimore City, and that any physician or midwife, or any other person who shall occur without the attendance of a physician or midwife, or in case there is no physician or midwife in attendance upon such birth, then the parent or parents of such child, or the householder or owner of the premises where such birth occurs, shall within ten days after the occurrence of such birth, report the same to the Commissioner of Health, in the manner and form required, and any such person or persons who shall neglect or refuse to make such report as required by this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as forfeitures are recoverable.

RECEIVED BOARD OF HEALTH BALTIMORE

GEO. W. C. BULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

(3 (157)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 : Child

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Jan 2nd 1892
4. Place of Birth (Street and Number), 228 Broadway
5. Full Name of Mother, Eva Rochester Etheridge
6. Mother's Maiden Name, E R Allen
7. Mother's Birthplace, Kentucky
8. Full Name of Father, Wm Ray Etheridge
9. Father's Occupation, Dentist
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. James E Darnall M D

Address, 1701 Baltimore St East

Remarks,

8910004159

...ore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 36488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) Mail
2. Race or Color, (if not of the white race) colored
3. Date of Birth,
4. Place of Birth, (Street and Number) 2th January
5. Full Name of Mother, Annie Williams
6. Mother's Maiden Name, Anna Nichols
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Alfred Williams
9. Father's Occupation. Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth mondawin

Address, No 26 so Register st

Remarks, 1891000416 0

third day of each and every month to the office of the Commissioner of Health, Baltimore City, and any physician, midwife or other person who shall neglect or refuse to make such return as aforesaid, or shall make a false return, or shall cause or procure any child to be registered under a false name, or shall refuse or neglect to report the birth of any child as required by this section, or shall violate any of the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be collected as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 36485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	January 2nd 92.
4. *Place of Birth, (Street and Number)*	1002 N. Gay st.
5. *Full Name of Mother,*	Ella Raesser
6. *Mother's Maiden Name,*	Ella Dankmeyer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Leonhard Raesser
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Dr. H. A. Haynes.
Address,	1019 N. Caroline St.
Remarks,	8910004161

JAN 30 1892

CITY REGISTRAR

shall occur without the attendance of a physician or [illegible] shall cause a return of birth to be made by the [illegible] attendance upon the mother, immediately thereafter [illegible] child to report its birth to the Sanitary Police [illegible] any such person who shall neglect or refuse [illegible] forfeit the fine of ten (10) dollars for each offence.

RETURN OF A BIRTH.

36640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Twins

1. Sex, (state whether male or female) Male & Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 3 January
4. Place of Birth, (Street and Number) 708 Light St
5. Full Name of Mother, Barbara McKenny
6. Mother's Maiden Name, " Steiner
7. Mother's Birthplace, Balto
8. Full Name of Father, James McKenny
9. Father's Occupation, Sea oysterboat
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs K Ellig

Address, 1812 E Lexington St

Remarks, 8910004162

third day of each and every month to the ... shall occur without the attendance of a ... attendant with the name, residence ... child to report its birth to the Commissioner ... any such person or persons, who shall ... jected to the fine of ten (10) dollars, for each ... 1893 ... REGISTRATION ... other fines and forfeitures are recoverable.

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	June 3/1892
4.	*Place of Birth, (Street and Number)*	No 1007 James Alley
5.	*Full Name of Mother,*	Mary Shellhouse
6.	*Mother's Maiden Name,*	Negro
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Reuben Shellhouse
9.	*Father's Occupation,*	Boiler Maker Colored
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Emma Gelson
	Address,	No 1603 E. C. Clarke St.
	Remarks,	8 9 1 0 0 0 4 1 6 3 Baltimore

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. Nov 3rd 1900
4. Place of Birth, (Street and Number) 12 N Gilmor Street
5. Full Name of Mother. Ella Mayo
6. Mother's Maiden Name. Ella [illegible]
7. Mother's Birthplace. Balto
8. Full Name of Father. Lewellen Mayo
9. Father's Occupation, Waiter
10. Father's Birthplace, Georgia

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address. 216 N Eutaw Park Avenue

Remarks,

8910004164

third day of each mo. every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur without the attendance of a physician, midwife, or should no other person be in attendance within ten days after the birth of such child, it shall be the duty of the parents or parent of such child to report its birth to the Commissioner of Health, Baltimore City, within ten days thereafter; and any such person or persons who shall hereafter fail, neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C BULANY CO CITY PRINTERS AND STATIONERS.

MMAC - F487 Appx 9/17/75

CERTIFICATE AMENDED

RETURN OF A BIRTH.

3649 4.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Emma Elizabeth Hudson — First

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 3, 1892.
4. Place of Birth, (Street and Number) No 1733 N. Fay st
5. Full Name of Mother, Florence Hudson.
6. Mother's Maiden Name, Florence Kinsey
7. Mother's Birthplace, Virginia.
8. Full Name of Father, Chas. E. Hudson
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Eugene Elwell M.D.

Address, 1541 Maryland

Remarks,

8 9 1 0 0 0 4 1 6 5

shall occur without the attendance of a physician or midwife, or should no other person be in attendance on the mother, immediately after the birth, the person or parents of such child is required, and in the absence of the parents, the occupier of the house in which such child is born, in any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offence, to be recovered by other fines and forfeitures are recoverable

O. B. No. 1892

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 36495.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sunday Dany 3 d Pr
4. Place of Birth, (Street and Number) 202 W. Hollimandel
5. Full Name of Mother, Cram E Skyler
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father,
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. C Gosler Md

Address, 116 W. Mulberry St

Remarks, Baltimore 8 9 1 0 0 0 4 1 6 6 m

...fifth day of each and every month a physician or midwife or other person be in attendance upon the birth of a child, and no other person be in attendance upon such birth, it shall be the duty of the person or parents of such child, if living within the limits of Baltimore City, to report such birth to the Commissioner of Health, in the manner and within the period above required, and shall forfeit and pay for every neglect or refusal to comply with the requirements of this section the sum of ten dollars, to be recovered as other debts are recovered, and in case of a second or subsequent neglect or refusal to comply with the requirements of this section such person shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other debts are recovered.

GEO. W. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

36446.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 3 1892

4. Place of Birth, (Street and Number) 807 N Lombard

5. Full Name of Mother, Mrs Maggie Ryan nee Feenan

6. Mother's Maiden Name,

7. Mother's Birthplace, City

8. Full Name of Father, Mike Ryan

9. Father's Occupation, Policeman

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return W. H. Hill M.D.

Address, 1201 Ed ave.

Remarks.

8 9 1 0 0 0 4 1 6 7

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

36497

In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, then the person above required to report said birth, shall within ten days thereafter, if said birth shall occur within the limits of this city, report the same to the Commissioner of Health, in the manner and within the time prescribed by this section, and any such person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPT. BALTO. CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 3 Jan 1892
4. Place of Birth, (Street and Number) 1123 Charles St
5. Full Name of Mother Clara Smith
6. Mother's Maiden Name Bernstine
7. Mother's Birthplace Russia
8. Full Name of Father Jacob Smith
9. Father's Occupation Cutter
10. Father's Birthplace Russia

Name of Medical Attendant, or other person who makes this Return. E. Lehrman

Address 912 Eden Ave

Remarks 8910004168

WM J C DULANY CO CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 1-22-57 36795.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mallie Becker 1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 Jan 1892
4. Place of Birth, (Street and Number) 121 Harrison St
5. Full Name of Mother, Annie ~~Becker~~ Becker
6. Mother's Maiden Name, Rosenstuge
7. Mother's Birthplace, Russia
8. Full Name of Father, Wolf ~~Becker~~ Becker
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. G Schermer

Address, 42 Aisquith St

Remarks, 8910004169

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or other person in charge of such child or in whose house or premises the birth occurs shall immediately cause the same to be reported as herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

OF E

BY J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

GIVEN NAME ADDED 6-24-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name: Alice Eugenia Russell
2. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth
3. Sex, (state whether male or female) Female
4. Race or Color, (if not of the white race) Colored
5. Date of Birth, January 3rd 1892
6. Place of Birth, (Street and Number) 1414 W. Baltimore St.
7. Full Name of Mother, Katy Russell
8. Mother's Maiden Name, Gillis
9. Mother's Birthplace, Baltimore
10. Full Name of Father, Hezekiah Russell
11. Father's Occupation, Porter
12. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. John Leffler M.D.

Address, 701 N. Carrollton Ave

Remarks,

8910004170

JAN 1892

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 36580.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 second

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), Colord Race

3. Date of Birth, January 03 1892

4. Place of Birth (Street and Number), 812 Aisquith St Balto

5. Full Name of Mother, Amanda Hunt

6. Mother's Maiden Name, Amanda Helen Hunt

7. Mother's Birthplace, Carol Prince George county

8. Full Name of Father, John Hunt

9. Father's Occupation, labor

10. Father's Birthplace, Charles city Virginia

Name of Medical Attendant, or other person who makes this Return. Jennie Myers

Address, 223 Clay St city

Remarks, 8 9 1 0 0 0 4 1 7 1

...e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 36507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or nurse in attendance upon the mother immediately thereafter shall report the particulars of such child to the Registrar of Vital Statistics in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	Colored
3.	*Date of Birth,*	4 January
4.	*Place of Birth, (Street and Number)*	141 N Chapel St
5.	*Full Name of Mother,*	ida Jackson
6.	*Mother's Maiden Name,*	ida Locke
7.	*Mother's Birthplace,*	Frederick City
8.	*Full Name of Father,*	Fielder Jackson
9.	*Father's Occupation,*	Waiter
10.	*Father's Birthplace,*	Baltimore City
	Name of Medical Attendant, or other person who makes this Return,	Lizzie Norris
	Address,	1624 St Josephs Ave near Read St
	Remarks,	Used Ergot 2 oz 20 drops Got the number of her house when issued

891 J. D. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

36107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1.	*Sex, (state whether male or female)*	Girl
2.	*Race or Color, (if not of the white race)*	White
	Date of Birth,	7th January 1892
	Place of Birth, (Street and Number)	242 North Bruke Street
	Full Name of Mother,	Mary Grady
	Mother's Maiden Name,	Mary Dillon
7.	*Mother's Birthplace,*	Ireland
8.	*Full Name of Father,*	William Grady
9.	*Father's Occupation,*	Porter
10.	*Father's Birthplace,*	Ireland
	Name of Medical Attendant, or other person who makes this Return,	Severintia Kunkel
	Address,	213 Natt Chapel St per Justina Kunkel
	Remarks,	Healthy 8 9 1 0 0 0 4 1 7 3

CITY OF BALTIMORE 1892

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person of such attendance upon the mother immediately after the birth, within the period above required, and child to report its birth as above required, within the time and in the manner aforesaid, and with the provisions of this section, who shall be guilty of a misdemeanor, and subjected to the fine of ten (10) dollars for each offense, to be recovered before him, and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 36053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4th of Jan 1892

4. Place of Birth, (Street and Number) 22 S Eddington Lane

5. Full Name of Mother, Annie Waster Toney

6. Mother's Maiden Name, Hetzer

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Toney

9. Father's Occupation, Ship Chandeler

10. Father's Birthplace, europe

Name of Medical Attendant, or other person who makes this Return. M D Davenport

Address, 225 S ann st

Remarks, Mother 1 8 9 4 0 0 4 + 4 doing Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

3650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Jan. 4th 1892
4. Place of Birth (Street and Number),	113 S. Bond St.
5. Full Name of Mother,	Mimmie Farren
6. Mother's Maiden Name,	" Sullivan
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	James Farren
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Rich. Mansfield M.D
Address,	129 S Broadway
Remarks,	

1891 0004175

1892 JAN 10

...each and every month to the Clerk of the Board of Health, a list of all births which have occurred in his district during the preceding month, and the Clerk shall report to the Board at its next meeting the names of all persons who have failed to make such returns. Any physician or midwife who shall neglect to report, in the manner and within the time above specified, any birth to which he was in attendance, and any such person or persons who shall neglect to report, in the manner and within the time above specified, any birth to which he was in attendance, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

...e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

3650

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mother, (state whether 1st, 2d, 3d, &c.) 6

whether male or female) female

(if not of the white race) White

January 4

th, (Street and Number) 1210 Linden Ave

f Mother, Sarah E Lowery

iden Name, Sarah E Barker

rthplace, Penn

f Father, Charles H Langhorst

cupation, Engineer

irthplace, Baltimore

edical Attendant, or other person who makes this Return. Dr. Adams

1206 Linden Ave Baltimore Md

8910004176

RETURN OF A BIRTH

36106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Single
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, ~~1127 Mosswood~~ Jan. 4, 92.
4. Place of Birth, (Street and Number) 1127 Mosswood
5. Full Name of Mother, Mary J Armstrong
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Oliver Armstrong
9. Father's Occupation, Drayman
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Lucy Cornish

Address, 218 Canal alley.

Remarks,

8 9 1 0 0 0 4 1 7 7

CITY OF BALTIMORE

attendance upon the mother, immediately thereafter, shall, within ten days after the birth, report the same to the Registrar of Vital Statistics, and in default of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence. The penalties are recoverable as other fines and forfeitures are recoverable.

GEO. J. O. GILSAHY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 4th 92
4. *Place of Birth, (Street and Number)*	321 N Eutaw St
5. *Full Name of Mother.*	Helen Sigmund
6. *Mother's Maiden Name,*	" Hirshberg
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Simon Sigmund
9. *Father's Occupation.*	Furrier & Hatter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Thomas Opie M.D.
Address,	600 N. Howard St.
Remarks,	8910004178

1892 JAN 8 CITY REGISTER

third day of each and every month to the Register of Vital Statistics, or shall no other person be in attendance upon the mother immediately thereupon, it shall become the duty of the person having charge of such premises to make such return within the period above required, and attendance upon the mother immediately thereupon, it shall become the duty of the person having charge of such premises to make such return within the period above required, and any such person or persons who shall neglect or refuse to make such return shall be subjected to the fine of ten (10) dollars for each offence. The provisions of this section shall be applicable to all other lines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

36488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. February 4, 1892
4. Place of Birth, (Street and Number) Res. 1503 N. Bond st
5. Full Name of Mother, Catherine Kunkle.
6. Mother's Maiden Name, Catherine Hackett.
7. Mother's Birthplace. Ireland.
8. Full Name of Father, Jesse M. Kunkle
9. Father's Occupation, Carpenter Painter.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Reg. L. Blount, M.D.

Address, 1241 Hollins ave

Remarks, 8910004179

FEB 9 1892

shall occur without the attendance of a physician, it shall be the duty of such other person to give information of the same within the time required, and in the manner prescribed in this section. Any physician or other person who shall neglect or refuse to report any birth at which he was in attendance upon the mother, immediately thereafter, or any person who shall neglect or refuse to report any birth within the period above required, and any sexton who shall bury the body of any child for which a certificate of birth has not been returned as required by this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36507.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth*	Jan 4 1892
4. *Place of Birth, (Street and Number)*	1417 Furman alley
5. *Full Name of Mother*	Mary Kearn
6. *Mother's Maiden Name*	Usty
7. *Mother's Birthplace*	America
8. *Full Name of Father*	George Kearn
9. *Father's Occupation*	Barber
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other person who makes this Return	J. Schwaeder midwife
Address	1052 Hanover
Remarks	

1891000418 0

WM. J. C. BULLEY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

26510.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Jan 5, 1897
4. Place of Birth (Street and Number),	814 So. Bond St.
5. Full Name of Mother,	Elizabeth Hartman
6. Mother's Maiden Name,	" Smith
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Chas. Hartman
9. Father's Occupation,	Barber
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	H. C. Hunt M.D.
Address,	523 Scott St.
Remarks,	

8910004181

each and every month to the office of the Comptroller of Health, the birth of any child which occurs within his knowledge, or in his practice, and which he has not previously reported, and in default thereof he shall forfeit and pay for each and every such neglect or refusal the sum of ten dollars for each offence; and in the case of any physician or midwife who shall neglect to report the birth of any child born under his or her charge, within ten days after the occurrence thereof, he shall become liable to the penalty aforesaid, and shall moreover forfeit his or her right to practice as a physician or midwife within the limits of Baltimore City. In the case of the absence from the city of the person who shall be required to report the birth of any child, he shall appoint some competent person to act in his stead, and such person shall be subject to the same penalty for each offence as the person appointing him. Any person who shall be required to report the birth of any child, and who shall neglect to do so, shall be subject to the fine of ten dollars for each offence, to be recovered before a justice of the peace, upon the oath of any credible witness.

RETURN OF A BIRTH

3671.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	5-11.
4. *Place of Birth, (Street and Number)*	1313 N. Paca St. Balto Md.
5. *Full Name of Mother.*	Emma C. Lauer.
6. *Mother's Maiden Name,*	Emma C. Blair
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Peter J. Lauer.
9. *Father's Occupation,*	Moulder.
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Thorn 1310 Paca St.
Address,	1310 Paca St.
Remarks,	

1891000 4182

certificate between the first and third day of the said record, a fee of fifty cents shall be paid by the person or persons who shall make such record. Any person or persons who shall refuse or neglect to report the birth of any child as aforesaid, or who shall refuse or neglect to furnish the information required by this section, shall be subject to the penalty of ten dollars for each offense to be recovered as other fines and penalties are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

3651 V.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 5th 1892
4. Place of Birth, (Street and Number) Baltimore Md 736 Bruce
5. Full Name of Mother, Bell Maple
6. Mother's Maiden Name, Bell Creamer
7. Mother's Birthplace, Baltimore Md City
8. Full Name of Father, John Maple
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore Md City

Name of Medical Attendant, or other person who makes this Return. Mrs Lucy Keaning

Address, 414 S Bucker St Baltimore Md

Remarks, Mother was Child's nurse

1892 1883

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 36573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth.*	June 5. 1891
4. *Place of Birth, (Street and Number)*	309 Eden ave
5. *Full Name of Mother,*	Sarah A Walker
6. *Mother's Maiden Name,*	Sarah E Keys
7. *Mother's Birthplace,*	District Baltimore Md
8. *Full Name of Father,*	John H Walker
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	District Baltimore Md
Name of Medical Attendant, or other person who makes this Return	Elizabeth Landman
Address,	Hampden and Patterson
Remarks,	1891 0004184

CITY OF BALTIMORE JAN 1892

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a return of every birth which shall occur within the attendance of such person, or which shall be made known to him during such attendance upon, the Board of Health, the number of the house in which such birth occurred, and all other particulars required by the Registrar of Vital Statistics. And for every neglect or refusal to make such return, every such person or persons who shall hereafter fail to make such return shall be subjected to the fine of ten (10) dollars for each offence, to be recovered and forfeitures are recoverable

GULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 1-28-55

RETURN OF A BIRTH

36514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Teresa Waters

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th of Jan 1892
4. Place of Birth, (Street and Number) 2241 Chester St
5. Full Name of Mother. Mary Alma Waters
6. Mother's Maiden Name, Sheerwood
7. Mother's Birthplace, Balt City Md
8. Full Name of Father, John H Waters
9. Father's Occupation, Waiter
10. Father's Birthplace, Charles Co Md

Name of Medical Attendant, or other person who makes this Return. M A Donegan

Address, 225 Dann St

Remarks, Mother Reg Sept Birth 8 9 1 0 0 0 4 1 Verification

PER OF BIRTH

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	5th Januar 1892
4. *Place of Birth. (Street and Number)*	Andre Str No 1410.
5. *Full Name of Mother,*	Chini Reinhardt
6. *Mother's Maiden Name,*	" Mongersen
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wilhi Reinhardt
9. *Father's Occupation,*	Moreder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Lizzie Schraeffle
Address,	Fort Ave No 1408
Remarks,	1891000418 Locust Point

third day of each and every month to the office of the Commissioner of Health, and if such birth occur upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner prescribed in this section; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3657 S.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W Tyte
3. Date of Birth, January 5 th 1892
4. Place of Birth, (Street and Number) 1205 Hanover St
5. Full Name of Mother, Mary ann Lentz
6. Mother's Maiden Name, Mary ann Cullen
7. Mother's Birthplace, Balto md
8. Full Name of Father, George Lentz
9. Father's Occupation, Conductor
10. Father's Birthplace, Balto md

Name of Medical Attendant, or other person who makes this Return, C A Tully

Address, 1828 Tyler St

Remarks, Died

8 9 1 0 0 0 4 1 8 7

CITY

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 8th 1892
4. Place of Birth, (Street and Number) 1909 E Baltimore St
5. Full Name of Mother, Josephine Engle
6. Mother's Maiden Name, Weaver
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank W Engle
9. Father's Occupation, Brass Polisher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, S W Seabury M D

Address, 1511 E Baltimore St

Remarks,

1891000418 8

Third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a return of the birth of each child born since the last return, or in case no birth has occurred in any district during the month, a report to that effect. Any physician or midwife who shall neglect or refuse to make such return or report within the time specified, shall be liable to a fine of not less than five dollars nor more than fifty dollars for each offense; and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

23677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Matchgr
2. Race or Color, (if not of the white race) White
3. Date of Birth 5 June Jenius 1892
4. Place of Birth, (Street and Number) Knox St N 312
5. Full Name of Mother, Hanna Miller
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return.

Address, Caroline Stewart East Ely N 474

Remarks, 8 9 1 0 0 0 4 1 8 9

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in person or by mail, and without the payment of any fee. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 3678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 5/92
4. Place of Birth, (Street and Number) 1024 Stockton St.
5. Full Name of Mother, Hattie Gardner Veney
6. Mother's Maiden Name, " " Crawford
7. Mother's Birthplace, Charlottesville Va.
8. Full Name of Father, Fleet Henry Veney
9. Father's Occupation, Hodcarrier
10. Father's Birthplace, Richmond Co. Va.

Name of Medical Attendant, or other person who makes this Return, x Maria Wilson

Address, No. 6 Carlton Street City

Remarks, Maria

8 9 1 0 0 0 4 1 9 0

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 36579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ed Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 5 — 1892
4. Place of Birth, (Street and Number) 1211 William st
5. Full Name of Mother, Terese Marley
6. Mother's Maiden Name, Fitzbarger
7. Mother's Birthplace, America
8. Full Name of Father, William Marley
9. Father's Occupation, Enginier
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, J. Lehnasser midwife

Address, 1032 Hanover st.

Remarks,

8 9 1 0 0 0 4 1 9 1

third day of each and every month to the office of the Commissioner of Health, Give the birth of any child shall secure without fee a certificate of birth. Every physician or midwife in attendance upon the mother, immediately after the birth, or, should no other person be in attendance upon the mother, immediately after the birth of the child, or as soon thereafter as practicable, shall report the birth to the Commissioner of Health, at the time of making such report he shall secure without fee a certificate of birth. Every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines, cost or fetures are recoverable

894 J. C. BULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6. Child
1.	*Sex, (state whether male or female)*	Boy
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	Born January 6th 1892
4.	*Place of Birth, (Street and Number)*	# 2106 W. Pratt St
5.	*Full Name of Mother,*	Mrs Fredericka Valintin
6.	*Mother's Maiden Name,*	Miss " Kearz
7.	*Mother's Birthplace,*	Waldeck Germany
8.	*Full Name of Father,*	Mr Frederick Valintin
9.	*Father's Occupation,*	Cabinet Maker
10.	*Father's Birthplace,*	Hessen Germany
	Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
	Address,	2127 W Pratt St
	Remarks,	8910004192

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, the parent, guardian or other person having charge of such child is required to report the same, and the manner and time in which the child was disposed of, and any person who shall hereafter neglect to comply with the provisions of this section shall be subject to the fine of ten dollars, for each offense, to be recovered before any justice of the peace, and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

36520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Seventh
1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Col'd Colored race
3. Date of Birth, January 6 1892
4. Place of Birth (Street and Number), 1211 Hillen Avenue
5. Full Name of Mother, gertrude fisher
6. Mother's Maiden Name, Gertrude Stinchcomb
7. Mother's Birthplace, Warren County
8. Full Name of Father, Wm H Fisher
9. Father's Occupation, Horseshoer Wagon driver
10. Father's Birthplace, Fredericksburg

Name of Medical Attendant, or other person who makes this Return. Jennie Myers
Address, 223 Clay St
Remarks, Balto

8 9 1 0 0 0 4 1 9 3

The attendance of a physician or practitioner of mid-wifery, or other person present at a birth is required by law. Every physician, midwife, or other person who shall attend upon or be present at any birth, shall report the same to the Commissioner of Health in the manner and within the time prescribed by the rules and regulations of the Board of Health, and any such person who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of not less than ten nor more than fifty dollars for each offence, to be recovered as other fines and forfeitures are recovered.

...e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 3657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 6th 1892
4. Place of Birth, (Street and Number) 2636 Frances St.
5. Full Name of Mother, Mrs Jesse S Heiser
6. Mother's Maiden Name, Lucinda Booker
7. Mother's Birthplace, Balto Co.
8. Full Name of Father, Jesse S Heiser
9. Father's Occupation, Car Driver
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. E. A. Smith M.D.

Address, 2645 Frances St.

Remarks, Child born 6 A.M. 1 P.M. 4 P.M. 9 P.M. rocking chair with one strong pain both doing well

CITY OF BALTIMORE

In case the birth of any child shall occur without the attendance of a physician, midwife, or other person, the mother herself shall report the same to the Registrar of Vital Statistics, or should no other person be in attendance upon the mother immediately after the birth of such child, it shall be the duty of the person with the physician, midwife, or other person in attendance upon the mother immediately after the birth of such child to report its birth to the Commissioner of Health; and in case the birth of any child shall occur without the attendance of a physician, midwife, or other person, it shall be the duty of the person with whom such child shall be, to report its birth to the Commissioner of Health; and in case the birth of any such child shall occur in a house, the owner or agent of such house shall report the same to the Commissioner of Health. Any person who shall neglect or refuse to report as herein required, and any such person who shall report falsely, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 2 1891
4. *Place of Birth, (Street and Number)* 12 Eastwood Ave
5. *Full Name of Mother,* Sarah Frank
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, 1 8 9 1 0 0 0 4 1 9 5

1884 CITY

Under the provisions of Section 18 of Ordinance No. 1, approved April 19th, 1880, it is made the duty of the physician or midwife in attendance upon any case of birth occurring within the city of Baltimore, or should no other person be in attendance, then it is made the duty of the person or parents of such child occurring within the limits of the city of Baltimore, and within the period required and under the penalties prescribed in the said Ordinance, to report such birth to the Commissioner of Health, and it is hereby made the duty of any such person or persons, when so requested by the Commissioner of Health, to comply with the provisions of this section under the penalty incurred and forfeitures and recoverable, as prescribed in other cases, to be sued for, collected and recovered as other fines and forfeitures are recoverable. Subject to the fine of ten (10) dollars for each offence.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

365 K 4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1.	*Sex, (state whether male or female)*	Boy
2.	*Race or Color, (if not of the white race)*	White 1
3.	*Date of Birth,*	6th of January 1892.
4.	*Place of Birth, (Street and Number)*	218 South Wolf St.
5.	*Full Name of Mother,*	Lizzie Backhaus
6.	*Mother's Maiden Name,*	Lizzie Punte
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Leonard Backhaus
9.	*Father's Occupation,*	Shoemaker
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Theresa Kunkel
	Address,	213 North Chapel St per Justina Kunkel
	Remarks,	Healthy 9 1 0 0 0 4 1 9 6

this day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. To whom the birth of any child shall occur without the attendance of a physician, midwife, or other person, or should no other person be in attendance upon the mother, the householder or nearest resident of the person or parents of such child to report the birth. It is hereby made the duty of the person or parents of such child to report the birth to the Registrar of Vital Statistics within the period above required, and in case such person or parents shall neglect or fail to comply with the provisions of this section within the time specified, such person or parents also shall hereafter fail to comply with the provisions of this section within the time specified, such person or parents shall be subject to the fine of ten dollars for each offence, to be recovered as other penalties and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

36523½

NAME ADDED 5-28-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Henry Washington

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8910004197

CITY OF BALTIMORE

WM. J. O. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

31,624.

Within 48 hours after the birth of each and every child born in Baltimore City, it shall be the duty of the attendant upon the mother immediately thereafter to report its birth to the Commissioner of Health, in the manner and form required by law; and any person who shall neglect or refuse to comply with the provisions of this section shall, upon conviction, be subject to a fine of not less than ten dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

HEALTH DEPARTMENT BALTIMORE CITY MARYLAND JAN 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colrd
3. *Date of Birth,*	January the 6
4. *Place of Birth, (Street and Number)*	Degree st No 812
5. *Full Name of Mother,*	ginney trehan
6. *Mother's Maiden Name,*	ginney stanly
7. *Mother's Birthplace,*	north Carolina
8. *Full Name of Father,*	James stanly
9. *Father's Occupation,*	Labour
10. *Father's Birthplace,*	Cambridge
Name of Medical Attendant, or other person who makes this Return,	Raynah Jane Tilson
Address,	upt Fluey st No 117
Remarks,	well 8 9 1 0 0 0 4 1 9 8

J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 36.535.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) Colord
3. Date of Birth. 6 January 1892
4. Place of Birth, (Street and Number) 1433 Nord 21
5. Full Name of Mother. Carrie E. [redacted] Coles.
6. Mother's Maiden Name. Carrie E Davis
7. Mother's Birthplace. Baltimore
8. Full Name of Father. Geo Emory Walter Coles
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Emma Harris

Address, 8 N. Mc Mechen St

Remarks. 8 9 1 0 0 0 4 1 9 9

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

36576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health, in the manner directed by the Board of Health, a certificate of every birth which may occur in his practice or shall come to his knowledge, and no other person be in attendance upon the mother, or if no person be in attendance, then the duty of making such return shall devolve upon the parent or parents of such child, or in default thereof upon the occupier of the house in which such birth shall occur, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense; to be recovered as debts of like amount are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan. 7, 1892
4. Place of Birth, (Street and Number)	439 S. Filmore st.
5. Full Name of Mother,	Ella Grace Doxzon
6. Mother's Maiden Name,	Covell
7. Mother's Birthplace,	City
8. Full Name of Father,	John T. Doxzon
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	John Hood.
Address,	437 Harlem Ave
Remarks,	1891000420 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Jan 7th 1892
5. Place of Birth, (Street and Number) 924 E. Biddle st.
6. Full Name of Mother, Theresa A. Parr Schmidt
7. Mother's Maiden Name, " " "
8. Mother's Birthplace, Balto. City
9. Full Name of Father, William P. Parr
10. Father's Occupation, Carpenter
11. Father's Birthplace, Balto. City
12. Name of Medical Attendant, or other person who makes this Return, E. B. Fenby M.D.
13. Address, 1201 N. Eden st
14. Remarks, 1891000420 1

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any Child shall occur without the attendance of a physician, then the parent or parents, or other person having charge of such child, shall within ten days thereafter, report such birth to the Commissioner of Health, in such manner and with such particulars as the above required, and in case the attendance upon the mother, Commissioner of Health, in such manner and with such particulars as the above required, and in case the attendance upon the mother, or the nurse, shall neglect or refuse to report the birth of such child, to report it as herein required, such person shall be subject to the same penalties as are prescribed in this section shall be subject to the same penalties as are prescribed in this section for the parent or parents, and with like effect; and all fines and forfeitures are recoverable as fines and forfeitures for each offense, to be prosecuted as provided by law.

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-2-56

RETURN OF A BIRTH.

3657 B.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Marie Mc Williams

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 7th 1892
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8910004202

...third day of each and every month to the office of the Commissioner of Health, a ... shall occur without the attendance of a physician or midwife, the ... attendance upon the birth, the Commissioner of Health, ... city, such person or persons who shall hereafter fail to ... ected to the fine of ten dollars, for each offense, to be recovered as ...

1892

CITY REGISTRAR

...ARY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 7th 1892
4. Place of Birth, (Street and Number) 1702 Elizabeth Lane
5. Full Name of Mother, Kate Weshenhofer
6. Mother's Maiden Name, Kate Dubus
7. Mother's Birthplace, Germany
8. Full Name of Father, Francis Weshenhofer
9. Father's Occupation, Varnisher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, C. A. Tulle

Address, 1828 Light St

Remarks, Dr. Will

8 9 1 0 0 0 4 2 0 3

Every birth and every death ... shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, or upon the person of such child, to report to the Registrar of Vital Statistics, as required by law, the particulars of such birth or death, as the case may be, the person who shall hereafter fail, neglect or refuse to report as aforesaid, shall be subjected to the fine of ten dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

condition, whether still born or not, the full name, nativity, residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
3. Date of Birth	January 7nd 1892
Place of Birth, (Street and Number)	501 South Chapeste st.
5. Full Name of Mother	Clara Rappold
6. Mother's Maiden Name	Clara Alvathers
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Fredrich Rappold
9. Father's Occupation	Plummer & Gasfitter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Engelhart.
Address	415 South Arbn st.
Remarks	four Toes on the right foot three Toes on the left foot.

8 9 1 0 0 0 4 2 0 4

RETURN OF A BIRTH. A 36631.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	6 th Child
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Jan 7 1892
4.	*Place of Birth, (Street and Number)*	303 Fort ave.
5.	*Full Name of Mother,*	Elise Ulrich Brendel
6.	*Mother's Maiden Name,*	
7.	*Mother's Birthplace,*	America
8.	*Full Name of Father,*	Frank Ulrich
9.	*Father's Occupation,*	Glassblower
10.	*Father's Birthplace,*	America
	Name of Medical Attendant, or other person who makes this Return,	J. Schwarzer midwife
	Address,	1032 Hanover st
	Remarks,	1891000420 5

[illegible] of each and every month to the office of the Commissioner of Health, in the city of Baltimore, a certificate of the birth of any child born within the limits of said city during the preceding month, and in default thereof shall become liable to a penalty of ten (10) dollars for each and every such child whose birth shall occur without the attendance of a physician, midwife or other person required, and shall neglect to report the same to the Commissioner of Health within the period aforesaid; and in the event of the attendance upon the birth of any child of a physician, midwife or other person required by this section to report the same to the Commissioner of Health, in the manner and within the time aforesaid, such physician, midwife or other person shall be liable to a penalty of ten (10) dollars for each child whose birth he shall neglect to report as aforesaid; and the proper officer of this city is hereby required to sue for and recover the penalties aforesaid, and all penalties imposed by this section shall be recoverable with costs of suit in the name of the Mayor and City Council of Baltimore, and shall be paid into the treasury of the city for the use thereof. Any person who shall hereafter fail to [illegible] shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

1892

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 36137.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th Child
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Jan. 7 1892
4.	*Place of Birth, (Street and Number)*	1440 Light st
5.	*Full Name of Mother,*	Mary Wolf
6.	*Mother's Maiden Name,*	Martin
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Richard Wolf
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Germany.
	Name of Medical Attendant, or other person who makes this Return,	J. Schwasser midwife
	Address,	1082 Hanover st.
	Remarks,	1891000420 6

third day of each and every month to the office of the Commissioner of Health. It shall be the duty of any child shall occur without the attendance of a physician or person [illegible] to report the birth of such child within [illegible] days after the occurrence of such birth, to the Commissioner of Health, in the manner above required, and any such person or persons who shall hereafter fail to comply with [illegible] of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. O. SULLIVAN DO CITY PRINTERS AND STATIONERS.

3652

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) First

1. Sex. (state whether male or female) Female

2. Race or Color. (if not of the white race) White

3. Date of Birth. Jany 7th 1892

4. Place of Birth. (Street and Number) 311 E. 21st Street

5. Full Name of Mother. Lavina M. Sinclair

6. Mother's Maiden Name. Lavina Perkins

7. Mother's Birthplace. Baltimore Md.

8. Full Name of Father. Samuel J. Sinclair

9. Father's Occupation. Clerk

10. Father's Birthplace. Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return A. G. Mason

Address. 1501 N. Central Ave

Remarks. 8910004207

GIVEN NAME ADDED 1-31-57

36132

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Caroline Amelia Sinclair

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female) Female
2. Race or Color. (if not of the white race)
3. Date of Birth. 1 Jan 1892
4. Place of Birth. (Street and Number) No. 504 N. Chester St.
5. Full Name of Mother. Mary A. Sinclair
6. Mother's Maiden Name. Roth
7. Mother's Birthplace. Orleans
8. Full Name of Father. Philip Sinclair
9. Father's Occupation. Coal & wood dealer
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs L. Gross.

Address. No 1907 E Monument St.

Remarks. 8910004208

Thirty days of each time every month to the Commissioner of Health, in the City of Baltimore, the name of each and every child born within the limits of such district during the month next preceding, and the name of the parent or parents of such child, the date of birth, and such other particulars as are required in the form above required, and shall occur without the district, immediately thereafter if such birth be registered in the district, and attendance, the return of such birth to the Commissioner of Health, in the manner and within the time above specified, shall be made by such person or persons who shall hereafter be present at the birth, and in default of any such person or persons who shall hereafter be present at the birth, such section shall be subjected to the fine of ten dollars for each offense, to be recovered as aforesaid. Blanks and directions are receivable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36131.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 7th

4. Place of Birth, (Street and Number) 5 East Lee St

5. Full Name of Mother, Mary Goldsboro

6. Mother's Maiden Name, Fisher

7. Mother's Birthplace, Balto

8. Full Name of Father, Chas L Goldsboro

9. Father's Occupation, Fish Dealer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Harry J Merkel

Address, 403 Lanvale St

Remarks, 8910004209

If the child is born out of the city, the Return must be made within ten days after the birth. If the child is born in the city, the Return must be made within three days after the birth. In case the father or mother of such child shall become the duty of the person in attendance as aforesaid to report its birth to the Commissioner of Health, or should no other person be in attendance at the birth, then it shall become the duty of the person in charge of the premises where such child was born to report its birth to the Commissioner of Health, as required above. And it shall be the duty of every such person to report to the Commissioner of Health the name of every child born in the premises under his charge, within the time and in the manner required by this section, and any such person or persons who shall hereafter offend or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; and forfeitures are recoverable before any justice of the peace in the city, to be paid over to the Commissioner of Health, to be applied to the payment of the expenses of the Bureau of Vital Statistics, and in addition to other lines and forfeitures are recoverable

ORG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36-136.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 5th 1892

4. Place of Birth, (Street and Number) 2116 East Baltimore St.

5. Full Name of Mother, Ella Virginia Hebb

6. Mother's Maiden Name, " " Beckwith

7. Mother's Birthplace, Balto.

8. Full Name of Father, James H. Hebb

9. Father's Occupation, Pilot

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, James F. Shane, M.D.

Address, 2 S. Patterson Park Ave

Remarks, Paramatype 8 9 1 6 8 0 0 4 2 1 0

Shall occur without the attendance of a physician or midwife, the parent or parents, or in default of the parent or parents, the householder in attendance upon the mother, immediately thereafter, shall make the return required by this section; and any such person who shall refuse or fail to make such return, or who shall make a false return, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

36137

NEW NAME ADDED 1923 37

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edward Leslie Minster

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W White
3. Date of Birth. 8 January 1892
4. Place of Birth, (Street and Number) 106 E Randall St
5. Full Name of Mother. Melita Minster
6. Mother's Maiden Name, Melita Crowley
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father. Jacob Minster
9. Father's Occupation. Grocer Dealer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, C A Tully

Address. 1828 Light St

Remarks. Town Hall

8 9 10 0 0 4 2 1 1

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a true return of all births which shall occur without the attendance of a physician, if such birth shall become known to the midwife, nurse or other person having charge of such attendance upon the mother, immediately after the occurrence of such birth; and in default of such return as aforesaid within the period above mentioned, such midwife, nurse or other person shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

1924 J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

3653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th,
1. *Sex, (state whether male or female)*	Male,
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth.*	January 8th 1892.
4. *Place of Birth, (Street and Number)*	1740 N Bond St,
5. *Full Name of Mother.*	Annie L. Nicholson
6. *Mother's Maiden Name.*	Annie L. Orme
7. *Mother's Birthplace.*	Balto City
8. *Full Name of Father.*	Henry L. Nicholson
9. *Father's Occupation.*	Jeweler
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Chas B. Layton M.D
Address.	920 S Broadway.
Remarks,	

8910004212

Certificate to be filled out immediately after birth of any child, and delivered to the Registrar of Births of the district in which the birth occurred, or to the Sanitary Officer who may be in attendance upon the mother. In the City of Baltimore all certificates must be delivered to the Registrar of Births, in the City Hall, within ten days after the birth reported. He who shall hereafter fail to comply with the requirements of this act shall be subject to a fine of ten (10) dollars for each offense to be recovered as other fines and penalties are recovered.

BALTIMORE CITY

CERTIFICATE OF CAMERA OPERATOR

I HEREBY CERTIFY THAT THE DOCUMENTS REPRESENTED BY THE MICROPHOTOGRAPHS APPEARING ON THIS ROLL OF FILM DESIGNATED AS REEL No. 173-2 WERE PHOTOGRAPHED BY THE UNDERSIGNED ON THIS DATE.

REEL BEGINS WITH 1891 - 000000

REEL ENDS WITH 1891 - 004212

BY Linda L Walker
(SIGNATURE OF OPERATOR)

DATE 8/7/92

PS - 827

HR - RM 25
(6 - 1 - 59)
HALL OF RECORDS COMMISSION